## Form **990**

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)

2011 Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending A For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable BLACKSMITH INSTITUTE, INC. Address 13-4075779 Name Doing Business As E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Initial 212-870-3490 475 RIVERSIDE DRIVE, SUITE 860 Terminated 2,096,169. G Gross receipts \$ City or town, state or country, and ZIP + 4 Amended H(a) Is this a group return NEW YORK, NY 10115 Applica-Yes X No for affiliates? F Name and address of principal officer:RICHARD FULLER pending H(b) Are all affiliates included? Yes SAME AS C ABOVE If "No," attach a list. (see instructions) 4947(a)(1) or I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) H(c) Group exemption number ▶ J Website: ▶ WWW.BLACKSMITHINSTITUTE.ORG L Year of formation: 1999 M State of legal domicile: NY K Form of organization; X Corporation Other > Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: BLACKSMITH INSTITUTE IS AN INTERNATIONAL NOT-FOR-PROFIT ORGANIZATION DEDICATED TO SOLVING Governance 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 9 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 4,211,252. 2,011,544. 8 Contributions and grants (Part VIII, line 1h) 0. 0. Revenue 9 Program service revenue (Part VIII, line 2g) 5. 97. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,370. 23,890. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,045,919. 4,235,239. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 922,284. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 380,787. 28,413. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) 1,298,313. 2,301,538. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,249,010. 2,682,325. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,552,914. -203,091. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 1,263,474. 1,413,669. 20 Total assets (Part X, line 16) 52,947. 51 Total liabilities (Part X, line 26) 618. 210,527 Net A Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block cluding accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjury, I declare that I have examined this return, is based on all information of which preparer has any knowledge. true, correct, and complete. Declaration of preparer (other than office 12/19/12 Sign RICHARD FULLER Here ype or print name and title Print/Type preparer's name P00590119 MICHAEL J. MAHONEY Paid 14-1555429 Firm's EIN Firm's name WHY ADVISORS NY, INC Preparer Firm's address 19 WEST 44TH STREET Use Only 212-381-4700 NEW YORK, NY 10036 No X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2011)

Part II Additional (Not Automatic) 3-Mo	nth Extension	n of Time. Only file the original	nal (no c	opies need	ed).
· STATE OF COURSE AND		Enter filer'	s identifyin	ng number, se	e instructions
Type or Name of exempt organization or other filer, see	e instructions		Employer	ridentification	number (EIN)
print				10 100	5550
BLACKSMITH INSTITUTE INC			X	13-407	
fue date for Number, street, and room or suite no. If a P.O.		tions.	Social se	curity number	(SSN)
eturn See 475 RIVERSIDE DRIVE, SUI	TE 860				
nstructions. City, town or post office, state, and ZIP code.	For a foreign add	dress, see instructions.			
NEW YORK, NY 10115					72 ST 1
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Enter the Return code for the return that this application is	for (file a separa	te application for each return)			011
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Application	Return	Application			Return
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Form 990	01	THE SECOND SECONDARY		ELECTRICAL PROPERTY.	
Form 990-BL	02	Form 1041-A	7 797		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	-MOIM	11100	11
Form 990-T (trust other than above)	06	Form 8870			12
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	990 (2011) BLACKSMITH	INSTITUTE, INC.	13-4075779 Page
Par	t III Statement of Program Service	Accomplishments	half-0 (sakmo uk tak) broatak er af outi as 🖂
	Check if Schedule O contains a response	to any question in this Part III	L
1	Briefly describe the organization's mission:		
	DIACKEMINE TNETTITE TS	AN INTERNATIONAL NOT	T-FOR-PROFIT ORGANIZATION
	DEDICATED TO SOLVING LIF	E-THREATENING POLIUT	TION ISSUES IN THE
		E III(BRIDHING TODAG	
	DEVELOPING WORLD.		
2	Did the organization undertake any significant p	rogram services during the year which w	vere not listed on
	the prior Form 990 or 990-EZ?	elicitositen est viv	Yes X
	If "Yes," describe these new services on Sched		
	Did the organization cease conducting, or make	significant changes in how it conducts	any program services?
}	Did the organization cease conducting, or make	significant changes in now it consecut,	PIEST VV NEOV WEET
	If "Yes," describe these changes on Schedule C	).	act program services as measured by expenses.
1	Describe the organization's program service acc	complishments for each of its three large	est program services, as measured by expenses. —
	Section 501(c)(3) and 501(c)(4) organizations an	d section 4947(a)(1) trusts are required	to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any,	for each program service reported.	
la	(Code:) (Expenses \$1, 754,	261. including grants of \$	) (Revenue \$
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	PROVIDE STRATEGIC, TECHN	NICAL AND FINANCIAL S	SUPPORT TO LOCAL CHAMPIONS
	OF ORGANIZATIONS IN DEVE	LOPING COUNTRIES AS	THEY STRIVE TO SOLVE
	SPECIFIC POLLUTION-RELAT	ED ENVIRONMENTAL ISS	SUES.
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4d	Other program services (Describe in Schedule (	1	
(8) 4d			(Revenue \$

rm 99	0 (2011) BLACKSMITH INSTITUTE, INC. 13-4075			
art	V Checklist of Required Schedules		Yes	No
	501(1)(2) or 4047(a)(1) (other than a private foundation)?	Laure		
Is	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  "Yes." complete Schedule A	1	X	
	100, Semple of Contributors	2	X	
Is	the organization required to complete Schedule B, Schedule of Contributions.  It is organization to complete Schedule B, Schedule of Contributions.  It is organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf of or indirect political campaign activities on behalf or indirect political campaign activities on behalf of or in opposition to candidates for indirect political campaign activities on behalf or indirect political campaign activities on behalf or indirect political campaign activities on the opposition of	8818		
		3	9(3)	X
p	ublic office? If "Yes," complete Schedule C, Part I ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	MI IA	manu	
S	ection 501(c)(3) organizations. Did the organization engage in lobbying detentions, or	4	ont s	X
d	uring the tax year? If "Yes," complete Schedule C, Part II	10 10	mei ta	
15	uring the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	ukren	X
		149		
0	imilar amounts as defined in Revenue Procedure 90.197. If Pes, complete seminary which donors have the right to bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to bid the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I	6	(60)	2
	the distribution or investment of amounts in such funds of accounts?	1 21 5	JD 6:U	8
	to the later consequation easement including easements to preserve open open	7		2
	biotorio etructuros' it "Yes "Complete Scriedule D, rais"	negro	ero b	
,	the environment, historic land areas, or historic structures: "" " " " " " " " " " " " " " " " " "	8		2
		0	orti bi	-
	tio Dart V line 21: serve as a custodian for amounts not listed in Part A, or provide			1
	and it repair or debt negotiation services ( ) 763, complete outlines	9		
	directly or through a related organization, hold assets in temporarily restricted			
	1 - 1-0 If IlVos I complete Schedule II Part V	10		H
(	endowments, or quasi-endowments? If Yes, Complete Schodalo St. at the complete Schedule D, Parts VI, VII, VIII, IX, or X 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
1		11a	X	L
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	EQIO 8	120	
)	Did the organization report an amount for investments other securities in Fact VIII	11b	ntra	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	10.70		
	assets reported in Part X, line 16? If Tes, Complete Stricture and Part X, line 13 that is 5% or more of its total Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	38 Y	
	- 100 K IV/aa II aamalata Schadiile II Pari VIII	7777	100	
	Did the examination report an amount for other assets in Part X, line 15 that is 5% of more of its total assets reported in	11d	LO A	
		11e	TEL P	1
	to other liabilities in Part X, line 25? If Yes, complete scriedule D, rack	110	e ba	T
	are according to a consolidated financial statements for the tax year include a routilote trial according to	444	X	
	to the title for uncertain tay positions linder FIN 48 (ASU (40): II 163, Complete Solling Linder FIN 48 (ASU (40): II 164, Complete Solling Linder FIN 48 (ASU (40): II 164, Complete Solling Linde	11f	Α	+
	the organization's liability for uncertain tax positions and the view of the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10 90	W	
	and the state of t	12a	X	+
	independent audited financial statements for the tax year?	si to en	50	
	"No" to line 172 then completing scriedule b, raison, mil	12b		+
		13		+
	the amplayees or agents outside of the United States?	14a	X	1
a	Did the organization maintain an office, employees, or agents obtained by Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			-
b	Did the organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate revenues or expenses of the than organization have aggregate for each organizat			
	investment, and program service activities outside the United States, or aggregate lorsign, investment, and program service activities outside the United States, or aggregate lorsign, investment, and program service activities outside the United States, or aggregate lorsign, investment, and program service activities outside the United States, or aggregate lorsign, investment, and program service activities outside the United States, or aggregate lorsing, and the United States, and	14b	X	
	or more? If "Yes," complete Schedule F, Parts I and IV			
	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		
	the Heited States? If "Ves " complete Schedule F. Parts II and IV			
,	and a specific report on Part IX column (A), line 3, more than \$5,000 or aggregate grants of assistance to incline a	1 0 0		-
	the Heider Charles I I "Ves " complete Schedule F. Parts III and IV	10		1
	station report a total of more than \$15,000 of expenses for professional fundraising services on Partia,	an new	X	-
	to Ochodule C. Dort I	17	Δ	+
,	31. 18th association report more than \$15,000 total of fundraising event gross income and contributions of the state of th	n ect	v	and the same of
3		18	X	-
	Did the organization report more than \$15,000 of gross income from gaming activities of Part VIII, line 54,777	and ent		
9		19		-
_	Sid the association operate one or more hospital facilities? If "Yes," complete Schedule H	-		-
Ja	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
b	If "Yes" to line 20a, did the organization attach a dopy of its addition	Forn	n 990	) (

rt	IV Checklist of Required Schedules (continued)		Yes	No	r
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21		X	
	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 1? If "Yes," complete Schedule I, Parts I and II  United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-	
		22		X	
ı	Did the organization report more than \$5,000 of grants and other assessment of the organization of the organization's current column (A), line 2? If "Yes," complete Schedule I, Parts I and III				
1	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
-	Did the organization answer "Yes" to Part VII, Section A, life 3, 4, 619 about the organization answer "Yes," complete and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		X	-
	Schedule J				
a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	lest day of the year, that was issued after December 31, 2002.	24a		X	3
	Schedule K. If "No", go to line 25	24b	-		_
b	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		9.3		
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary personal process. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease.	24c		-	
	any tax-exempt bonds?	24d		-	_
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization engage in an excess benefit transaction with a				
2	south Val and 501/cV4) organizations. Did the organization organization	25a		2	X
-	disqualified person during the year? If "Yes," complete Schedule L, Part I				
h	disqualified person during the year? If "Yes," complete Schedule L, Part I disqualified person in a prior year, and is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
~	Is the organization aware that it engaged in an excess benefit transaction with a beginning serior forms 990 or 990-EZ? If "Yes," complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		2	X
	Schedule L, Part I				
6	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		7	Z
	Was a loan to or by a current or former officer, director, trustee, key employee, substantial person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	-		1.	
7	person outstanding as of the end of the organization's tax year? If Post semiples as the end of the organization stax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year? If Post semiples are person outstanding as of the end of the organization's tax year. If Post semiples are person outstanding as of the end of the organization of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial organization provide a grant or other assistance to an officer, or to a 35% controlled entity or family member or to be a semiple or the organization of the organiz				ì
	thereof a grant selection committee member, or to a	27	-	-	2
	of any of these persons? If "Yes," complete Schedule L, Part III  of any of these persons? If "Yes," complete Schedule L, Part IV				
8	the experization a party to a business transaction with one of the				
	instructions for applicable filing thresholds, conditions, and except the schedule L. Part IV	28	a	-	2
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	0	-	7
b	A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
C		28	-		-
	director, trustee, or direct or indirect owner? If Tes, Complete Schedule M	29	) 2	2	_
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule M  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
30	Did the organization receive contributions of art, historical treasures, or other	30	)	-	
	" D If "Voc " complete Schedule IV		300		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	3	1	-	
	If "Yes," complete Schedule N, Part I				
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3	2	-	_
	Schedule N, Part II	100			
33	Did the organization own 100% of an entity disregarded as separate means sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3	3	-	-
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  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		4	+	-
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	5a		
35	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		E la		
	b Did the organization receive any payment from or erigage in any transfers to an exempt non-charitable related organization?  section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		5b	-	-
	Did the organization make gify transfer to	1	06		
36	If "Yes," complete Schedule R, Part V, line 2	- 3	36		-
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization  Did the organization conduct more than 5% of its activities through an entity that is not a related organization		.7		-
37	Did the organization conduct more than 5% of its activities through an entity that to receive the part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes.		37		+
	and that is treated as a partnership for federal income tax purposes: in Vol.  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Bid the organization complete Schedule O and provide explanations in Schedule O.		38	х	-
	Note. All Form 990 filers are required to complete Schedule O			90 (	4

