Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

| Α | For the | 2011 calenda | r year, or tax year beginning | , 2011, an | d ending | | | , 20 | | |
|----------------|--------------|--|---|--------------------|------------------|----------------------------------|----------|-------------------------------|--|--|
| _ | | Check if applicable: C Name of organization | | • | | D Employer identification number | | | | |
| | Address c | Address change INTERNATIONAL REMOTE VIEWING ASSOC. | | | | 04-3782270 | | | | |
| | Name cha | nge | Number and street (or P.O. box, if mail is not delivered to street address) | | Room/suite | E Telepho | one nun | nber | | |
| | Initial retu | rn | | | | | | | | |
| | Terminate | d | PO BOX 381 | | | (86 | 0)882- | -1210 | | |
| | Amended | return | City or town, state or country, and ZIP + 4 | | • | F Group | Exempti | on | | |
| | Applicatio | n pending | EAST WINDSOR HILL, CT 06028 | | | Numbe | r 🕨 | | | |
| G | Account | ting Method: | X Cash | | | H Check ▶ | X if th | ne organization is not | | |
| ı | Websit | e: <u>www.</u> : | RVA.ORG | | | required to | attach S | Schedule B | | |
| J | Tax-exe | mpt status (| check only one) - 🕱 501(c) (3) ☐ 501(c)(🤘 (insert no.) ☐ | 4947(a)(1) | or 527 | (Form 990, | 990-EZ | , or 990-PF). | | |
| Κ | Check | if the o | rganization is not a section 509(a)(3) supporting organization or | section 5 | 27 organiza | tion and its gro | ss rece | ipts are normally | | |
| | not more | e than \$50,00 | 0. A Form 990-EZ or Form 990 return is not required though Fo | orm 990-N | (e-postcard | l) may be requi | red (see | e instructions). But if | | |
| | the organ | nization choos | es to file a return, be sure to file a complete return. | | | | | | | |
| L | Add lines | s 5b, 6c, and 7 | b, to line 9 to determine gross receipts. If gross receipts are \$200,0 | 000 or more | e, or if total a | ssets (Part II, | | | | |
| _ | line 25, c | | | | | | | 51,223 | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fun | | | | | _ | | |
| | 1 | Check if the | e organization used Schedule O to respond to any question in this F | Part I | | | • • • • | <u>x</u> | | |
| | 1 | Contributions | , gifts, grants, and similar amounts received | • • • • • | • • • • • • | • • • • • • • | 1 | 1,743 | | |
| | 2 | • | 33 | • • • • • | • • • • • | • • • • • • | 2 | 39,775 | | |
| | 3 | • | dues and assessments | • • • • • | • • • • • | • • • • • • | 3 | 9,705 | | |
