Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No.-1545:1150

		evenue Service	The organization may have to use a copy of this return to satisfy state reporti	year may use thi <i>ng requirements</i>	is form.	Inspection
A	For	the 2012 cale	ndar year, or tax year beginning , 2012, and endi	ng		•
۲	Checl Addre	k if applicable:			D Employ	er identification number
	╡	change F	oregen USA, Inc., A California		98-1	.006983
X	Ħ.	return N	on-Profit Public Benefit Corporation		E Telepho	
Ī	Termi		980 Columbia Street		(310)) 539-9400
	Amen	nded return	orrance, CA 90503		I_	
	Applic	cation pending			Numbe	Exemption P
G		ounting Metho		H Chec	k ► X if t	ne organization is not
ı			tp://www.foregen.org/	requi	red to attac	ch Schedule B (Form
<u>J</u>	Tax-e	exempt status (che			990-EZ, or	
K	Che	ck ▶ ∐_if the	organization is not a section 509(a)(3) supporting organization or a section	n 527 organiz	zation and	its gross receipts are
	norn	nally not more	e than \$50,000. A Form 990-EZ or Form 990 return is not required though F if the organization chooses to file a return, be sure to file a complete return	orm 990-N (e-postcard)	may be required (see
ī			and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000		if total	
	asse	ets (Part II, Iin	e 25, column (B) below) are \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ	▶ ;	
Pa	art I	∬ Revenue,	Expenses, and Changes in Net Assets or Fund Balances or generation used Schedule O to respond to any question in this sufficiency of the second statement of the second statem	ee the ins	tructions	for Part I)
		Check if the	e organization used Schedule O to respond to any question in this Park.	IVED.		X
	1	Contribution	s, gifts, grants, and similar amounts received	Helia Office	1	55,483.
	2	Program ser	rvice revenue including government fees and contracts	():20mi	2	
	3	THICH ID CLOTHD	, dacs and assessincing,		3	
	4	Investment i	income	ry of	4	
			nt from sale of assets other than inventory	Trusts		
	1		r other basis and sales expenses			
			rom sale of assets other than inventory (Subtract line 5b from line 5a)		50	
R	6	=	fundraising events			
E			ne from gaming (attach Schedule G if greater than \$15,000) 6a of control of cont			
REVERUE	'			ributions	and the second	
Ē			sing events reported on line 1) (attach Schedule G if the sum sincome and contributions exceeds \$15,000)			
	٥	: Less: direct	expenses from gaming and fundraising events			
	d	Net income of the first Net in	or (loss) from gaming and fundraising events (add lines 6a and ract line 6c)		60	
	7a		of inventory, less returns and allowances			
			f goods sold			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	⊕
	8	Other revenu	ue (describe in Schedule O)		8	
	9	Total revenu	Ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	55,483.
	10	Grants and s	similar amounts paid (list in Schedule O)		10	
_	11		d to or for members			
X	12		er compensation, and employee benefits			
EXPEZSES	13	Professional	fees and other payments to independent contractors.		13	5,754.
S =	14	Occupancy, i	rent, utilities, and maintenance		14	
\$	15	Other sure	plications, postage, and shipping	dula 0		
	16 17	Total expens	ses (describe in Schedule O). See Sche	date O	16	8,896.
	18	Evenes or (d	ses. Add lines 10 through 16			14,650.
	10	-vce22 01 (0	eficit) for the year (Subtract line 17 from line 9)		18	l 40.833

BAA For Paperwork Reduction Act Notice, see the separate instructions.

40,833. Form **990-EZ** (2012)

0.

19

20

21

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....

Net assets or fund balances at end of year. Combine lines 18 through 20. ▶

Other changes in net assets or fund balances (explain in Schedule O).....