	990 (2011)  Statements Regarding Other IRS Filings and Tax Compliance					
Par	Check if Schedule O contains a response to any question in this Part V					
	CHECK II COLLOCAL DE LA CALLACACIÓN DEL CALLACACIÓN DE LA CALLACAC		4.0	-08	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12	8 2	I in	
	- Was included in line 12 Enter D. It not applicable	1b	0	Birry	BADE	
b	Enter the number of Forms W-2G included in life 1a. Enter 6 in the application of the payments to vendors and r Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ole gaming			
	/ winnings to prize winners?			1c	X	
	(gambling) withings to prize withings.  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	nulla	soon padowni sonen	13 8		
	and the releader year anding with or within the year covered by this return	2a	13	0801	-	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o	rns?		2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	tor, reuting, or key t	SID		108 bil
	Note. If the sum of lines 1a and 2a is greater than 250, yes they.  Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	17991	X
	to the control of the state of		*O 10 10 10 10 10 10 10 10 10 10 10 10 10	3b	nem/	-
b	If "Yes," has it filed a Form 990-1101 this year in the product of the At any time during the calendar year, did the organization have an interest in, or a signature or other At any time during the calendar year, did the organization have an interest in, or a signature or other financial	author	ity over; a			kotte i
4a	At any time during the calendar year, did the organization have account, or other financial financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	18.010	X
	financial account in a foreign country (such as a bank account of the foreign country)	and be	null airws ii noosd i		15010	ant bit
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		TELPTO	and but
	See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for Form 15 1 30 22.11 (See instructions for filing requirements for filing require	Glorian	THE PROGRESS OF A	5a		X
5a	Was the organization a party to a prohibited tax sheller transdation at any bulb any taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation and taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation at any shell and taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation at any shell and taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation at any shell and taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation at any shell and taxable party notify the organization that it was or is a party to a prohibited tax shelter transdation at a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that it was or is a party to a prohibited tax shell and taxable party notify the organization that t	action'	· · · · · · · · · · · · · · · · · · ·	5b		X
b	is the second of the Form 8886.T?			5c		-
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anization solicit	tierto s	actio a	10000
6a				6a	1	X
	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions.	utions o	or gifts	100 5	himes	e eni
b	If "Yes," did the organization include with every solicitation are operationally	m 1902 :		6b	Long	
	ware not tay dedictible?			espite.	1710	la me
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a	X	
а	Did the organization receive a payment in excess of 373 made party as a community of the goods or services provided?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	1
b	If "Yes," did the organization notify the dorlor of the value of the geode of the g	was red	quired			
C				7c		X
	to file Form 8282?	7d	Transvert operations	000	100	la veni
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X
е	Did the organization receive any funds, directly or indirectly on a personal benefit cor	tract?	k. 100	7f		X
f	Did the organization receive any lands, directly or indirectly, on a personal benefit cor Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	899 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, due to be used to the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations.	zation	file a Form 1098-C?	7h		
h	If the organization received a contribution of cars, boats, anguaries, of other sections. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	supporting	T and		d many
8	Sponsoring organizations maintaining donor advised full action organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	at any ti	me during the year?	8		
	organization, or a donor advised fund maintained by a sponsoring organization, have			do 3	li ha	
9	Sponsoring organizations maintaining donor advised funds.			9a		
а	Did the organization make any taxable distributions under section 4966?	TRUTTUE		9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	Sigene		1 200	100	100
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	na translately esse			
a	Initiation fees and capital contributions included on Plat VIII, line 12, for public use of club facilities	10b	Daymer of cas.	10/19	200	dadi
b	Gross receipts, included on Form 550, Fact vin, into 12, for passes	URBIO.	ant to seemplants (ex	10 8-		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	I BOTTOME HAT IN A	7		
8	the start attack sources (Do not net amounts due or paid to other sources against	62 B 1012	ndroo, miles in contri	o runs		
Ł	to a second from them	11b		-	1	diver
	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 990 in l	m 104	1?	128		
	the second of tax exempt interest received or accrued during the year	12b				
	of If "Yes," enter the amount of tax-exempt interest received of accorded damage and year	Hamilan	15 ffmail 57 toposon etc			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
i	Is the organization licensed to issue qualified health plans in his disasterior and the organization must report on Schedule O.  Note. See the instructions for additional information the organization must report on Schedule O.	no? de				
	Note. See the instructions for additional mormation the organization which the Enter the amount of reserves the organization is required to maintain by the states in which the	Brig of F	ujimmagar pa nasu.			
1	organization is licensed to issue qualified health plans	131		-	i baes	
	Enter the amount of reserves on hand	130		-	-	-
	Bid the organization receive any payments for indoor tanning services during the tax year?			148	1000	X
14	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	dule O		141		2 /000
_	ס וו ופס, וומס ת וווסט מויסיותי בסיים יכודים			For	m 99	0 (2011

132005 01-23-12

	BLACKSMITH INSTITUTE, INC. 13-40757	vo" re:		e e
ar		1	918	
ai	to line 8a. 8b, or 10b below, describe the circumstances, p			X
	Check if Schedule O contains a response to any question in this Part VI			
	ion A. Governing Body and Management		Yes	No
	10		100	110
	tion was of the governing body at the end of the tax year			
a	to the space in voting rights among the light of the governing south			
	of the site to an avacutive committee of Similar Committee, explain in Constant			
	body delegated broad authority to an executive committee of the property of an executive committee of the property of the prop			
b	Enter the number of voting members included in line 1a, above, who are mapped and interest in the property and are mapped and in the property and in th			X
	Did any officer, director, trustee, or key employee?	2		23
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	Did the organization delegate control over management duties customary possession at property of officers, directors, or trustees, or key employees to a management company or other person?  of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X
		4		
	Did the organization make any significant changes to its governing december of the organization become aware during the year of a significant diversion of the organization's assets?	5		X
,	Did the organization become aware during the year of a significant arrows	6		X
5	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
a	Did the organization have members, stockholders, or other persons who have	7a		X
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_
b	Are any governance decisions of the organization reserved to (or subject to approve ap	7b		2
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
3	and the contemporaneously document the meetings held of written actions under taken during the	8a	X	
	The governing body?	8b	X	
b	to be belief of the governing pour!			
	officer director trustee or key employee listed in Part VII, Section A, Wild Salvins	9		1
9				
_	organization's mailing address? If "Yes," provide the names and address of the Internal Revenue Code.)		Yes	N
		100	100	
	Did the organization have local chapters, branches, or affiliates?	10a		+
0		406		
1	of the standard of the organization have written policies and procedures generally generally and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	+
	and branches to ensure their operations are consistent with the organization's exchange perpendicular the form?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  A thin organization to review this Form 990.	11a	X	+
1	Has the organization provided a complete copy of this provided a complete copy of this provided in Schedule O the process, if any, used by the organization to review this Form 990.  Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
		12a	**	+
2	Did the organization have a written conflict of interest policy? If "No," go to line 13  Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	+
	Did the organization have a written conflict of interest policy? If "Yes," describe by Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and emotes compliance	120		-
	in Schedule O how this was done	13	X	_
13	Did the organization have a written whistleblower policy?	14	X	
14				
15	a semponsation of the following persons include a roview and approximately			
	in the sent contomoraneous substantiation of the deliberation	158	X	
	- invitation CEO Executive Director, or top management unitial	15b	7.7	
	to a law employees of the organization	.04		1
	If "Yes" to line 15a or 15b, describe the process in Schedule 5 (350 inches).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40	2	
16	tayable entity during the year?	16	a	1
	taxable strains and the policy or procedure requiring the organization to evaluate its participation			
	b If "Yes," did the organization follow a written policy of procession states to safeguard the organization's in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	in joint venture arrangements under applicable lederal tax law, and	16	b	
	exempt status with respect to such arrangements?			
S	ection C. Disclosure			_
1	List the states with which a copy of this Form 990 is required to be filed NY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only  By Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) avail	able	
1	and a second to make its forms 1023 (or 1024 if approved to			
	for public inspection. Indicate how you made these available.			
	X Own website Another's website X Upon request    Another's website    X upon request    X upon reques	and fir	nancia	1
	Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and the state of the state			
1	the during the tay year	zation		
1	statements available to the public during the tax your.	Lation		
	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organic	Zation		
	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organic RICHARD FULLER - 212-870-3490  A75 RIVERSIDE DRIVE, SUITE 860, NEW YORK, NY 10115	2011011		

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization  (A)  Name and Title	(B) Average hours per week	(do n	ot ch	Positi neck n	tion nore		ne an	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RICHARD FULLER	40.00	X		Х				16,666.	0.	0.
PRESIDENT (2) PAUL BROOKE BOARD MEMBER	1.00	X						0.	0.	0.
(3) JOSHUA GINSBERG BOARD MEMBER	1.00	X						0.	0.	0.
(4) SHELDON KASOWITZ BOARD MEMBER	1.00	X						0.	0.	0.
(5) PHILIP J. LANDRIGAN, M.D. BOARD MEMBER	1.00	X				-		0.	0.	0.
(6) JOSHUA MAILMAN BOARD MEMBER	1.00	X		100		1000	10.7	0.	0.	0.
(7) CONRAD MEYER CHAIRMAN	1.00	X		X				0.	0.	0.
(8) RONALD REEDE BOARD MEMBER	1.00	X					1 3	0.	0	T of however
(9) KEN RIVLIN BOARD MEMBER	1.00	X				-		0.	0	s Company R
(10) ANDREW KORNER BOARD MEMBER	1.00	X			-		-	0.	0	. 0.
								493 (728 4897)6.0	ans emed	
1					+					
1	1 12 13 13 13 13 13 13 13 13 13 13 13 13 13							TUO ((PROUIDAI) SUOTORO	n as the basebal to s	ex COLUMN RESTOR
Providence of the second				4				A rigitatingpro er	t mgg ne stenongso	Form 990 (2011