| | 4 | Investment in | | • • • • • | • • • • • | • • • • • • | 4 | | | |
| | 5a | | nt from sale of assets other than inventory | 5 | | | | | | |
| | | | other basis and sales expenses | |) | | - | | | |
| | 1 _ | , , | from sale of assets other than inventory (Subtract line 5b from line | : 5a) | • • • • | • • • • • • • | 5c | | | |
| R | 6 | - | fundraising events | | | | | | | |
| e v | а | | e from gaming (attach Schedule G if greater than | ء ا | 1 | | | | | |
| e n | | | | 6 | | | | | | |
| u | D | | e from fundraising events (not including \$ | | of contribut | lions | | | | |
| е | | | ing events reported on line 1) (attach Schedule G if the | 61 | . 1 | | | | | |
| | | | gross income and contributions exceeds \$15,000) | 6k | | | - | | | |
| | | | expenses from gaming and fundraising events | 6 | | | | | | |
| | l a | | r (loss) from gaming and fundraising events (add lines 6a and 6b a | iiu subiiac | ·L | | 6d | | | |
| | 72 | , | of inventory, less returns and allowances | 7 | | • • • • • • | ou | | | |
| | | Less: cost of | | 71 | | | | | | |
| | | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | · · · <u>· · ·</u> | | | 7c | | | |
| | 8 | • | e (describe in Schedule O) | | | | 8 | | | |
| | 9 | | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | 9 | 51,223 | | |
| | 10 | | imilar amounts paid (list in Schedule O) | | | | 10 | • | | |
| Е | 11 | | to or for members | | | | 11 | | | |
| X | 12 | Salaries, othe | er compensation, and employee benefits | | | | 12 | | | |
| p e | 13 | Professional | fees and other payments to independent contractors | | | | 13 | 12,311 | | |
| n s | 14 | Occupancy, r | rent, utilities, and maintenance | | | | 14 | 368 | | |
| е | 15 | Printing, publ | ications, postage, and shipping | | | | 15 | 2,366 | | |
| S | 16 | Other expens | ses (describe in Schedule O) | | | | 16 | 34,855 | | |
| _ | 17 | Total expen | ses. Add lines 10 through 16 | <u></u> . | <u></u> . | | 17 | 49,900 | | |
| | 18 | Excess or (de | eficit) for the year (Subtract line 17 from line 9) | | | | 18 | 1,323 | | |
| N ^S | 19 | Net assets or | fund balances at beginning of year (from line 27, column (A)) (mus | st agree wi | th | | | | | |
| N S | | end-of-year fi | gure reported on prior year's return) | | | | 19 | 27,902 | | |
| t t | 20 | Other change | es in net assets or fund balances (explain in Schedule O) . | | | | 20 | | | |
| • | 21 | Net assets or | fund balances at end of year. Combine lines 18 through 20 | | | | 21 | 29.225 | | |