Forr	n 990-EZ (2012) Foregen USA, I	nc., A California	10	98-1	1006983	Page
Га	Balance Sheets. (see the in Check if the organization used Sc	nstructions for Part II.) Thedule O to respond to any g	uestion in this Part II			[S
			1.0	A) Beginning of year	(B) Er	nd of year
22	Cash, savings, and investments				22	47,278
23 24	Land and buildings Other assets (describe in Schedule O)				23	
25	Total assets				24	
26	Total liabilities (describe in Schedule	O) See Schedul	e 0		25 26	47,278
27	Net assets or fund balances (line 27 of	of column (B) must agree with	line 21)		27	6,445
Pai	t III Statement of Program Service	Accomplishments (see the ins	trs for Part III)		Expe	40,833.
	Check if the organization used S	Schedule O to respond to any	question in this Part III.	X (F	Required for	section 501
What	is the organization's primary exempt purpose? S	ee Schedule O		(c	c)(3) and 501 rganizations	(c)(4)
mea bene	cribe the organization's program service sured by expenses. In a clear and conc fitted, and other relevant information for	accomplishments for each of ise manner, describe the serving each program title.	its three largest progra ices provided, the numb	m services, as of fo	947(a)(1) trus or others.)	sts; optional
28	C C - 1 - 3 1 A					
	(Grants \$	this amount includes foreign g	rants, check here		8a	
29					oa	
				1		
	(Grants \$) If	this amount includes foreign g	rants, check here		9 a	
30						
	(Grants \$	this amount includes foreign g	worte cheat have		_	
31	Other program services (describe in Se	chedule (1)	rants, check here	5	0 a	
•		this amount includes foreign g			1 a	
32	Total program service expenses (add	lines 28a through 31a)				
	t IV List of Officers, Directors	. Trustees, and Key Emi	olovees. List each one ev	en if not compensated (se	e the instruction	s for Part IV
	Check if the organization used S	chedule O to respond to any	question in this Part IV.			
	(a) Name and Title	(b) Average hours per	(c) Reportable compensation	(d) Health benefits, contributions to employee	a (a) Estim	nated amount of
	(a) Name and The	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferre	ed other o	ompensation
Vir	cenzo Aiello			Compensation		
	esident & CEO	15	0.	, ا	o.	٨
	lo Alberto Cirioni	+ + + + + + + + + + + + + + + + + + + +	0.		, 	0.
CFC		1 5	0.	1 0).	0.
Mer	rietta L. Fong		<u> </u>		<u> </u>	
Sec	retary	1	0.	c).	0.
		4				
		-				
		1				
		_				
					 	
		1				

BAA

For	m 990-EZ (2012) Foregen USA, Inc., A California	98-100698	13	F	Page
Pā	Other Information (Note the Schedule A and personal benefit contract statement return the instructions for Part V) Check if the organization used Schedule O to respond to an	equirements in See School	lul o	Λ	[
33	Did the organization engage in any activity not previously reported to the IRS2 If 'Vec.'	y quositori in tino i art v		Yes	No
	provide a detailed description of each activity in Schedule O		33		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)?	business activities	1.5	1	<u> </u>
	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	35 a	ļ	X
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	tion 6033(e) notice,	35 c		X
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.		36	_	X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a 0	30	15.65	Â
	b Did the organization file Form 1120-POL for this year?		37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A			
39	Section 501(c)(7) organizations. Enter:	N/A			
	a Initiation fees and capital contributions included on line 9	39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities	39 b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 495	5 ► 0.			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 45 transaction during the year or did it engage in an excess benefit transaction in a prior year that has on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	958 excess benefit not been reported	40 b		v
	c Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on organization		400	J ANA	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	·· •0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶ 0.			
		· ·		Stall	
	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41	List the states with which a copy of this return is filed None				
42	a The organization's				
	books are in care of Ronnetta Marchand-Collins	Telephone no. ► (424)	201	-760	6
	Located at ► 24325 Crenshaw Blvd, #280 Torrance CA	ZIP + 4 > 90503			
	b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.	authority over a nancial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country.*►		. Will		
		-			
	See the instructions for exceptions and filling and fi			42	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar c At any time during the calendar year, did the organization maintain an office outside of the \cup	ICIAI Accounts.	42 c	48.Z.	X
	If 'Yes,' enter the name of the foreign country:	.5.:	42 C		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch	eck here	•	• 🗍 1	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year				N/A
44 :	Did the organization maintain any depart advised funds during the year? If IV I Town 200		us cappin	Yes	No
-++ ∂	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	ompleted instead	44 a	115.	X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes' Form 990 must	he completed		基準	<u>^</u>
	instead of Form 990-EZ		44 b	AND SAIRES AND SAIR	X
	Did the organization receive any payments for indoor tanning services during the year?	L.	44 c		Χ
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		44 d	and contain	
45 a	Did the organization have a controlled entity of the organization within the meaning of section	n 512(b)(13)?	45a		X