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Form 990 (2011)

	90 (2011) BLACKSMI VII Section A. Officers, Directors, Tr (A) Name and title	Average hours per week	(do r	not ch	Positi neck n	tion nore	than o	ne	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo o comp		ion
	CONTROL Services con (anyone) &	(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization relate nization	on
	PCS COTTS have been a second of the test	83778 83778		88	130							-	
	(4)	10)								11781111111			
	ustamized atomics of an appropriate and approp	Difestiogno											
	erti mod (Dawa-espira w)	607 F0420378040							2 69 49				
5	belias many												
- 0	- 0 10	25,65							1105.03				
= 1/	- 0 .0								16 666	. 0			
							-		10.000	U	*		
С	Sub-total  Total from continuation sheets to Part	t VII, Section A							16,666	. 0			
C	Total from continuation sheets to Par-	t VII, Section A						vho i	16,666	. 0			
c d 2	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization	ut not limited to	thos	e lis	ted a	abo	ve) v		16,666 areceived more than \$10	0,000 of reportable		Yes	
c d 2	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including be compensation from the organization  Did the organization list any former office	ut not limited to	thos	e lis	ted a	abov	ve) v	e, or	16,666 areceived more than \$10 are highest compensated	0,000 of reportable		Yes	
c d 2	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	ut not limited to	thos	e lis	key s	emp	ve) w	e, or	16,666 areceived more than \$10 are highest compensated ther compensation from for such individual	0,000 of reportable employee on the organization	•	Yes	
c d 2	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than \$1.	ut not limited to	thos	e lis	key e	abovemp	ve) w	e, or	16,666 areceived more than \$10 are highest compensated ther compensation from for such individual atted organization or individual attentions.	0,000 of reportable employee on the organization	3	Yes	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including be compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than Solid any person listed on line 1a receive rendered to the organization? If "Yes," of the bishood of the part of the product of	at not limited to  cer, director, or  or such individu e sum of reports \$150,000? If "Ye or accrue complete Scheo	thos trust	e lis	kkey s	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more than	0,000 of reportable employee on the organization vidual for services	3 4 5		
c d 2 3 4 5	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 30 Did any person listed on line 1a receive rendered to the organization? If "Yes," other than 30 the complete this table for your five highest the organization. Report compensation  (A)	at not limited to  cer, director, or or such individue e sum of reports 5150,000? If "Ye or accrue comp complete Scheo t compensated for the calenda	thos trust alable e.s., " coens:	e lis eee, I	spensore successions and	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more than	o,000 of reportable employee on the organization vidual for services n \$100,000 of compe	3 4 5	from (C)	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including be compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 50 Did any person listed on line 1a receive rendered to the organization? If "Yes," of the complete this table for your five highes the organization. Report compensation.	at not limited to  cer, director, or or such individue e sum of reports 5150,000? If "Ye or accrue comp complete Scheo t compensated for the calenda	thos trust alable e.s., " coens:	e lis	spensore successions and	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more that in the organization's tax  (B)	o,000 of reportable employee on the organization vidual for services n \$100,000 of compe	3 4 5	from (C)	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 30 Did any person listed on line 1a receive rendered to the organization? If "Yes," other than 30 the complete this table for your five highest the organization. Report compensation  (A)	at not limited to  cer, director, or or such individue e sum of reports 5150,000? If "Ye or accrue comp complete Scheo t compensated for the calenda	thos trust alable e.s., " coens:	e lis eee, I	spensore successions and	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more that in the organization's tax  (B)	o,000 of reportable employee on the organization vidual for services n \$100,000 of compe	3 4 5	from (C)	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 30 Did any person listed on line 1a receive rendered to the organization? If "Yes," other than 30 the complete this table for your five highest the organization. Report compensation  (A)	at not limited to  cer, director, or or such individue e sum of reports 5150,000? If "Ye or accrue comp complete Scheo t compensated for the calenda	thos trust alable e.s., " coens:	e lis eee, I	spensore successions and	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more that in the organization's tax  (B)	o,000 of reportable employee on the organization vidual for services n \$100,000 of compe	3 4 5	from (C)	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 30 Did any person listed on line 1a receive rendered to the organization? If "Yes," other than 30 the complete this table for your five highest the organization. Report compensation  (A)	at not limited to  cer, director, or or such individue e sum of reports 5150,000? If "Ye or accrue comp complete Scheo t compensated for the calenda	thos trust alable e.s., " coens:	e lis eee, I	spensore successions and	abor sation	vve) vvelove volume vol	e, or	16,666. received more than \$10 highest compensated ther compensation from for such individual ated organization or individual that received more that in the organization's tax  (B)	o,000 of reportable employee on the organization vidual for services n \$100,000 of compe	3 4 5	from (C)	
c d 2 3 4 5 Sec	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including by compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than 30 Did any person listed on line 1a receive rendered to the organization? If "Yes," other than 30 the complete this table for your five highest the organization. Report compensation  (A)	at not limited to  cer, director, or or such individu e sum of reports \$150,000? If "Ye or accrue complete Scheo t compensated for the calenda	thos trusti	e lis ee, I comp ation I for	kkey exkey exkey exkey expension from the succession from the succ	above sational state of the sational state o	ve) who we have a second and the dumpy undersorrant and the or	e, or and o ulle J ulle	16,666. received more than \$10 received more than \$10 received more than \$10 received more than \$10 received more than the organization or individual and th	0,000 of reportable employee on the organization vidual for services  n \$100,000 of compex year. f services	3 4 5	from (C)	

t VIII	Statement of Revenu			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	Federated campaigns Membership dues			10.000,70.00		MV mark to	000 000 00 00 001 000 00 00
	Fundraising events				14 sec 11 1910		of the garden and the
							and the second s
	Related organizations				10.500000000000000000000000000000000000		Land to the second
е	Government grants (contribution	and io					
	All other contributions, gifts, grants similar amounts not included above	e 1f	2011544.		smooth stor	and sound you be	o emolescando
	Noncash contributions included in lines	1a-1f: \$	21/300	2011544.	01 1321	. 11 11 11 11 11 11	The second second
h	Total. Add lines 1a-1f		Business Code		anotonis	medinam tot to medilio inetted i	d nodane jmož
2 a						restulants t	MUSTINGS, SING KE
b					- Voil-Buildin	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on no liaensemo.)
С					919 11119	en manage saleta i	HILL (N. 58) EUGSJAN
d						V 2018 10 10 10 10 10	Eta ciesti encerso
е	. 2		818			6.4558 2.	PERSON INCOME.
f	All other program service reve	nue			10000000		
a	Total. Add lines 2a-2f		<b>&gt;</b>			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	100000000000000000000000000000000000000
3	Investment income (including	dividends, inter	est, and	5.		an Dacrard	5
	other similar amounts)			5.			26 121 107/87
4	Income from investment of tax	k-exempt bond	proceeds				Pens for services
5	Royalties						messaggment
3	Tioyantoo	(i) Real	(ii) Personal				Especial Control
	O ronte						notes dend
	Gross rents						is a survival of
	Less: rental expenses			213 85	THE THE RES		The same of
С	Rental income or (loss)						
	Net rental income or (loss)		(ii) Other	ora cor			Marin A Marin Care St
7 a	Gross amount from sales of	(i) Securities	(II) Other				
	assets other than inventory			160 10		conomous	
b	Less: cost or other basis						WEL-#019 00020
	and sales expenses			100000000000000000000000000000000000000		(tiplom	ALIM MUREIMISM
C	Gain or (loss)						SSUBWORL
0	Net gain or (loss)						1-1-1-1-1-1
8 8	a Gross income from fundraisin including \$	ng events (not of	4.281	, & 9 K, & Y K	BREITS NO TO	o tyme to be	Fagments of Sea
	contributions reported on line	e 1c). See			anguillo pi	Contract to etc.	for any leases a
	Part IV, line 18		a 84,620.		agather	of the constitution	Conferences, 10
t	b Less: direct expenses	****************	50,250.	24 2770			34,370
	c Net income or (loss) from fun	draising events		34,370	•		34,31
	a Gross income from gaming a	ctivities. See		25,403.	nottes	THE LINE MORNEY	Degracimier, La
	Part IV, line 19		а	9,619.			807576331
	b Less: direct expenses		b		1 beneapo	Ten Regreson Estati	
	c Net income or (loss) from gar	ming activities			7 87 11 ,82 5 874 1	100000000000000000000000000000000000000	
10	a Gross sales of inventory, less	s returns			10 steps	n 2 m sanspe s	as pini bei Jouogis
10	and allowances	1.18	а	301,687.	XX MOI	ORGANIZAT	BETTERAS
	b Less: cost of goods sold		b	117,398	TVENT	MOCISASA C	LEASEROL
	c Net income or (loss) from sal	es of inventory		719.88		3000	
	Miscellaneous Reven		Business Code	э			
11			2 727 1	. O.C.U. 885.	S BERNINGE		
	b				annesinens ar		
	С				femiliares a		
	d All other revenue		<b>&gt;</b>		- mitalistica		
	e Total. Add lines 11a-11d		Contract Con				34,37

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons to tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			expenses	general expenses	охроносс
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
_	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the		- 20112544-		
	United States. See Part IV, lines 15 and 16		1.009.11		_
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,		DDQC coerus		
5	trustees, and key employees	16,666.	16,666.		
6	Compensation not included above, to disqualified	10,000	10/0001		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	831,061.	638,491.	78,828.	113,74
	Pension plan accruals and contributions (include	031,001.	030/1321		
0	section 401(k) and section 403(b) employer contributions)			150.00	
9	Other employee benefits	34,815.	20,711.	14,104.	
	Payroll taxes	39,742.	21,222.	9,128.	9,39
	Fees for services (non-employees):	3371221	The second second		
	Management		Thomas III III		
	Legal				
	Accounting Lobbying				
	Professional fundraising services. See Part IV, line 17	28,413.			28,41
	Investment management fees	20/2201			
	Other	182,539.	154,018.	23,832.	4,68
	Advertising and promotion				
13	Office expenses	94,544.	79,529.	11,057.	3,95
14	Information technology	35,225.	28,376.	1,917.	4,93
	Royalties	33/2231			
15	Occupancy	88,343.	65,590.	11,239.	11,51
16	Travel	373,943.	369,912.	1,458.	2,57
17 18	Payments of travel or entertainment expenses	3,3,3231			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	46,709.	45,909.		80
20		2071031			
	Payments to affiliates	100000000000000000000000000000000000000			
21 22	Depreciation, depletion, and amortization	25,403.		25,403.	
		9,615.		9,615.	
23	Other expenses. Itemize expenses not covered	3/0201			
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	PARTNER ORGANIZATION EX	301,687.	301,687.	. 0.	
	LEASEHOLD ABANDONMENT	117,398.	0.	117,398.	
	MISCELLANEOUS	22,907.	12,150.	8,341.	2,41
d	ELL COMMITTION D	22,50,1			
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,249,010.	1,754,261.	312,320.	182,42
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	TBERRAIN		F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