| Part II | Balance Sheets. (see the instructions for Part II.) | | | | | | |
|--|--|---|---|---------------------------------------|--|--|--|
| | Check if the organization used Schedule O to respond to a | any question in this Part I | ı | | | | |
| | | | (| (A) Beg | inning of year | | (B) End of year |
| 22 Cash, sav | vings, and investments | | | | 27,902 | 22 | 29,225 |
| 23 Land and | buildings | | | | 0 | 23 | 0 |
| 24 Other ass | sets (describe in Schedule O) | | | | 0 | 24 | 0 |
| 25 Total ass | sets | | | | 27,902 | 25 | 29,225 |
| 26 Total liab | bilities (describe in Schedule O) | · • • • • • • • • • • • • • • • • • • • | | | 0 | 26 | 0 |
| 27 Net asse | ets or fund balances (line 27 of column (B) must agree | e with line 21) | | | 27,902 | 27 | 29,225 |
| Part III | Statement of Program Service Accompli | shments (see the in: | structions for Pa | art III.) | | | Expenses |
| | Check if the organization used Schedule O to respond to | any question in this Part | III | | 🗌 | (Re | quired for section |
| What is the or | ganization's primary exempt purpose? REMOTE VIEW | ING EDUCATION | | | | 501 | (c)(3) and 501(c)(4) |
| Describe the | ergenizationle program con ico eccemplishments for each | of ita three largest progra | m contince | | | | anizations and section |
| | organization's program service accomplishments for each or by expenses. In a clear and concise manner, describe the | | | | | 494 | 7(a)(1) trusts; optional |
| | fited, and other relevant information for each program title. | oornood promada, and m | | | | for o | others.) |
| 28 PUBLISE | HED ONE ISSUE OF THE ORGANIZATIONAL NEWSL | ETTER, | | | | | |
| APERTU | RE, DISTRIBUTED TO APPROXIMATELY 400 PEOP | LE | | | | | |
| - | | | | | | | |
| (Grants \$ |) If this amount inc | cludes foreign grants, che | eck here . | | ▶ 🗌 | 28a | 2,277 |
| 29 MAINTEN | NANCE OF TWO WEBSITES: ONE FOR GENERAL ED | UCATIONAL | | | | | |
| PURPOSI | ES, ONE FOR CONFERENCE INFORMATION, PLUS | A FORUM FOR | | | | | |
| INFORM | ATION EXCHANGE | | | | | | |
| (Grants \$ |) If this amount inc | cludes foreign grants, che | eck here . | | ▶ 🗌 | 29a | 188 |
| 30 2010 RE | EMOTE VIEWING CONFERENCE JUNE 17-19, HEND | ERSEN, NV | | | | | |
| ATTENDE | ED BY APPROXIMATELY 160 PEOPLE. | | | | | | |
| | | | | | | | |
| (Grants \$ |) If this amount inc | cludes foreign grants, che | eck here . | | ▶ 🗌 | 30a | 28,000 |
| 31 Other pro | gram services (describe in Schedule O) | | | | | | |
| (Grants \$ |) If this amount inc | cludes foreign grants, che | eck here . | | ▶ 🗌 | 31a | |
| 32 Total pro | ogram service expenses (add lines 28a through 31a) | | | | | 32 | 30,465 |
| Part IV | List of Officers, Directors, Trustees, and Key Empl | oyees. List each one e | ven if not comp | pensate | ed. (see the inst | ructio | ns for Part IV.) |
| | | | | | | | |
| | Check if the organization used Schedule O to respond to | any question in this Part | IV | | | | |
| | Check if the organization used Schedule O to respond to | any question in this Part (b) Title and average | (c) Reportab | le | (d) Health benefit | s, | |
| | Check if the organization used Schedule O to respond to (a) Name and address | | (c) Reportab | on | contributions to em | ploye | e Estimated amount o |
| | | (b) Title and average | (c) Reportab | on -MISC) | (d) Health benefit contributions to em benefit plans, ar deferred compens | iploye nd | |
| WILLIAM P | (a) Name and address | (b) Title and average hours per week | (c) Reportab compensatio (Form W-2/1099 | on -MISC) | contributions to em | iploye nd | e Estimated amount o |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportab compensatio (Form W-2/1099 | on -MISC) | contributions to em | iploye nd | e Estimated amount o |
| | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position | (c) Reportab compensatio (Form W-2/1099 | on -MISC) e r -0-) | contributions to em | iploye nd ation | (e) Estimated amount o other compensation |