45b X Form **990-EZ** (2012)

	$(x_{i}, x_{i}) \in \mathbb{R}^{n}$						
Form 990	O-EZ (2012) Foregen USA, Inc.,	A California		98-100	06983	Р	age
46 Did	the organization engage, directly or indire	ectly, in political campa e Schedule C. Part I	aign activities on behalf o	of or in opposition to		Yes	
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization	s only				<u> </u>	<u> </u>
	for lines 50 and 51.						
	Check if the organization used Schedu	le O to respond to any	question in this Part VI				. [
47 Did com	the organization engage in lobbying activities nplete Schedule C, Part II	or have a section 501(h	n) election in effect during	the tax year? If 'Yes,'	47	Yes	No X
48 Is th	he organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		$\frac{\Lambda}{X}$
49 a Did	the organization make any transfers to an	exempt non-charitabl	e related organization?	• • • • • • • • • • • • • • • • • • • •	49 a		Х
50 Com	es,' was the related organization a section plete this table for the organization's five high ployees) who each received more than \$100,0	hest compensated empla	ovees (other than officers	directors trustees and ke	[49 b] ey]	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None					1		
			N				-
51 Com	al number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is	nest compensated inden	endent contractors who ea	ch received more than \$1	00,000 of		
	Name and address of each independent contractor paid		(b) Type o	of service	(c) Compe	nsation	
None_							
	7700 de						
d Tota	I number of other independent contractors	each receiving ever \$	100,000				
52 Did t	the organization complete Schedule A? No itable trusts must attach a completed Sche	te: All section 501(c)(3) organizations and 494	7(a)(1) nonexempt	► X Yes		No
	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer				f, it is		1110
				-5	***		
Sign Here	Signature of officer			Date		-	
i ici c	Merrietta L. Fong Type or print name and title.			Secretary			
	Print/Type preparer's name	Preparer's signature	Date	Check X if PTI	N		
Paid	Merrietta L. Fong, CPA				1245601		
Preparer	Firm's name ► Fong & Associate						
Use Only	Firm's address 2980 Columbia St Torrance CA 005				95-46857		
	Torrance, CA 905	03		Phone no. 310-	<u>539-940</u>	0	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Name	of the orga	nization	Fore	gen US	SA, Inc.	, A California			***		Employ	er identific	ation number	
			Non-	Profit	Public	Benefit Corpor	ration	•••	-		98-1	100698	3	
Par	TI KE	ason	tor Pu	iblic Ch	arity Statu	ıs (All organization	s must	comp	ete thi	s part	<u>.) See</u>	instruc	tions.	
1 1 1	organiza A D	tion is i	not a pr	ivate four	ndation becai	use it is: (For lines 1 th	rough 11	, check	only on	e box.)				
2	H^{λ}	nurch, (convent	ION OF CHU	arches or ass	sociation of churches de	escribed	in secti o	on 170(b)(1)(А)(i).			
3						A)(ii). (Attach Schedule								
4						vice organization descri								
7	∐ ^ ''	ne city	and st	n organiz stor	ation operate	ed in conjunction with a	nospital	describ	ed in se	ection 1	70(b)(1)((A)(iii). E	Inter the ho	spital's
5	☐ An	organiza	ation ope		the benefit of	a college or university ov	wned or o	perated I	 oy a gov	ernment	al unit de	escribed i	n section	
6						governmental unit desc	cribed in	section	170/hV	174744				
7	An (organiza	tion that	t normally	receives a su	ibstantial part of its supp	ort from a	anvern	nental u	· スペスッル hit or fro	m the as	neral nul	alic describe	d
	≓ ''' \$	ection	ιχαχνι	χαχνι).	(Complete P	art II.)			nontal a	01 110	m the ge	nciai pai	one describe	u
8						170(b)(1)(A)(vi). (Comp								
9	unre (Co	lated bus nplete	s exemp siness tax Part III.	able incom	e (less section	nore than 33-1/3% of its si certain exceptions, and 511 tax) from businesses a	(2) no mo cquired by	re than t the organ	33-1/3% ization aff	of its su er June 3	pport fro 30, 1975. :	m araaa i	mucadena and i	om activities ncome and
10	∐ An ∈	organiz	ation or	ganized a	and operated	exclusively to test for	public sa	fety. Se	e sectio	n 509(a)(4).			
11	Supi	porting	organiz	ation and	l complete lir	usively for the benefit of, n 509(a)(1) or section 50 nes 11e through 11h.	19(a)(2). S	ee secti	on 509(a	or carry)(3). Che	out the peck the b	purposes ox that de	of one or mo escribes the	ore publicly type of
	a	Туре			1	c Type III - Functi				d 📗	Type III	- Non-f	unctionally	integrated
е	Oule	checking r than fo ion 509	Junuano	ox, I certi n manage	fy that the or ers and other t	ganization is not control han one or more publicly	olled dire supporte	ctly or i	ndirectly zations o	by one described	or more d in secti	e disqual on 509(a	lified persor)(1) or	ns
f	If the	e organi	zation re	eceived a	written determ	nination from the IRS tha	t is a Typ	е I, Туре	II or Typ	oe III sup	porting (organizat	ion,	
g						tion accepted any gift		bution fi	om any	of the f	following	persons	s?	
	(i)	A per	son who	directly	or indirectly	controls, either alone o	r togethe	ar with n	erconc /	docoribo	d in (ii)	and (iii)		Yes No
	•	below	, the go	verning b	ody of the si	upported organization?	·····					and (III)	11 g (i)	
	(ii)	A fam	ily men	nber of a	person descr	ribed in (i) above?		<i></i> .					11 g (ii)	
	(iii)					described in (i) or (ii)								-
h	Prov	ide the	followin	ng inform	ation about t	he supported organizat	tion(s).						119 (111)	
		ame of su organizat			(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organi: column (your g	Is the zation in (i) listed in overning iment?	column	ou notify nization in (i) of your port?	organiz colui organiz	Is the zation in mn (i) ed in the S.?		t of monetary port
				_			Yes	No	Yes	No	Yes	No		
(A)							ļ			1				
(A)							- 	ļ						
(B)														
(-)				+			-	-	ļ	 _				
(C)														
``		7		-				<u> </u>	-		ļ			
(D)														