arı	X	Balance Sheet	18	me an a com	Restated (A)  Beginning of year		(B) End of year
					395,193.	1	620,879
	1	Cash - non-interest-bearing			333,133.	2	pa mum) suneveries
	2	Savings and temporary cash investments			787,291.	3	508,673
		Pledges and grants receivable, net			101,231.	4	3007070
	4	Accounts receivable, net				4	also bruth to alages to
	5	Receivables from current and former officers, dire	ectors, trustees	s, key	ori nislovel reprinso cho	11000	
		employees, and highest compensated employees	s. Complete Pa	art II	send en dance has y to best	5	
		of Schedule L			BUILD TO CLEAN STUDIES	5	18 Islandania (1)
	6	Receivables from other disqualified persons (as d	lefined under s	ection	do that of sendosian a link.		
		4958(f)(1)), persons described in section 4958(c)(3	3)(B), and cont	tributing			
		employers and sponsoring organizations of section	on 501(c)(9) vo	luntary	DSC Imple and reach		and the state of t
		employees' beneficiary organizations (see instructions)	tions)			6	
		Notes and loans receivable, net				7	MINITED BUILDING TO BUILDING
		Inventories for sale or use				8	07 00
	9	Prepaid expenses and deferred charges			3,876.	9	27,008
		Land, buildings, and equipment: cost or other			use a assist (150925), 195 st.		
	100	basis. Complete Part VI of Schedule D	10a	143,489.	oned Draw Emericanies recon		nodskemes to wear
	_	Less: accumulated depreciation	10b	47,299.	209,898.	10c	96,191
		Investments - publicly traded securities			0.	11	9,84
-		Investments - other securities. See Part IV, line 11			ISIS, GE 20 ISI	12	partie basis correct
		Investments · other securities. See Part IV, line 1:			THE STATE OF THE S	13	mand stanged   X
	700				The same of the sa	14	a result of a finance
	14	Intangible assets			17,411.	15	87
	15	Other assets. See Part IV, line 11	1,413,669.		1,263,47		
-	16	Total assets. Add lines 1 through 15 (must equa	I IIne 34)		51.		52,94
	17	Accounts payable and accrued expenses				18	
	18	Grants payable				19	
	19	Deferred revenue				20	
-	20	Tax-exempt bond liabilities				21	
	21	Escrow or custodial account liability. Complete P	art IV of Sched	dule D		21	
	22	Payables to current and former officers, directors	s, trustees, key	employees,			
		highest compensated employees, and disqualifie	ed persons. Co	mplete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	I third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to relate	ed third			
		parties, and other liabilities not included on lines	17-24). Compl	ete Part X of			
		Schedule D				25	50.04
	26	Total liabilities. Add lines 17 through 25			51.	26	52,94
		Organizations that follow SFAS 117, check her	re X	and complete			
,		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			466,926.		55,00
	28	Temporarily restricted net assets			946,692.	28	1,155,52
	29					29	
	20	Organizations that do not follow SFAS 117, ch					
		complete lines 30 through 34.					
	20	Capital stock or trust principal, or current funds				30	
	30	Paid-in or capital surplus, or land, building, or equ	uipment fund			31	
2	31	Retained earnings, endowment, accumulated inc	come, or other	funds		32	
ŗ.		Hetained earnings, endownient, accumulated inc	001110, 01 011101		1 110 610		1,210,52
Net Assets of Fund balances	32	Total net assets or fund balances			1,413,618	33	1,410,54

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w VI Decembilistic		TITUTE, INC.				
Heconciliation	on of Net Assets	33				
Check if Schedu	le O contains a response to any	question in this Part XI				-
			1	2,04	5.9	19
Total revenue (must eq	qual Part VIII, column (A), line 12)			2,24		
		)	3	-20		
Revenue less expense	s. Subtract line 2 from line 1		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	1,41		
Net assets or fund bala	ances at beginning of year (must	t equal Part X, line 33, column (A))	5	- /	5 / 0	0
Other changes in net a	assets or fund balances (explain	in Schedule O)		1,21	0 5	27
Net assets or fund bala	ances at end of year. Combine li	nes 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,41	0,5	4 /
rt XII Financial Sta	atements and Reporting					X
Check if Schedu	ale O contains a response to any	question in this Part XII			Yes	N
	_				163	14
Accounting method us	sed to prepare the Form 990:	Cash X Accrual Other				
If the organization cha	inged its method of accounting f	rom a prior year or checked "Other," explain in Scheduk	e O.			~
Were the organization	's financial statements compiled	or reviewed by an independent accountant?		2a	v	X
Were the organization	's financial statements audited b	y an independent accountant?		2b	X	-
If "Yes" to line 2a or 2l	b. does the organization have a	committee that assumes responsibility for oversight of the	ne audit,			
roview or compilation	of its financial statements and s	election of an independent accountant?		2c	X	-
review, or compliance	and either its oversight process	s or selection process during the tax year, explain in Sch	nedule O.			
Act and OMR Circular	A-1332	quired to undergo an audit or audits as set forth in the S	*********	3a		2
	ization undergo the required aug	· · · · · · · · · · · · · · · · · · ·	ured audit			
o If "Yes," did the organ	ization undergo the required add	dit or audits? If the organization did not undergo the requ	unou addit	Oh		
or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requestaken to undergo such audits.	uned addit	3b	990	(20:
or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.		-	990	(20
or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	uned addit	-	990	(20
olf "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	uned addit	-	990	(20)
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	uned addit	-	990	(20)
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requ steps taken to undergo such audits.	uned addit	-	990	(20)
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	uned addit	-	990	(20
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	un de dedak	-	990	(20)
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	on ea addition	-	990	((201
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	on ea addition	-	990	(20)
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.	on ea activity	-	990	(201
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		-	990	((201
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	dit or audits? If the organization did not undergo the requirements taken to undergo such audits.		-	990	(20
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		-	990	(201
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		(201
or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		(201
If "Yes," did the organ or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		(201
or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		(20
or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		
or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		
or audits, explain why	in Schedule O and describe any	steps taken to undergo such audits.		Form		

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 13-4075779 BLACKSMITH INSTITUTE, INC.

Part I	Reason f	or Public Char	ity Status (All organiz	ations mus	st complete	this part	.) See inst	detions.				
The organia	ration is not a	private foundation	because it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
organiz	A church cor	vention of churches	s, or association of churc	ches descr	ibed in sec	ction 170	b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
3	A nospital of a cooperative hospital service organization with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
			operated in conjunction							0.116257366	10.01	-
	city, and state	e:	benefit of a college or ur	niversity ov	vned or on	erated by	a governn	nental unit	described	in	70 05	Tarrit
5				iivorsity ov	viida di op	0.0.00	- 3					
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	t deceribes	in coation	170/b)/1	VAVV					
6	A federal, sta	te, or local governm	nent or governmental unit	t described	ort from a	1 1/0(0)(1	ntal unit o	r from the	general ni	iblic desc	ribed in	n
			ceives a substantial part	of its supp	ort from a g	governine	illai uiill O	i iioiii tiio	goriorai po	20110 0000		Die exc
	section 170(	b)(1)(A)(vi). (Comple	ete Part II.)	(0	D-+ II.)							
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)		hutiana m	ambarahi	o foos and	aross rec	eints t	from
9 X	An organizati	on that normally rec	ceives: (1) more than 33	1/3% of its	support tr	om contri	butions, in	(20/ of ito	support fr	om arnee	invest	ment
	activities rela	ted to its exempt fu	nctions - subject to certa	ain exception	ons, and (2	) no more	than 33 1	/3% 01 118	support	on gross	0 107	5
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization an	ter June 3	0, 197	٥.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	on organized and o	perated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	ł).			oT.E	
11	An organizati	on organized and o	perated exclusively for th	ne benefit (	of, to perfo	rm the fur	nctions of,	or to carr	out the p	urposes o	f one o	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or sectio	n 509(a)(2	). See sec	tion 509(	a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type I	b	Type II 0	с Тур	e III - Funct	tionally int	egrated			Type III · (		
	By checking	this box. I certify that	at the organization is not	controlled	directly or	indirectly	by one or	more disc	qualified pe	ersons oth	er tha	n
	foundation m	anagers and other t	than one or more public	y supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Typ	pe I, Type	II, or Type					
1		rganization, check to										
	Supporting of	17 2006 has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?		197	0333.00
9	Since Augus	tir, 2000, has the t	directly controls, either a	lone or too	ether with	persons o	lescribed i	n (ii) and (	ii) below,		Yes	No
	(i) A perso	arning body of the s	supported organization?	iono or tog						11g(i)		STUC
	the gove	eming body of the s	n described in (i) above?	)						11g(ii)		20110
	(II) A family	member of a perso	a person described in (i)	or (ii) above	e?							100000
										1119(111)		
h	Provide the f	ollowing information	about the supported or	garnzation	(3).					11g(iii)		III O
										119(111)		and of
(i) Name	of supported	(ii) EIN	( iii) IVDO OF		ization	(w) Did vo	notify the	(vi) Is	the	en most et		2200
orga	nization		(iii) Type of organization		organization	(v) Did yo	u notify the	(vi) Is	on in col.	(vii) An		if
			organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizati (i) organiz	on in col.	(vii) An	nount o	if mole
			organization (described on lines 1-9 above or IRC section	in col. (i) li	sted in your document?	organizat (i) of you	ion in col. r support?	organization (i) organization U.S	on in col. ed in the	(vii) An		if
			organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizati (i) organiz	on in col.	(vii) An		of
			organization (described on lines 1-9 above or IRC section	in col. (i) li	sted in your document?	organizat (i) of you	ion in col. r support?	organization (i) organization U.S	on in col. ed in the	(vii) An		of .
	, C. 1 (c)	20 1. 2011 area	organization (described on lines 1-9 above or IRC section	in col. (i) li	sted in your document?	organizat (i) of you	ion in col. r support?	organization (i) organization U.S	on in col. ed in the	(vii) An		)f
	4		organization (described on lines 1-9 above or IRC section	governing Yes	sted in your document?	organizat (i) of you Yes	ion in col. r support?	organizatii (i) organiz U.S Yes	on in col. ed in the .?	(vii) An sup	port	P HOW SAME SAME T GOVE
			organization (described on lines 1-9 above or IRC section (see instructions))	governing Yes	sted in your document?	organizat (i) of you Yes	ion in col. r support?	organizatii (i) organiz U.S Yes	on in col. ed in the .?	(vii) An	port	P HOW SAME SAME T GOVE
	- 17 F 80		organization (described on lines 1-9 above or IRC section (see instructions))	governing Yes	sted in your document?	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in col. ed in the .?	(vii) An sup	port	CHOIN
	(1) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li igoverning Yes	sted in your document?	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in col. ed in the .?	(vii) An sup	port	CHOIN
	4 00 00 00 00 00 00 00 00 00 00 00 00 00		organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document? No	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in colled in the .?	(vii) An sup	port	50 56 50 66 50 66 50 66 50 66 50 60 50 60
			organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document? No	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in colled in the .?	(vii) An sup	port	50 56 50 66 50 66 50 66 50 66 50 60 50 60
			organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document? No	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in colled in the .?	(vii) An	port	PROPERTY OF THE PROPERTY OF TH
			organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document? No	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in colled in the .?	(vii) An sup	port	PROPERTY OF THE PROPERTY OF TH
			organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document?	organizat (i) of you Yes	ion in col. r support? No	organizati (i) organiz U.S Yes	on in col. ed in the .?	(vii) An	port	PROPERTY OF THE PROPERTY OF TH
Total			organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li governing Yes	sted in your document? No	organizat (i) of you Yes	ion in col. r support?	organizati (i) organiz U.S Yes	on in col. ed in the .?	(vii) An	port	PROPERTY OF THE PROPERTY OF TH