| PO BOX 381 | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position DIRECTOR 1 | (c) Reportab compensatio (Form W-2/1099 | on -MISC) e r -0-) | contributions to em | iploye nd ation | (e) Estimated amount o other compensation |
| PO BOX 381 | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 HIGGINS 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position DIRECTOR 1 DIRECTOR | (c) Reportab compensatio (Form W-2/1099 | on -MISC) er -0-) | contributions to em | iployer nd sation | e(e) Estimated amount o other compensation |
| PO BOX 383 WILLIAM F PO BOX 383 STEPHAN A | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 HIGGINS 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position DIRECTOR 1 DIRECTOR 1 | (c) Reportab compensatio (Form W-2/1099 | on -MISC) er -0-) | contributions to em | iployer nd sation | e(e) Estimated amount o other compensation |
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| PO BOX 383 STEPHAN A PO BOX 383 PAUL H SM3 PO BOX 383 SANDY G RA PO BOX 383 JOHN P STA PO BOX 383 RUSSELL TA PO BOX 383 JESSICA UT PO BOX 383 CHERYLE L PO BOX 383 LEONARD BU PO BOX 383 JASON D BE | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 HIGGINS 1, EAST WINDSOR HILL CT 06028 SCHWARTZ 1, EAST WINDSOR HILL CT 06028 ITH PHD 1, EAST WINDSOR HILL CT 06028 AY 1, EAST WINDSOR HILL CT 06028 AHLER 1, EAST WINDSOR HILL CT 06028 TS PHD 1, EAST WINDSOR HILL CT 06028 HOPTON 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position DIRECTOR 1 DIRECTOR 1 DIRECTOR 2 TREASURER 2 PRESIDENT 4 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 DIRECTOR 4 DIRECTOR 1 SECRETARY | (c) Reportab compensatio (Form W-2/1099 | O O O O O O O O O O O O O O O O O O O | contributions to em | oployed and action of the control of | e(e) Estimated amount of other compensation O O O O O O O O O O O O O |
| PO BOX 383 STEPHAN A PO BOX 383 PAUL H SM3 PO BOX 383 SANDY G RA PO BOX 383 JOHN P STA PO BOX 383 RUSSELL TA PO BOX 383 JESSICA UT PO BOX 383 CHERYLE L PO BOX 383 LEONARD BU PO BOX 383 JASON D BE | (a) Name and address EIGLES 1, EAST WINDSOR HILL CT 06028 HIGGINS 1, EAST WINDSOR HILL CT 06028 SCHWARTZ 1, EAST WINDSOR HILL CT 06028 ITH PHD 1, EAST WINDSOR HILL CT 06028 AY 1, EAST WINDSOR HILL CT 06028 AHLER 1, EAST WINDSOR HILL CT 06028 TS PHD 1, EAST WINDSOR HILL CT 06028 HOPTON 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 UCHANAN 1, EAST WINDSOR HILL CT 06028 | (b) Title and average hours per week devoted to position DIRECTOR 1 DIRECTOR 1 DIRECTOR 2 TREASURER 2 PRESIDENT 4 DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 DIRECTOR 4 DIRECTOR 1 SECRETARY | (c) Reportab compensatio (Form W-2/1099 | O O O O O O O O O O O O O O O O O O O | contributions to em | oployed and action of the control of | e(e) Estimated amount of other compensation O O O O O O O O O O O O O |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Χ 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37h **b** Did the organization file **Form 1120-POL** for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Χ any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a **b** If "Yes," complete Schedule L, Part II and enter the total amount involved 38h Section 501(c)(7) organizations. Enter: 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: _____ ; section 4912 🕨 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been Х reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40h c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955. and 4958 **d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Χ 40e List the states with which a copy of this return is filed. 42 a The organization's books are in care of SANDY G. RAY Telephone no 860-882-1210 Located at PO BOX 381 EAST WINDSOR HILL, CT 06028 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No X 42h If "Yes." enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Х completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be Х completed instead of Form 990-EZ X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d **45 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Page 4