(E)		_												
							1.00				7.4	the state of		
Total									Si.		21	10 (1) (REC)		
BAA	For Pap	erwork	Reduct	on Act N	otice, see th	e Instructions for Forn	1 990 or 9	190-F7			Schodule	A /Farm	990 or 990	E7) 0010

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.)

<u>Se</u>	ction A. Public Support				······································		
beg	lendar year (or fiscal year ginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 line 4			Transcription of the second		A 12 67	
Se	ction B. Total Support						
Cal beg	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						101
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ities, etc (see inst	tructions)			12	
13	First five years. If the Form 990 is forganization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth ta	x year as a section	501(c)(3)	▶ □
Sec	tion C. Computation of Pub	olic Support P	ercentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 20	12 (line 6, column	(f) divided by lin	e 11, column (f)).			%
	Public support percentage from 2						%
	a 33-1/3% support test — 2012. If to and stop here. The organization of	quannes as a pub	niciy supported or	ganization			
t	33-1/3% support test – 2011. If the and stop here. The organization	ne organization di qualifies as a pub	d not check a box blicly supported or	on line 13 or 16a ganization	, and line 15 is 3:	3-1/3% or more, c	heck this box
	1 10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	and-circumstance	es' test. The organ	nization qualifies a	is a publicly supp	• Explain in Part l' orted organization	V how ▶ [
	o 10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	-circumstances' to	nd-circumstances est. The organizat	test, check this b tion qualifies as a	ox and stop here publicly supported	. Explain in Part I` d organization	V how the
_	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a, d	or 17b, check this	box and see instr	ructions►
AA	-				Sche	dule A (Form 990	or 000 E7\ 2012

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.)