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

Schedule A (Form 990 or 990-EZ) 2011

fails to qualify under the tests li	sted below, plea	se complete Part	III.)	n railed to qualify	under Part III. If the	Organization
Section A. Public Support		Talenak and Ja		1 2 2 2 2 2	(-) 0011	(f) Total
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(T) TOTAL
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		an side analomos n ano dan koada				
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		X0077 mm as				
3 The value of services or facilities furnished by a governmental unit to the organization without charge	mennerogay	n pedronacie:				-
4 Total. Add lines 1 through 3						
5 The portion of total contributions	AVX/AIT	GIOTT rollsess co	and the second for the last	10 A 17 (1) (1)	merologica	
by each person (other than a		of the contract of the contrac			and the second	
governmental unit or publicly				THE Property	and the state of	7 / 11 Inel
supported organization) included		17.7				
on line 1 that exceeds 2% of the				C 101	The Transfer of	
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4. Section B. Total Support	(855)835 no		doun sol terri o) u		n trea beginging an	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		P. R. 16 1, 12 10 1	u fluid meli maa m	1400 11 21 20		
8 Gross income from interest,		anti nguesto		10.130		By Bloom to or
dividends, payments received on		VBAROCIONUÍS (4)	DATE LEE			
securities loans, rents, royalties		as all of the greatest	milathers for me	F-83 - 89 - F-78		
and income from similar sources	acubica in seyra	O and face up to b				
9 Net income from unrelated business		1 1934 1 4 5 1	ni ari sa sari s		1 1 12009 - 1	
activities, whether or not the						0.0 1 1 1 1 1 1 1 1
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital			700.000			
assets (Explain in Part IV.)			words to control			
11 Total support. Add lines 7 through 10	to (see instruct	ions)	orollar move perm		12	
<ul><li>12 Gross receipts from related activities, e</li><li>13 First five years. If the Form 990 is for the</li></ul>	he organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti		
organization, check this box and stop	here					<b>▶</b>
Section C. Computation of Public	Support Pe	rcentage				
14 Public support percentage for 2011 (lir	e 6, column (f) o	livided by line 11,	column (f))		14	
45 Public support percentage from 2010	Schedule A. Part	II. line 14			15	
16a 33 1/3% support test - 2011. If the or	ganization did n	ot check the box of	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
ston here. The organization qualifies a	s a publicly supp	ported organization	n			
b 33 1/3% support test - 2010. If the or	ganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check to	IIIS DOX
and stop here. The organization qualif	ies as a publicly	supported organiz	ation	0 13 160 or 16h	and line 14 is 10%	or more
17a 10% -facts-and-circumstances test	- 2011. If the org	ganization did not	his how and stop	here Explain in P	art IV how the organ	nization
and if the organization meets the "fact: meets the "facts-and-circumstances" t	s-and-circumstar	ation qualifies as a	publicly supporte	d organization		▶[
meets the "facts-and-circumstances" to 10% -facts-and-circumstances test	- 2010 If the or	nanization did not	check a box on lin	e 13, 16a, 16b, o	r 17a, and line 15 is	10% or
b 10% -facts-and-circumstances test more, and if the organization meets the	facts and circu	umstances" test.	heck this box and	stop here. Expla	in in Part IV how the	е
organization meets the "facts-and-circu	imstances" test	The organization	qualifies as a pub	icly supported or	ganization	<b>▶</b>
					and see instruction	

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 BLACKSMITH INSTITUTE, 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 be	low, please comple	ete Part II.)				
	ion A. Public Support	(-) 0007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in)	(a) 2007	(D) 2008	(6) 2009	(4) = 0.10	1-1	
	Bifts, grants, contributions, and					au	
	nembership fees received. (Do not			4 744 017	4 190 283.	2,011,544,	13,187,186,
	nclude any "unusual grants.")	1,336,351.	3,904,791.	1,744,217.	4,190,203.	2,011,544,	20,20,
n fr a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that				Anna		
	are not an unrelated trade or bus-						
	ness under section 513						
i	Fax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
f	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,336,351.	3 904 791.	1,744,217.	4,190,283,	2,011,544.	13,187,186.
	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						0.
	amount on line 13 for the year  Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						13,187,186.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,336,351.	3,904,791,	1,744,217.	4,190,283.	2,011,544.	13,187,186.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,419.	15,315.	1,306.	97.	5.	21,142.
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
		4,419.	15,315.	1,306.	97.	5.	21,142.
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4/417	13,313.	270001			
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,255.	28,643.	3,219.	2,386.	34,370.	81,873.
13	Total support (Add lines 9, 10c, 11, and 12.)	1,354,025.	3,948,749.	1,748,742.	4,192,766.	2,045,919.	13,290,201,
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	centage				00 00 0
15	Public support percentage for 2011 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	99.22 %
16	Public support percentage from 2010	Schedule A, Part I	II, line 15			16	99.45 %
Sec	tion D. Computation of Inves	stment Income	Percentage				16
17	Investment income percentage for 20	11 (line 10c, colum	in (f) divided by line	13, column (f))		17	.16 %
40	lavestment income percentage from	2010 Schedule A. F	Part III, line 17			18	.17 %
19a	33 1/3% support tests - 2011. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3% check this box at	nd stop here. The	organization qualif	ies as a publicly su	apported organiza	ation	
b	33 1/3% support tests - 2010. If the	organization did no	ot check a box on	ine 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
1	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see ins	structions	0 00 000 571 204
13202	3 01-24-12				Sch	edule A (Form 99	U or 990-EZ) 201

Dart IV Cumple	mantall	ntorma	tion Con	in atalor	INSTITUTE nis part to provide to any additional inform	THE EXPI	(See in	structions).	Jy r are ii, iirio		
CHEDULE A,	PART	III,	LINE	12,	EXPLANAT	ION :	FOR	OTHER	INCOME:		
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number Internal Revenue Service Name of the organization 13-4075779 BLACKSMITH INSTITUTE Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

me of orga	(Form 990, 990-EZ, or 990-PF) (2011)  nization	7016331 -	er identification number
	MITH INSTITUTE, INC.	13	-4075779
	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 1	GREEN CROSS SWITZERLAND  FABRIKSTRASSE 17  ZURICH, SWITZERLAND	\$ 252,982.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	GOLDMAN SACHS  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4  ICCA  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 130,133.	Person X Payroll Noncash  (Complete Part II if there is a noncash contributio
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	ROCKEFELLER BROTHERS FUND  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$60,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNEP  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 132,900	Person X Payroll Noncash (Complete Part II if ther is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
No. 6	UNEP C/O BLACKSMITH INSTITUTE-2014 5TH AVE	\$ 250,000	(Complete Part II if the is a noncash contribut
	NEW YORK, NY 10035	Schedule B (F	orm 990, 990-EZ, or 990-PF) (

DIACKEMITH	INSTITUTE.	INC.

(-)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	WORLD BANK  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(0)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	CONRAD MEYER  C/O BLACKSMITH INSTITUTE-2014 5TH AVE	\$50,956.	Person Payroll Noncash X (Complete Part II if there
	NEW YORK, NY 10035	2003 W	is a noncash contribution.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 9	ESTATE OF MARIAN NAUMBERG  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a)	(b)	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIP + 4  GREAT FOREST  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 65,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JOSHUA MAILMAN FOUNDATION  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GLOBE  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution

BLACKSMI	TH INSTITUTE,	INC.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	IADB  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 8,155.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 14	ETHAN DEVINE  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JOHN STOREY  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	IRA RIKLIS  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	KATHERINE & DAVID MECHNER  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	LESLEE BURNETT  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution

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DIACKCMITTH	INSTITUTE,	TIMC .

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional (b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	RONALD REEDE  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 9,674.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	DAVID WICHS  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	NLR, INC.  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 10,661.	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	INDUS CHARITABLE FOUNDATION  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	KASOWITZ FAMILY FOUNDATION  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 24	SILICON VALLEY COMMUNITY FDN  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution

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	TATO

(a)	Contributors (see instructions). Use duplicate copies of Part I if additiona  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BROOKE-MCCARRAGHER FOUNDATION  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	AARON & MARION GURAL FOUNDATION  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 27	VORNADO OFFICE MANAGEMENT  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 7,500.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	PAUL BROOKE  C/O BLACKSMITH INSTITUTE-2014 5TH AVE  NEW YORK, NY 10035	\$ 21,500.	Person Payroll Noncash X (Complete Part II if the is a noncash contribute
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	A Town of Town	\$	Person Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
No.	TORRES  TORRES	\$	Person Payroll Noncash  (Complete Part II if the is a noncash contribution

13-4075779

art II	Noncash Property (see instructions). Use duplicate copies of Part II if a		319 11/31 11/31	A SHALLING WAR BY
(a) No. from	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	STOCK OF \$49,956 PLUS CASH OF \$1,000			
8		\$_	49,956.	09/09/11
(a) No. from Part I	(b)  Description of noncash property given	431	(c) FMV (or estimate) (see instructions)	(d) Date received
Parti	STOCK	-		
19	The control of the co	\$_	9,674.	12/23/11
(a) No. from	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	EQUIPMENT	= 4 X B	an Jacobs admin standard	
28		- - - \$	21,500.	07/05/11
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Parti		- \$		
	State of the state	302 83	adaren's name, Edinesia, St	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	196 No 110 110 110 110 110 110 110 110 110 11		The to account	(b) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
(a) No. from			(c) FMV (or estimate) (see instructions)	(d) Date received
Part			ngferes's name, address.	
		-	\$	1 990, 990-EZ, or 990-PF) (2

23

chedule B (F ame of organi	orm 990, 990-EZ, or 990-PF) (2011)		Employer identification number
			13-4075779
BLACKSM Part III	TTH INSTITUTE, INC.  Exclusively religious, charitable, etc., individual year. Complete columns (a) through (e) and the following the total of exclusively religious, charitable, etc., con Use duplicate copies of Part III if additional sparents.	tributions of \$1,000 or less for the yea	, or (10) organizations that total more than \$1,000 for the
(a) No.	CASSEL STREET	(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(c) cc c c c c c c c c c c c c c c c c c	
	389.88	(e) Transfer of gift	
-	Transferee's name, address, and Z	P + 4	Relationship of transferor to transferee
(a) No.		(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(c) Ose of gift	
best	(b) (a) (b) (b) (b) Vig()	(e) Transfer of gift	All the state of t
	Transferee's name, address, and Z	IIP + 4	Relationship of transferor to transferee
	00110 1.002 10		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee
	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Transfer in the second
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift  Transferee's name, address, and	(e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Employer identification number 13-4075779