| | | | | | | | | | | Yes | No |
|--|---|--|-----------------------------------|-----------------|------------------|---------------|--|----------|------------|---------------|--------|
| 46 | Did the | organization engage, directly or indirectly, in p | political campaign activities | on behalf of | or in oppositio | n | | | | | |
| | | dates for public office? If "Yes," complete Sc | | | | | | • • | 46 | | X |
| Part | | Section 501(c)(3) organizations | | | - | | - | | | | |
| | | 501(c)(3) organizations and sectio | . , . , | mpt chari | table trusts | s must an | swer ques | tions | 4/-4 | 9b | |
| | | and 52, and complete the tables for | | to only all | aatian in tl | oio Dort V | | | | | П |
| | | Check if the organization used Scl | reduie O to respond | to arry qu | esuon in u | 115 Fait V | l | • • • | • • • | Yes | No |
| 47 | Did the | organization engage in Johnving activities or h | nave a section 501/h) electi | on in effect d | luring the tay | | | 1 | | 163 | NO |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | | | | | | | | | | Х |
| | | | | | | | | | | | X |
| | Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | | 48 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | | | | | | | | | 49b | | |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | | | | |
| | employe | ees) who each received more than \$100,000 | of compensation from the o | organization. | If there is nor | ne, enter "No | ne." | | | | |
| | (2 | Name and address of each employee | (b) Title and average | (c) Re | portable | (d) Health | | (0) | Estimate | nd amo | unt of |
| | (a | paid more than \$100,000 | hours per week | | ensation | | s to employee s, and deferred | , , | other co | | |
| | | paid more than \$100,000 | devoted to position | (Forms W- | ·2/1099-MISC) | compe | ensation | | J. 1161 CO | препас | |
| | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
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| | | | | | | | | | | | |
| f | Total nu | imber of other employees paid over \$100,000 | · · · · · · · | | | | | | | | |
| 51 | Comple | te this table for the organization's five highest | compensated independen | t contractors | who each rec | eived more t | han | | | | |
| | \$100,00 | 00 of compensation from the organization. If t | here is none, enter "None." | | | | | | | | |
| (a) | Name an | d address of each independent contractor paid mor | e than \$100 000 | (h |) Type of servi | ne. | | Com | pensatio | n | |
| | Trainio an | a address of each maspendent contractor paid mor | | ,,, | , 1900 01 00171 | | | | ponoun | ,,, | |
| | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
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| | | | | | | | | | | | |
| d | Total nu | imber of other independent contractors each | receiving over \$100,000 | | > | | • | | | | |
| 52 | Did the | organization complete Schedule A? Note: | All section 501(c)(3) orga | ınizations an | nd 4947(a)(1) | | | | | | |
| | nonexer | mpt charitable trusts must attach a completed | Schedule A | | | | | <u>X</u> | Yes | | No |
| Under | penalties | of perjury, I declare that I have examined this return | n, including accompanying sch | edules and sta | atements, and to | the best of m | ıy knowledge ar | ıd belie | f, it is | | |
| true, co | orrect, and | d complete. Declaration of preparer (other than off | icer) is based on all information | n of which prep | oarer has any ki | nowledge. | | | | | |
| | | | | | | | | | | | |
| Sign | 1 | JOHN P. STAHLER | | | | | | | | | |
| Here | I . | Signature of officer | | | | Date | | | | | |
| | | JOHN P. STAHLER, PRESIDENT | | | | | | | | | |
| | | Type or print name and title Print/Type preparer's name | Preparer's signature | | Date | T | <u>, , </u> | PTII | N | | |
| Daid | | | | | | | Check if self-employed | | | 4 | |
| Paid Prepa | arer | Jeffrey L Upchurch Firm's name Upchurch & Associ | a+es | | 05-11-201 | Firm's | | F00 | 98957 | * | |
| Use C | | Firm's address 3843 N Lincoln Av | | | | rirm's | LIIN 7 | | | | |
| | -···y | Chicago IL 60613 | | | | Phone | no. | 773- | -360- | 8280 | |
| Mav th | he IRS d | liscuss this return with the preparer shown ab | ove? See Instructions | | | | | <u>X</u> | | $\overline{}$ | No |
| | | | | | | | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Employer identification number