Section A. Pu	blic Support						
Calendar year (or fis	cal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
 Gifts, grants and member 	s, contributions		,,,		(=, ==, ==	(5) 2012	(i) Total
received. (D	o not include]	
2 Gross recei	al grants.')					55,483.	55,483.
sions, merc	handise sold or						
services per	formed, or facilities						
related to th	any activity that is ne organization's						
tax-exempt	purpose					,	•
3 Gross receip	ots from activities			-			0.
or business	an unrelated trade under section 513.						
4 Tax revenue					_		0.
organization	s's benefit and						
its behalf	o or expended on						
5 The value of	f services or						0.
facilities furi	nished by a al unit to the						
organization	without charge						0
6 Total. Add li	nes 1 through 5	0.	0.	0.	0.	55,483.	0.
7 a Amounts inc	luded on lines 1.				<u> </u>	33,463.	55,483.
2, and 3 rec disqualified	eived from persons	0.		_			
	luded on lines 2	0.	0.	0.	0.	0.	<u> </u>
and 3 receiv	ed from other than						
disqualified	persons that greater of \$5,000 or						
1% of the ar	nount on line 13		İ				
-		0.	0.	0.	0.	0.	0.
	and 7b	0.	0.	0.	0.	0.	0.
8 Public supp	ort (Subtract line 6.)						
Section B. Tot							55,483.
<u> </u>	ai Support						
	al vr haginning in)	(2) 2009	(h) 2000 T	(-) 0010 T	40.0044		
Calendar year (or fisc		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calendar year (or fisc 9 Amounts from	m line 6	(a) 2008 0.	(b) 2009	(c) 2010	(d) 2011	(e) 2012 55, 483.	(f) Total 55, 483.
Calendar year (or fisc 9 Amounts from 10 a Gross incom dividends, pa	m line 6						
Calendar year (or fisc 9 Amounts from 10 a Gross income dividends, particles on securities	m line 6e from interest, ayments received loans, rents						
Calendar year (or fisc 9 Amounts from 10 a Gross incommodividends, particles on securities royalties and similar source	m line 6						55,483.
Calendar year (or fisc 9 Amounts from 10 a Gross income dividends, particles and similar source b Unrelated bu	m line 6						
Calendar year (or fisc 9 Amounts froi 10 a Gross income dividends, particles on securities royalties and similar source b Unrelated but income (less	m line 6						55,483.
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Schedule A (Form 990 or 9	990-EZ) 2012	$rac{1}{2}$ Fore	egen USA	,_Inc.,	A Ca	lifornia	98-1006983	Page 4
Part IV	Suppleme Part II, line (See instru	ntal Infor 17a or 1 uctions).	mation. (7b; and F	Complete fart III, Iin	this part e 12. Als	to prov o comp	ride the exp plete this p	olanations required by Part II, art for any additional informat	line 10;
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Foregen USA, Inc., A California Non-Profit Public Benefit Corporation **Employer identification number** 98-1006983 Form 990-EZ, Part III - Organization's Primary Exempt Purpose Biomedical research promotion and funding: Foregen's work is for males who have suffered physical and psychological damage from the effects of circumcision. It exists to promote and arrange a clinical trial for techniques to regrow the tissue removed at circumcision, thereby helping to restore normal function and sensitivity, with the help of regenerative medicine. Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments Negotiating with research institutes in the field of regenerative medicine to promote dermal regeneration for the genitally injured. Fund-raising for the clinical trials needed to make regenerative solutions a reality. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....

2012	Schedule O - Supplemental Information Foregen USA, Inc., A California Non-Profit Public Benefit Corporation	Page 2
Filing Fees Research Books	\$\$	940. 45. 202.
	Total <u>\$</u>	4,001. 3,708. 8,896.
Form 990-EZ, Part II, Total Liabilities	Line 26	
Reimbursements Pa		Ending 6,445. 6,445.