		e of the organization				
		BLACKSMITH INSTITUTE, INC.	Funds or Ac	coun	its. Complete	e if the
Pa	irt	BLACKSMITH INSTITUTE, INC.  TI Organizations Maintaining Donor Advised Funds or Other Similar	K(1-5) 145	91182 8		
-		organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds	(b	) Fund	s and other ac	counts
		(a) Donor advisor in the	iomica folica os			
4	-	Total number at end of year	Minist ed of c		La company de la company	
1	1	Aggregate contributions to (during year)	THOUSA THE A	7,5	I There is a	
2		Aggregate grants from (during year)	7.1.516		Transaction Assessment	
			er advised fund	le		_
4			ior advised fund		Ye	s N
5						Paris ordina vid
6		Did the organization inform all grantees, donors, and donor advisors in many of the for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose comen	ing	Ye	s N
		impermissible private benefit?	m 000 Part IV	line 7.		
P		Conservation Fasements. Complete if the organization answered	m 990, Part 1V,	11101.		
-	CIT I	Description easements held by the organization (check all that apply).	of an historical		rtant land area	a
1			of an instorical	etoric s	structure	
		Protection of natural habitat	of a certified hi	Storic S	Mustars	
		Proceduration of open space			tion concerns	t on the last
		Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	nserva	tion easemen	t on the last
2						J - 6 th a Tay Va
		day of the tax year.			Held at the En	d of the lax re
		a Total number of conservation easements		2a		
		the agreements	***************************************	2b	Active a Suc	
		and a contified historic structure included in (a)		2c		
	C	Number of conservation easements and in (a) acquired after 8/17/06, and not on a histo	ric etructure	1 5 1	S Many C	
	-	the set concentration easements included in (c) acquired arter of the set of	ille Structure			
	d	Number of conservation easements on a certified miscole of the state o		2d	d view that	
		d Number of conservation easements included in (c) acquired arts of vively and listed in the National Register			n during the ta	ax
	d 3	listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or termina			n during the ta	ax
		Number of conservation easements modified, transferred, released, extinguished, or terminal year.	ted by the orga		n during the ta	ax
		Number of conservation easements modified, transferred, released, extinguished, or terminal year.	ted by the orga		Anglow factoring	
		Number of conservation easements modified, transferred, released, extinguished, or terminal year   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, have	ted by the orgal	nization	Y	ax 'es
	3	Number of conservation easements modified, transferred, released, extinguished, or terminal year   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?	ndling of	nization	□ Y	
	3 4 5	Number of conservation easements modified, transferred, released, extinguished, or terminal year.  Number of states where property subject to conservation easement is located.  Number of states where property subject to conservation easement is located.  Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.	ndling of sements during the y	nization	□ Y	
-	3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminal year.  Number of states where property subject to conservation easement is located.  Number of states where property subject to conservation easement is located.  Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.	ndling of sements during the y	nization	Y	es [
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	3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminal year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easement conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?	andling of sements during the yection 170(h)(4)(	the year B)(i)	ar ▶ Y	es []  (es [] sheet, and
Transmitted in the last of the	3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminal year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easement conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?	andling of sements during the yection 170(h)(4)(	the year B)(i)	ar ▶ Y	es []  (es [] sheet, and
1. Laboratoria de la composito	3 4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminal year	indling of sements during ints during the yection 170(h)(4)(ind expense state describes the o	the year B)(i)	and balance sation's account	res [] res [] sheet, and atting for
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	3 4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminal year  ———————————————————————————————————	ndling of sements during the yection 170(h)(4)(describes the office of the control of the contro	the year B)(i) ement, rganiza Simi	and balance sation's accountial Assets.	/es //es //es //es //es //es //es //es
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	3 4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminal year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easement.  Does each conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.  Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue instorical treasures, or other similar assets held for public exhibition, education, or research the text of the footnote to its financial statements that describes these items.	ndling of sements during the yection 170(h)(4)(describes the or other in furtherance of statement and	the year ear B)(i)  ement, rganizar  Simi  and ba of publi	and balance sation's accountial Assets.  Ilance sheet was service, provice sheet work:	res sheet, and atting for vorks of art, vide, in Part X s of art, history
	3 4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminal year.  Number of states where property subject to conservation easement is located.  Number of states where property subject to conservation easement is located.  Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue that the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue that the organization elected in the organization, or research in further that the organization elected in the organization, or research in further that the organization elected in the organization	indling of sements during the yection 170(h)(4)(and expense state describes the original statement in furtherance of estatement and ance of public statement and	the year bear by B)(i)  mement, rganizar  Simi  and ba  of publi  balance ervice,	and balance sation's accountillar Assets.  Ilance sheet works, provide the form	res sheet, and atting for vorks of art, vide, in Part X s of art, histor ollowing amounts.
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	3 4 5 6 7 8 9	Ilisted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminal year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, haviolations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements are accorded in monitoring, inspecting, and enforcing conservation easements.  Does each conservation easement reported on line 2(d) above satisfy the requirements of so and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenities that text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue treasures, or other similar assets held for public exhibition, education, or research the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue treasures, or other similar assets held for public exhibition, education, or research in further relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII by reported under SFAS 116 (ASC 958) relating to these	ndling of sements during ints during the y action 170(h)(4)(a) d expense state describes the o es, or Other in furtherance of ance of public s for financial gai items:	the year ear B)(i)  ement, rganiza  Simi  balancervice, h, provv	and balance sation's accounting a service, provide the forms.	/es //es //es //es //es //es //es //es
	3 4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminal year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, had violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easement. Does each conservation easement reported on line 2(d) above satisfy the requirements of sean section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue an include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  In the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue to the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue treasures, or other similar assets held for public exhibition, education, or research the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue treasures, or other similar assets held for public exhibition, education, or research in further relating to these items:  If Revenues included in Form 990, Part VIII, line 1  If the organization elected in Form 990, Part VIII, line 1  If the organization elected in Form 990, Part VIII, line 1	ndling of sements during ints during the y action 170(h)(4)(a) d expense state describes the o es, or Other in furtherance of ance of public s for financial gai items:	the year ear B)(i)  ement, rganizar  Simi  and balancervice, hn, prov	and balance sation's accountial ance sheet works provide the forms ide	/es //es //es //es //es //es //es //es

	lle D (Form 990) 2011 BLACKSMI III Organizations Maintaining Co sing the organization's acquisition, accession	DIECTIONS OF ALL	, I HOLUI	ov of the fo	sllowing that are	a signific	cant use of its o	ollection ite	ems
U	sing the organization's acquisition, accession	n, and other records	, check ar	ly of the lo	mowing triat are	a org			
(0	check all that apply):				ange programs				
a	Public exhibition	d						13	
b	Scholarly research	е	Otr	ner					
	Preservation for future generations			f the au the	organization's	exempt	purpose in Part	XIV.	
		lections and explain	now they	Turther the	ures or other si	milar ass	ets		
	a unit a seriestion colicit or	receive donations of	all, inste	nioui ciouo.				Yes	N
to	During the year, did the organization solicit of obe sold to raise funds rather than to be ma	intained as part of the	ne organiz	ation's con	lection:	" to Form	n 990 Part IV. I	ine 9, or	
Part	IV Fscrow and Custodial Arrang	gements. Comple	te if the or	rganization	answered res	5 10 1 011	11 330, 1 4.1.1,		- 195
_	to Form OOO Par	Y line /					NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		F ALEGE
1a	s the organization an agent, trustee, custodia	an or other intermed	iary for co	ntributions	or other assets	S HOT HICK		Yes	_ N
	5 000 Bot V2								
h l	f "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	ole:		Γ		Amount	
							10	7 1110 0111	
- (	Beginning balance						10		
							1d		
	and the state of t						1e		
							1f	7.	
f	Ending balance  Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	
2a									
Parl	4 F	f the organization ar	swered "	Yes" to For	m 990, Part IV,	line 10.		I Cal Four V	pare ha
rail	L V LIIdowillont : and	(a) Current year	(b) Pri	or year	(c) Two years b	ack (d)	Three years back	(e) roury	cais vo
	E visit subtles & Constitutions	1-7						-	
	Beginning of year balance								
b	Contributions							-	
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities	unovernia nu ton b	10.20.21					-	
	and programs								
	Administrative expenses		111111111111111111111111111111111111111						
g	End of year balance	at a seed bolon	co /line 10	column (a	a)) held as:				
2	Provide the estimated percentage of the cui	rent year end balan	%	, 00141111 (	-,,				
	Board designated or quasi-endowment								
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
				a a a bold o	and administere	d for the	organization		
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the poss	ession of the organi	zation tha	t are nelu a	and administere	4 101 1110	5		Yes
014	have the second							3a(i)	TET
	m lated organizations							3a(ii)	
								3b	
h	If "Vos" to 3a/ii) are the related organization	ns listed as required	on Sched	ule H:					
A	a in the Dark VIVI the intended uses of the	ne organization's end	JOWINEII	unus.					
Pa	rt VI Land, Buildings, and Equip	ment. See Form 9:	SU, Fait A	11110 10.		4.1.0.0	umulated	(d) Book	value
1 0	Description of property	(a) Cost or	other	(D) COS	st or other		umulated eciation	(a) 500.	
	position at the second	basis (inves	tment)	basis	(other)	debit	Sciation		
40	Land								
	Buildings								
	Leasehold improvements		4900				47 000	0	4,44
			881, 111, 110	1	41,456.		47,009.	3	1.74
	Equipment				2,033.		290.	0	$\frac{1}{6}, \frac{1}{9}$
d								9	0,1
d	Other	equal Form 990. Pa	rt X, colur	nn (B), line	10(c).)			le D (Form	ASSESSMENT OF THE PARTY NAMED IN

Sche	dule D (Form 990) 2011 BLACKSMITH INSTITUTE, INC.	Audito	d Einancial State	13-4	10/5//9 Page 4
-	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financiai State	IIIOIIC	2,045,919.
1	Total revenue (Form 990, Part VIII, column (A), line 12)				2,249,010.
2	Total expenses (Form 990, Part IX, column (A), line 25)				-203,091.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		200,000
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Tatal adjustments (not) Add lines 4 through 8		9		-203,091.
	in a financial etetements Combine lines 3 at	nd 9	10	Poture	
Pai	A VII Reconciliation of Revenue per Audited Financial Stateme	SIIFO AAII	ii itovoliao po	10tuiii	2,360,633.
1	Total revenue, gains, and other support per audited financial statements			1	2,300,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
-	Net unrealized gains on investments	. 2a	,	- 1	
b	The state of facilities	2b	264,464	4	
	Recoveries of prior year grants	2c			
C	Other (Describe in Part XIV.)	2d		_	
				2e	264,464.
е	Add lines 2a through 2d Subtract line 2e from line 1			3	2,096,169.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b	-50,250		
	Other (Describe in Part XIV.)	110			-50,250.
С	Add lines 4a and 4b			5	2,045,919.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	aonte W	ith Evnenses ne		irn
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XIII Reconciliation of Expenses per Audited Financial Staten	IGIICS AA	Itii Experioco po	1	2,563,724.
1	Total expenses and losses per audited financial statements			-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		264,464		
а	Donated services and use of facilities	. 2a	204,404	•	
b	D. C. Company	2b		-	
c	Otto Income	2c		_	cloud we'.
	1 Other (Describe in Part XIV.)	2d	50,250	•	244 714
	Add lines 2a through 2d			2e	314,714.
3	Subtract line 2e from line 1		•••••	3	2,249,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		_	
	Other (Describe in Part XIV.)	4b			
				4c	0.
(	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)			5	2,249,010.
- m	- VIVI Complemental Information				
Pa	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1	a and 4; Part IV, lines	1b and	2b; Part V, line 4; Part
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 5, 1 and 5, 2 and 5	nolete this	part to provide any a	dditiona	al information.
X, li	ine 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con ART X, LINE 2: THE INCOME TAX POSITIONS TA	KEN B	V THE ORGAN	IZAT	ION FOR
PA	RT X, LINE 2: THE INCOME TAX POSITIONS TAX	CDIA D	1 1112 011012		
	The state of the s	E T.TM	TTATTONS AR	E TH	AT THE
AN	Y YEARS OPEN UNDER THE VARIOUS STATUTES OF	r LITH.	ITATIOND III		
	TO BE EVENDE EDOM IN	COME	TAXES AND T	HAT	THE
OF	RGANIZSTION CONTINUES TO BE EXEMPT FROM IN	COME	IAAES AND I	****	4 0 0 00
OF	RGANIZATION DOES NOT HAVE UNRELATED BUSINE	SS IN	COME THAT W	COLL	DE DODOECT
سر	INCOME TAXES. THE ORGANIZATION BELIEVES	THAT	THERE ARE	NO 1	'AX
	OSITIONS TAKEN OR EXPECTED TO BE TAKEN THA				
OF	R DECREASE UNRECOGNIZED TAX BENEFITS WITHI	N 12	MONTHS OF T	HE F	(EPOKTING
	A ME				
DE	ATE.			Sche	edule D (Form 990) 2011
120	DEA				