2011

Open to Public Inspection

| INT | ERNA | TIONAL REMOTE V | IEWING ASSOC. | | | | | | 04-37 | 782270 | | | |
|-----|---|--|---------------------------|--|---|-------------------|---------------|--------------|--|------------|------------|---------|------|
| Pa | rt I | Reason for | Public Charity | y Status (All organiza | tions must | complete th | nis part.) Se | ee instructi | ons. | | | | |
| The | orgar | nization is not a private | foundation because | e it is: (For lines 1 through | 11, check | only one bo | ox.) | | | | | | |
| 1 | Ц | A church, convention | n of churches, or a | ssociation of churches d | lescribed ir | section 1 | 70(b)(1)(| ۹)(i). | | | | | |
| 2 | Ц | A school described i | in section 170(b)(| 1)(A)(ii). (Attach Schedu | le E.) | | | | | | | | |
| 3 | Ц | A hospital or a coop | erative hospital se | rvice organization descri | bed in sec | tion 170(b |)(1)(A)(iii) | | | | | | |
| 4 | | A medical research | organization opera | ted in conjunction with a | hospital d | escribed ir | section 1 | 170(b)(1)(| A)(iii). Ent | er the hos | pital's na | ame, | |
| | _ | city, and state: | | | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | | |
| | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | |
| 6 | | A federal, state, or lo | ocal government o | r governmental unit desc | ribed in se | ction 170 | (b)(1)(A)(v | /). | | | | | |
| 7 | | An organization that r | normally receives a | substantial part of its supp | oort from a | governmen | tal unit or f | rom the ge | neral public | С | | | |
| | | described in section | n 170(b)(1)(A)(vi). | (Complete Part II.) | | | | | | | | | |
| 8 | | A community trust d | escribed in sectio | n 170(b)(1)(A)(vi). (Com | plete Part | II.) | | | | | | | |
| 9 | X | An organization that r | normally receives: (| 1) more than 33 1/3% of it | s support fr | om contribu | utions, mer | nbership fe | es, and gr | oss | | | |
| | | receipts from activitie | s related to its exem | npt functions - subject to c | ertain exce _l | otions, and | (2) no mor | e than 33 | 1/3% of its | | | | |
| | | support from gross in | vestment income a | nd unrelated business tax | able income | e (less sect | ion 511 tax |) from bus | inesses | | | | |
| | | acquired by the orga | anization after June | e 30, 1975. See section | 509(a)(2). | (Complete | Part III.) | | | | | | |
| 10 | | An organization orga | anized and operate | ed exclusively to test for | public safe | ty. See se | ction 509(| (a)(4). | | | | | |
| 11 | | An organization organ | nized and operated | exclusively for the benefit | of, to perfo | rm the fund | tions of, or | to carry o | ut the | | | | |
| | | purposes of one or r | nore publicly supp | orted organizations desc | ribed in se | ction 509(a | a)(1) or se | ction 509(| a)(2). See | section | | | |
| | | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | |
| | _ | a Type I | b 🗌 Typ | e II | Type III- | Functionally | y integrated | d | d | Type I | II-Other | | |
| е | | By checking this box, | I certify that the org | anization is not controlled | directly or | indirectly by | y one or mo | ore disqua | lified | | | | |
| | | persons other than fo | undation managers | and other than one or mo | ore publicly | supported (| organizatio | ns describ | ed in sectio | on | | | |
| | | 509(a)(1) or section 5 | 609(a)(2). | | | | | | | | | | |
| f | | If the organization red | ceived a written dete | ermination from the IRS th | at it is a Ty _l | oe I, Type I | I, or Type I | II supportir | ng | | | | |
| | | organization, check the | nis box | | | | | | | | | | □ |
| g | | Since August 17, 200 | 06, has the organiza | tion accepted any gift or c | ontribution | from any of | f the | | | | | | |
| | | following persons? | | | | | | | | | | | |
| | | (i) A person who d | irectly or indirectly o | ontrols, either alone or tog | gether with | persons de | scribed in (| (ii) | | | | Yes | No |
| | | and (iii) below, t | he governing body | of the supported organizat | tion? | | | | | | 11g(i) | | |
| | | (ii) A family member | er of a person descr | ibed in (i) above? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% controlle | d entity of a person | described in (i) or (ii) above | ve? . | | | | | | 11g(iii) | | |
| h | | Provide the following | information about th | ne supported organization | (s). | | | | | | | | |
| | (i) N | ame of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Did y | - | | Is the | 1 ' ' | Amoun | t of |
| | | organization | | (described on lines 1-9 above or IRC section | in col. (i) listed in your the organization in governing document? col. (i) of your | | | | organization in col. (i) organized in the | | | support | |
| | | | | (see instructions)) | | | sup | port? | U. | S.? | 1 | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| | | | I | | 1 | | | I | 1 | 1 | 1 | | |
| | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |

04-3782270 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|-------|---|-----------------------|-----------------------|---------------------------|----------------------------|-------------------|-----------|
| Calen | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each | | | | | | |
| | person (other than a governmental unit or | | | | | | |
| | publicly supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from ln 4 | | | | | | |
| Sec | tion B. Total Support | | | | • | | |
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | , , | , | , , | , | , |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| • | Not income from unvalated business | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | |
| 12 | Gross receipts from related activities, etc. (see | instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here | | | | | | ▶□ |
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | |
| 14 | Public support percentage for 2011 (line 6, co | lumn (f) divided by | line 11, column (f)) | • • • • • | • • • • • • • • | 14 | % |
| 15 | Public support percentage from 2010 Schedu | | | | • • • • • • • • | 15 | % |
| 16a | 33 1/3% support test - 2011. If the organize | ation did not chec | k the box on line 1 | 3, and line 14 is 3 | 3 1/3% or more, ch | eck this box | _ |
| | and stop here. The organization qualifies a | s a publicly suppo | rted organization | • • • • • • • | | | ▶ 🗆 |
| b | 33 1/3% support test - 2010. If the organize | ation did not chec | k a box on line 13 | or 16a, and line 15 | 5 is 33 1/3% or mor | e, check this | _ |
| | box and stop here. The organization qualif | ies as a publicly sı | upported organizat | ion | | | ▶∐ |
| 17a | 10%-facts-and-circumstances test - 2011 | . If the organization | on did not check a | box on line 13, 16 | a, or 16b, and line | 14 is 10% or | |
| | more, and if the organization meets the "fac | ts-and-circumstar | nces" test, check th | nis box and stop h | ere. Explain in Par | t IV how the | |
| | organization meets the "facts-and-circumstand | ces" test. The organ | nization qualifies as | a publicly supporte | d organization | | ▶ 🗌 |
| b | 10%-facts-and-circumstances test - 2010 | - | • | | • | line 15 is 10% or | |
| | more, and if the organization meets the "fac | J | | • | | | |
| 18 | organization meets the "facts-and-circumstane Private foundation. If the organization did | ces" test. The organ | nization qualifies as | a publicly supporte | d organization | | |
| - | | ., | ,, | ,, | | | |

04-3782270

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|--------------------------|---------------------|-----------------------|----------------------|-----------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13,178 | 6,129 | 15,914 | 1,460 | 11,448 | 48,129 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 45,303 | 10,901 | 47,564 | 52,111 | 49,480 | 205,359 |
| 3 | Gross receipts from activities that are not an unrelated trade or bus. under sec 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 58,481 | 17,030 | 63,478 | 53,571 | 60,928 | 253,488 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 2,500 | | 589 | | 1,000 | 4,089 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | 5,000 | | | 5,000 |
| С | Add lines 7a and 7b | 2,500 | | 5,589 | | 1,000 | 9,089 |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 244,399 |
| | ction B. Total Support | 1 | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10a | Amounts from line 6 | 58,481 | 17,030 | 63,478 | 53,571 | 60,928 | 253,488 |
| | rents, royalties and income from similar sources | | | 2 | | | 2 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | 2 | | | 2 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 58,481 | 17,030 | 63,480 | 53,571 | 60,928 | 253,490 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | · | | h, or fifth tax year | as a section 501(c) | (3) | ▶ □ |
| | ction C. Computation of Public Su | • • | | | | [| |
| 15 | Public support percentage for 2011 (line 8, col | • | | • • • • • | • • • • • • • • | 15 | 96.41 % |
| 16 | Public support percentage from 2010 Schedul | | | • • • • • • • • | • • • • • • • • | 16 | 95.80 % |
| | ction D. Computation of Investme | | | olumn (f)) | | 17 | 0.00 |
| 17 18 | Investment income percentage for 2011 (lin Investment income percentage from 2010 S | , , , | • | . , , | | 17 | 0.00 % |
| | , v | | | | ' | | 7 |
| | 33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box | and stop here. Th | ne organization qua | alifies as a publicly | supported organiz | ation | ▶⊠ |
| | 33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this Private foundation. If the organization did | box and stop here | e. The organization | qualifies as a pub | olicly supported org | anization | |
| ZU | Filivate louiluation. Il the organization did | HOLCHECK & DOX ON | mie 14. 19a. or 19 | D. CHECK THIS DOX A | anu see mstruciion | | |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

INTERNATIONAL REMOTE VIEWING ASSOC.

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.

OMB No. 1545-0047

2011

2011

Open to Public Inspection

Employer identification number

04-3782270

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT ADVERTISING 550 BANK FEES 2,122 BOOKS 2,325 REMOTE VIEWING CONFERENCE 28,000 MERCHANDISE 1,015 OFFICE SUPPLIES 655 WEB HOSTING 188