Schedule D (Form 990) 2011 BLACKSMITH INSTITUTE, INC.	13-4075779 Page 5
Part XIV   Supplemental Information (continued)	
Part XIV Supplemental Information (continues)	
OTHER ADTHUMENTS:	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES (NOT NETTED ON FINANCIAL STATEMENTS)	-50,250.
SPECIAL EVENT BREDIO	
V	
OTHER AD THEMPINES.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES (NOT NETTED ON FINANCIAL STATEMENTS)	50,250.
SPECIAL EVERT BILL BILL	
·	
	La company and and a
	Schedule D (Form 990) 2011

#### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

 Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions. 2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

				Zilipioyo, lucilis	ication number
יד אייוייד די	NC.				
mation on A	ctivities Out	tside the United States. Compl	ete if the organ		
IV. line 14b.					
the organization	maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	Yes No
or the grants or a	ssistance, and	the selection criteria used to award the	grants or ass	stance?	Yes NO
		de la companitación de la	e grante and o	ther assistance out	side the
ibe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	and addictance of	-
ne following Part	Lline 3 table ca	an be duplicated if additional space is	needed.)	•	
	(c) Number of	(d) Activities conducted in region	(e) If acti	vity listed in (d)	(f) Total expenditures
offices		(by type) (e.g., fundraising, program			for and
in the region	independent	services, investments, grants to			investments
	in region	recipients located in the region)	0, 20, 4,	90(0) 111091011	in region
	9	DDOGDAM CERUTOPS	TOXIC/POLLI	TTON CLEANUP	216,520,
U	8	PROGRAM SERVICES	101110/1011		
2	40	PROGRAM SERVICES	TOXIC/POLL	JTION CLEANUP	658,978,
					176,485.
0	9	PROGRAM SERVICES	TOXIC/POLL	JTION CLEANUP	170,403,
-					
0	2	PROGRAM SERVICES	TOXIC/POLL	UTION CLEANUP	69,687
0	2	211001012 221172000	*		
-					
			-		
19-00-00-00-00-00-00-00-00-00-00-00-00-00					
			1.		1,121,670
2	59				
	0				0
	-				
			1		1 121 670
	the organization or the grants or a ribe in Part V the ne following Part (b) Number of offices	the organization maintain record of the grants or assistance, and white in Part V the organization's the following Part I, line 3 table control offices in the region of employees, agents, and independent contractors in region of employees	mation on Activities Outside the United States. Complete, I.V., line 14b.  The organization maintain records to substantiate the amount of its growthe grants or assistance, and the selection criteria used to award the ribe in Part V the organization's procedures for monitoring the use of it in the following Part I, line 3 table can be duplicated if additional space is confices agents, and in the region offices in region (b) Number of employees, agents, and in the region of	mation on Activities Outside the United States. Complete if the organizity, line 14b.  It we organization maintain records to substantiate the amount of its grants and other or the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants and or described of fice in the region of service of fices and independent contractors in region  (a) Activities conducted in region (e) If activities a product of service of services, investments, grants to recipients located in the region)  (b) Toxic/Pollity  2 40 PROGRAM SERVICES  TOXIC/POLLITY  1 PROGRAM SERVICES  TOXIC/POLLITY  2 S9	Toxic/pollution of services of the region of services in region of the region of services in region of services in region of services of the region of services of the region of services of the region of services of the region of services of the region of the

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.
c) Region					Enter total number of recipient organizations listed above that are rether IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities
Part II can be duplicated if additional space is needed of organization and EIN (if applicable)					recipient organization ne grantee or counsel other organizations or
Part II can be dup  1  (a) Name of organization					Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro     Enter total number of other organizations or entities

Page 2

Statement of the least

13-4075779

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

BLACKSMITH INSTITUTE, INC.

Schedule F (Form 990) 2011

BLACKSMITH INSTITUTE, INC.

13-4075779

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2011

Part III can be duplicated if additional space is needed.

of (f) Amount of (g) Description of valuation non-cash assistance assistance assistance assistance appraisal, other)						
- 8				,	•	
(e) Manner of cash disbursement						
cash grant						
recipients						
noisau (a)						
(a) Type of grant or assistance						

Schee	dule F (Form 990) 2011 BLACKSMITH INSTITUTE, INC.	13-4075779	Page
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes [	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes [	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes [	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes [	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes [	X No

01-23-12

491431

132075 01-23-12

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization answered fees to form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization	Attach to Form 990 or Form 990		00 00			ntification number
DI ACKCI	MITH INSTITUTE, IN	C.			13-4075	
Part I Fundraising Activities	S. Complete if the organization ans	wered "Y				filers are not
1 Indicate whether the organization ra	ised funds through any of the follow	ving activ	ities.	Check all that apply.		
a X Mail solicitations	e X Solici	tation of	non-g	overnment grants		
b X Internet and email solicitation	s f X Solici	tation of	gover	nment grants		
c X Phone solicitations	g X Speci	al fundra	ising	events		
In parson solicitations						_
a a Did the organization have a written	or oral agreement with any individu	al (includ	ding o	fficers, directors, trus	stees or	
I levess listed in Form 990	Part VII) or entity in connection with	profess	ional 1	undraising services:	100	
b If "Yes," list the ten highest paid in	dividuals or entities (fundraisers) pu	rsuant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by th	e organization.					
		(iii)	Did		(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)	(ii) Activity	or con contrib	trol of	from activity	listed in col. (i)	organization
JENNIFER MARRACCINO - 115		Yes	No		5 000	79,620
WYDENDOWN RD, NYACK, NY	GOLF EVENT	-	X	84,620.	5,000	79,620
SARITA GUPTA - 20 WATERSIDE				nuiss m 6 fluore	22 413	0
PLAZA, 33 J, NEW YORK, NY	SOLICITATION	-	X	0,	23,413	
				Same of the Contesting		gninski (d.
				V-1		12.000
						2.1.2.11
						W-10-162-3
				-		in the state of
1					200	2 2/0 and a
						n as semant a
Takal			•	84,620		
Total  3 List all states in which the organiza	tion is registered or licensed to soli	cit contri	bution	s or has been notifie	d it is exempt from	registration
or licensing.						
NY, CA, MA, CT, NJ						Manager and the second
				Same and the same and the	HARLING TOTAL	THE PART AND THE
				os in control so grietto		A PARESTRA PO SET E
						7 8 14 S ON 1

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

		of fundraising event contributions and	gross in	come on Form 990	EZ, li	nes 1 and 6b. List e	vents with gross receip	more than \$15,000 ts greater than \$5,00
		1009209Q87		(a) Event #1		(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOL	F OUTING		(event type)	(total number)	col. (c))
anı				(event type)		(event type)	(1000)	
Revenue	1	Gross receipts		84,620.		A serie to		84,620
	2	Less: Charitable contributions	erg in a	0.		or View		
	3	Gross income (line 1 minus line 2)		84,620.				84,620
		15 8,6010091	malpinh					
	4	Cash prizes		DOLEN WINDS				
es	5	Noncash prizes		Emarga Julian				
chens	6	Rent/facility costs		47,602.				47,60
Direct Expenses	7	Food and beverages						
Ö	,							
	8	Entertainment		2,648.				2,64
	9	Other direct expenses  Direct expense summary. Add lines 4 thro		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME			<b>&gt;</b>	( 50,25
	10	Mating and Combine line 3 col	lumn (d)	and line 10				34,37
Pa	art I		ion answ	ered "Yes" to Form	990,	Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.			,			(d) Total gaming (a
ne				(a) Bingo		) Pull tabs/instant o/progressive bingo	(c) Other gaming	col. (a) through col.
Revenue								
Re	1	Gross revenue						
Se	2	Cash prizes						
sesuedx								
Exp	3	Noncash prizes						
Direct	4	Rent/facility costs						
		Other direct eveness						
	5	Other direct expenses	****	Yes %		Yes %	Yes %	
	6	Volunteer labor		No		No	No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in	column (d)				
		Net gaming income summary. Combine li	ine 1 col	umn d and line 7				
-	8	Net garning income summary. Combine in	110 1,001	arrive, arra mre				
9	En	ter the state(s) in which the organization or	perates g	aming activities:				
	a Is	the organization licensed to operate gamin	ng activitie	es in each of these	state	s?		Yes
	b If "	No," explain:			-			
	-							
40	- \A/a	ere any of the organization's gaming licens	es revoke	ed, suspended or to	ermin	ated during the tax	/ear?	Yes
		ere any of the organization's gaming licens 'Yes," explain:						
	4 11							

	THE THE	13-4075	779	Page 3
	Schedule G (Form 990 or 990-EZ) 2011 BLACKSMITH INSTITUTE, INC.	Processor of the Parket of the	Yes	No
				us in the
	e grantor, heneficiary or trustee of a trust or a member of a partnership of other		Yes	No
	to administer charitable gaming?		100	
_	and a serious activity operated in:			%
T		13b		%
11				
	<ul> <li>b An outside facility</li> <li>Enter the name and address of the person who prepares the organization's gaming/special events books and r</li> </ul>			
-	*			
	Name ▶			
P	Address ▶		1	
	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	·	Yes	No No
-9	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount		
	b if "Yes," enter the amount of gaming revenue retained by the third party > \$			
E	of gaming revenue retained by the third party c. If "Yes," enter name and address of the third party:			
_	c if "Yes," enter name and address of the same party.			
	Name			
	INGING #			
	Address >			
	16 Gaming manager information:			
T	Name >			
	Gaming manager compensation ▶ \$			
FA	Description of services provided			
	Description of services provided			
T				
	Director/officer Employee Independent contractor			
	17 Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the garning proceeds to		Yes	No
	· //	spent in the		
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	organization's own exempt activities during the tax year > \$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2	o, columns (iii) and	(v), an	d Part III,
	Supplemental Information. Complete this part to provide the explanations required by lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional supplemental information.	nal information (se	e instru	uctions).
	SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS:		
	SCREDOLE G, FART I, LINE II,			
	(I) NAME OF FUNDRAISER: JENNIFER MARRACCINO			
		10960		
	(I) ADDRESS OF FUNDRAISER: 115 WYDENDOWN RD, NYACK, NY	,0000		
	(I) NAME OF FUNDRAISER: SARITA GUPTA			
			10	010
	(I) ADDRESS OF FUNDRAISER: 20 WATERSIDE PLAZA, 33 J, NEW	YORK, NY	10	010
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	TAY OFFICE TO THE	SE INDIVI	DUAT	S
	SCHEDULE G, PART I, LINE 2B, COLUMN (V): IN GENERAL, THE	nedule G (Form 99	90 or 9	90-EZ) 2011
	132083 01-23-12	iodalo a (i orini o		
	THE TAX TO SEE THE TRUE TO SEE THE TAX TO SEE THE T	TE, INC.	49	1431
	5131210 133479 49143 2011.05020 BLACKSMITH INSTITE	Tares es		

Chedule G (Form 990 or 990-EZ) 2011 BLACKSMITH INSTITUTE, INC.  Part IV   Supplemental Information (continued)	13-4075779 Pag
OLICIT DONATIONS FROM INDIVIDUALS AND CORPORATIONS	•
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•	
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· ·	
01100002377 =224 ,0 10 ,4 7 jaganasa	
	Schedule G (Form 990 or 990-EZ)

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BLACKSMITH INSTITUTE, INC.

Employer identification number 13-4075779

Par	t   Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of c noncash contrib	letermin	_	5
4	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests						-	
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	**	2	59,630.	FAIR MARKE	T VA	LUE	
10	Securities · Closely held stock							_
11	Securities · Partnership, LLC, or							
11	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other							
	Collectibles							
18 19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (EQUIPMENT)	X	20	21,500.	FAIR MARKE	T VA	LUE	
25	Other ()							
26	Other ()							
27	Other ( )							
28	Number of Forms 8283 received by the organ	ization durin	on the tax year for o	contributions				
29	for which the organization completed Form 83						0	
	To which the organization completes i on or						Yes	No
20-	During the year, did the organization receive to	by contributi	on any property re	ported in Part I, lines 1-28 t	hat it must hold for			
Sua	at least three years from the date of the initial	Contribution	and which is not	required to be used for exe	empt purposes for			
			i, and which is not		, , , , , , , , , , , , , , , , , , , ,	30a		X
	If "Yes," describe the arrangement in Part II.				***************************************			
	Does the organization have a gift acceptance	policy that	requires the review	of any non-standard contr	butions?	31	X	
31	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncas	sh			
32a				nort, process, or son norrow		32a		X
L	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is	checked,			
00	describe in Part II.		7 F - F - F - F - F - F - F - F - F					
LHA	For Paperwork Reduction Act Notice, see	e the Instru	ctions for Form 99	90.	Schedule N	A (Form	990) (	201

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

Employer identification number 13-4075779

	BLACKSMITH INSTITUTE, INC.	13-4075779
	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
	LIFE-THREATENING POLLUTION ISSUES IN THE DEVELOPING WORLD.	
	LIFE-THREATENING POLLOTION ISSUES IN THE BEVELOUING WORLD	
	FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990	P 1 59 P
	BY THE PRESIDENT OF THE BOARD. A COPY WILL BE MAILED TO T	HE REMAINING
- 19	DIRECTORS FOR FINAL APPROVAL.	
	FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD	MEMBERS FILL
	OUT A FORM DESCRIBING ANY PROJECTS THEY WORKED ON AS CUNSU	JLTANTS FOR
ı	BLACKSMITH INSTITUTE.	
1	FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD	MEMBERS REVIEW
	THE ANNUAL SALARIES OF ALL HIGHLY PAID EMPLOYEES TO SEE IF	WITHIN THE
	SALARY RANGE OF OTHER NOT-FOR-PROFIT COMPANIES WITHIN THE	NYC AREA.
	Se additions to a second to the second to th	
Manual		ETNANCTAL.
	FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	
	STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PU	BLIC UPON REQUEST
-	AND AT THE DISCRETION OF THE BOARD OF DIRECTORS.	
	FORM 990, PART XII, LINE 2C:	
	OVERSIGHT, REVIEW AND SELECTION PROCESS HAS NOT CHANGED FR	ROM PRIOR
H	YEAR.	
	. 4	
i.		
NO.		

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

Schedule O (Form 990 or 990-EZ) (2011)

132211

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066

Current Year Deduction	290.	22,323.	-	25,403.
Current Sec 179			GLESO	
Accumulated Depreciation	E8 J.	21,896.	090	
Basis For Depreciation	2,033.	119,956.	21,500.	143,489.
Reduction In Basis			TAUE (B) (D)	O DA MO GERMAN MENT DE NA
Bus % Excl				
Unadjusted Cost Or Basis	2,033.	119,956.	21,500.	143,489.
Line No.	17	17	17	
Life	7.00	2.00	5.00	
Date Acquired Method	VARIESSL	VARIESSL	VARIESSL	
Description	FURNITURE AND 1FIXTURES	ZEQUIPMENT	PMENT FAL 990 PAGE 10	DEPR
Asset No.				

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 4562

Name(s) shown on return

Department of the Treasury internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

990

OMB No. 1545-0172

Attach to your tax return. Business or activity to which this form relates

Attachment Sequence No. 179 Identifying number

	INC.	O Note: If you have any lie	M 990 PA	omplete Part	V before vo	13-4075779
Part   Election To Expense Certain Prope	erty Under Section 17	9 Note: If you have any its	led property, co	omplete r art	1	500,000
Maximum amount (see instructions)						3007000
2 Total cost of section 179 property place	ced in service (see	instructions)				2,000,000
Threshold cost of section 179 property	y before reduction	or loss optor 0			4	
Reduction in limitation. Subtract line 3					5	
Dollar limitation for tax year. Subtract line 4 from lin		-0 If married filing separately, see (b) Cost (busin	instructions	(c) Elected		
(a) Description of p	property	(b) Cost (busin	ess use orny)	(0) 2:0010		
			100			
Listed property. Enter the amount from	n line 29		7			
Total elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	7		8	
Tentative deduction. Enter the smaller	r of line 5 or line 8				9	
Carryover of disallowed deduction from	m line 13 of your 20	010 Form 4562			10	
Business income limitation. Enter the	smaller of business	income (not less than ze	ro) or line 5		11	
Section 179 expense deduction. Add	lines 9 and 10, but	do not enter more than lin	ne 11		12	
Carryover of disallowed deduction to 2	2012. Add lines 9 a	and 10, less line 12	▶ 13			
ote: Do not use Part II or Part III below for	or listed property. I	nstead, use Part V.				
Part II Special Depreciation Allows						
Special depreciation allowance for qua	alified property (oth	ner than listed property) pl	aced in service	during		
the tax year					14	
Property subject to section 168(f)(1) el	lection				15	
Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Do n	ot include listed pr	operty.) (See instructions.	)			
			/			
		Section A				05 100
MACRS deductions for assets placed	in service in tax ye	Section A			17	25,403
If you are electing to group any assets placed in se	ervice during the tax year	Section A ears beginning before 201 into one or more general asset acc	1 ounts, check here	<b>&gt;</b>		
If you are electing to group any assets placed in se	ervice during the tax year s Placed in Servic	Section A  ears beginning before 201  into one or more general asset acce  e During 2011 Tax Year	1 ounts, check here	<b>&gt;</b>		
If you are electing to group any assets placed in se	ervice during the tax year	Section A ears beginning before 201 into one or more general asset acc	1 ounts, check here	<b>&gt;</b>		25,403 em
Section B - Assets  (a) Classification of property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Asset:  (a) Classification of property  3-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Assets  (a) Classification of property  3-year property  5-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Assets  (a) Classification of property  3-year property  5-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	əm
Section B - Assets  Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  15-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	ounts, check here Using the Gene	eral Deprecia	ation Syste	em
Section B - Assets Section B - Assets  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	1  Sounts, check here  Using the Gene  (d) Recovery period	eral Deprecia	ation Syste	əm
Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	1  Jsing the Gene  (d) Recovery period	(e) Convention	(f) Method	əm
Section B - Assets  (a) Classification of property  (b) 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property	s Placed in Service (b) Month and year placed	Section A  tears beginning before 201  into one or more general asset acc  e During 2011 Tax Year  (b) Basis for depreciation (b) Basis for depreciation (b) Basis for depreciation	1  Ounts, check here  Using the Gene  (d) Recovery period  25 yrs.  27.5 yrs.	(e) Convention	s/L S/L	əm
Section B - Assets  Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	sprice during the tax year  S Placed in Servic  (b) Month and year placed in service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	1	eral Deprecia  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property	sprice during the tax year  S Placed in Servic  (b) Month and year placed in service	Section A  Pars beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use	1	eral Deprecia  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  c) 7-year property  d) 10-year property e) 15-year property f) 20-year property g) 25-year property h) Residential rental property i) Nonresidential real property Section C - Assets	sprice during the tax year  S Placed in Servic  (b) Month and year placed in service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	1	eral Deprecia  (e) Convention  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  c) 7-year property  d) 10-year property e) 15-year property f) 20-year property g) 25-year property h) Residential rental property i) Nonresidential real property Section C - Assets	sprice during the tax year  S Placed in Servic  (b) Month and year placed in service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	1	MM MM MM MM ative Deprec	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  (c) 7-year property  (d) 10-year property  (e) 15-year property  (f) 20-year property  (g) 25-year property  (h) Residential rental property  (i) Nonresidential real property  Section C - Assets  (a) Class life  (b) 12-year	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  /  /  Placed in Service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  (c) 7-year property  (d) 10-year property  (e) 15-year property  (f) 20-year property  (g) 25-year property  (h) Residential rental property  (i) Nonresidential real property  Section C - Assets  (a) Class life  (b) 12-year  (c) 40-year	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  /  /  Placed in Service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM MM ative Deprec	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  Part IV Summary (See instructions.)	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  /  /  Placed in Service	Section A Paras beginning before 201 Into one or more general asset acc e During 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2011 Tax Year U	25 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM MM MM MM ative Deprec	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  (b) 5-year property  (c) 7-year property  (d) 10-year property  (e) 15-year property  (f) 20-year property  (g) 25-year property  (h) Residential rental property  (i) Nonresidential real property  (i) Section C - Assets  (ii) Class life  (iii) 5 - Year  (iii) 6 - Assets  (iii) 7 - Assets  (iii) 8 - Assets  (iii) 8 - Assets  (iii) 9 - Assets  (iii) 12-year  (iii) 12-year  (iii) 12-year  (iii) 12-year  (iii) 13-year  (iii) 14-year  (iii) 15-year  (iii) 15-year  (iii) 16-year  (iii) 17-year  (iii) 17-year  (iii) 18-year  (iii) 19-year  (iii) 19-year	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  /  /  /  Placed in Service	Section A  Paras beginning before 201  Into one or more general asset acc  e During 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2011 Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM	S/L	em  (g) Depreciation deduction
Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Nonresidential real property  Section C - Assets  12-year  40-year  At 1V Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines Enter here and on the appropriate lines	Placed in Service  (b) Month and year placed in Service  (b) Month and year placed in Service  //  //  Placed in Service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2011 Tax Year U  es 19 and 20 in column (gartnerships and S corpora	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM	S/L	em  (g) Depreciation deduction
(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  Part IV Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in Service  (b) Month and year placed in Service  //  //  //  Placed in Service	Section A  Paras beginning before 201  Into one or more general asset acc  Puring 2011 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2011 Tax Year U  es 19 and 20 in column (gartnerships and S corpora	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM	S/L	em  (g) Depreciation deduction

42 Amortization of costs that begins during your 2011 tax year: 43 43 Amortization of costs that began before your 2011 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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