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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)

2009

OMB No. 1545-1150

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

_	-or the	2009 Calend	ar year,		Decembe	_	, 20 09		
		ine IDC					ication number		
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=		=	print or	Number and street (or P O. box, if mail is not delivered to street address) Room/suite	elephone n	iumbe	er		
	Terminate		See	65 East Cottage Street	51	10 61	19-3675		
=				City or town, state or country, and ZIP + 4	Group Exe	mpti	on		
=			tions.		•	•			
=			omani	rations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	Method:	Ī	Cash Accrual		
	- 0000	1011 00 1 ₁ 0 ₁ (0)							
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F	art I					5 10			
	1					ļ			
	2	Program s	ervice i	evenue including government fees and contracts		₩			
	3	Membersh	nip dues	s and assessments	·	Ь			
	4	Investmen	t incom	e	. 4	↓	0		
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a	0	1			
	b	Less: cost	or othe	er basis and sales expenses	0				
	С	Gain or (lo	ss) fron	n sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	<u> </u>	0		
ā	6	Special event	ts and ac	avities (complete applicable parts of Schedule G). If any amount is from gaming, check here $lacktriangle$	ן נ				
Revenue	а	Gross reve	enue (no	ot including \$ 2,545 of contributions		į .			
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_		Number and street for P O. box, if mails not delivered to street address) Room/suite Enterphone number							
	10			r amounts paid (attach schedule)		╁	10,000		
-	11	•		mor members	·MAY·1·4 2010 · [었 · · · 11				
penses	12	Salanes, c	otner co	mpensation, and employee benefits		₩	12 701		
ë	13	Profession	nai tees	and other payments to independent contractors	<u> </u>	┼─-			
EXD	1		, , ,		·	┼—			
Ш	15					├			
	16	•	-			₩			
_	17				$\overline{}$	 			
ţ	18					↓	1,468		
Net Assets	19								
As		end-of-yea	ar figur	e reported on prior year's return)		↓	5,877		
et	20	Other cha	nges in	net assets or fund balances (attach explanation)		<u> </u>	0		
	21	Net assets	or fun	d balances at end of year. Combine lines 18 through 20		<u> </u>			
F	art II	Balanc	e Shee		90 inste	ad o	f Form 990-EZ.		
				(See the instructions for Part II.) (A) Beginnin	ng of year		(B) End of year		
2	2 Ca	ash, savings	s, and ir	vestments	7,334	22	13,368		
2		_			0	23	0		
2					0	24	465		
2			-			_	13,833		
2						_	5,488		
2						_	7,345		

SCANNED JUN 2 2 2010

Form 990-EZ (2009)

Pari	III Statement of Program Service Accomp	olishments (See the instru	ctions for Part III	.)	<u> </u>	Expenses			
		Community Building & Anti-			(Requi	red for section			
Desc	ribe what was achieved in carrying out the organization					(3) and 501(c)(4)			
	her, describe the services provided, the number of		zations and section						
	program title.	, , , , , , , , , , , , , , , , , , , ,			for oth	a)(1) trusts, optional eers.)			
	New England Folk Music Archives - preserves, promo	otes and documents the once	oing cultural logacy	, of	1				
28	and its connections to New England through educati								
	and its connections to New England unough educati	on, conaboration and enterta							
	(0				00-	11,097			
	**	includes foreign grants, che			28a	11,037			
29									
	and the Installation of the first permanent memorial in Boston dedicated to Native Americans								
		.	45.000						
		includes foreign grants, che		. ▶ ⊔	29a	15,060			
30	Bobby Mendes Peace Legacy - Anti-violence commu								
	producing an annual Parents & Children Walk for Pe								
	for youth in Dorchester MA, promoting forgiveness 8					4 500			
		includes foreign grants, che	eck here	<u>. ▶ ⊔</u>	30a	4,569			
31	Other program services (attach schedule)				_				
		includes foreign grants, che	eck here	<u>. • 📙</u>	31a	20.726			
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key		on if not componed	tod (Soo the	32	30,726			
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and			
01		devoted to position	enter -0)	deferred compe	nsauon	other allowances			
	non Flattery	President/Founder - 60 hrs	6.040		0	0			
	Hurley St. #3 Cambridge MA 02141		6,040						
	thy Mason	Clerk/Treasurer - 30 hrs		0	0				
	Hurley St. #3 Cambridge MA 02141		0		-				
	a Parker Jr	Vice President - 1 hr	0	l		0			
	Staniford St #208 Boston MA 02114								
	Cottons St. Dorobostor MA 02125	Board Member - 1 hr			0	. 0			
	Cottage St. Dorchester MA 02125		. 0		-				
	room St. Dorchester MA 02125	Co-Director BMPL - 60 hrs	O		0	0			
	beth Siggins Schmidt								
	Belmont St. Belmont MA 02478	Co-Director NEFMA - 60hrs	o		0	0			
	e Rahn					<u>.</u>			
	vans St. Watertown MA 02472	Co-Director NEFMA - 20hrs	2,500		0	o			
	Tuno di Traditotti ilin de Te								
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Part '	Other Information (Note the statement requirements in the instructions for Part V.)	· <u> </u>		
	•		Yes	No
33 ,	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	>	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	5.		-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	V	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 1,000			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			. !
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ;			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
·	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	į		
е	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	40e		1
41	List the states with which a copy of this return is filed. ▶ Massachusetts		•	
42a	The organization's books are in care of ▶ Timothy Mason Telephone no. ▶	17 48	0-038	8
	Located at ▶ 319 Hurley St. #3 Cambridge MA ZIP + 4 ▶	02	141	
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
	account)?	42b		1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
				1
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	-444	 	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		~

Page	4

Part VI	Section 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	7(a)(1) nonexempt char	exempt charitab itable trusts mus	le trusts only. Al t answer questio	II secti ns 46-	ion -49b			
46 Did	the organization engage in direct or indirect	political campaign activit	ies on behalf of or	in opposition to	1	es l	NO_		
	didates for public office? If "Yes," complete S				46		<u> </u>		
47 Did	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	ne organization a school as described in sectio			E	48		~		
49a Did	Did the organization make any transfers to an exempt non-charitable related organization?								
	es," was the related organization a section 5				49b		<u> </u>		
	nplete this table for the organization's five higoloyees) who each received more than \$100,0						key		
·	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense ount and	t		
none									
-									
	al number of other employees paid over \$100								
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Com	pensation	on		
d Tota	al number of other independent contractors e	each receiving over \$100,0	000▶	0			<u></u>		
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa- of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bes	at of my l	knowled vledge	ige		
Sign Here	Signature of officer Timothy Mason Clerk/Treasurer Type or print name and title			5/7/10 Date			No V V V Indication Alteredge ge Incitions)		
Paid .	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See	_ instructio	ons)		
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4		El	N ►					
May the IR	S discuss this return with the preparer show	n above? See instructions		▶ [Yes m 990				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2009

Open to Public Inspection

Employer identification number Name of the organization 04 3526779 Touchable Stories Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** ☐ Type III–Functionally integrated **d** Type III-Other a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (v) Did you notify (described on lines 1-9 in col. (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes No Yes Yes No Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 5.695 60.987 92,408 32,177 42,271 233,538 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 rts behalf The value of services or facilities furnished by a governmental unit to the 0 n Λ n n 0 organization without charge 5.695 60,987 92,408 32,177 42,271 233,538 Total. Add lines 1 through 3 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 2,218 shown on line 11, column (f) . Public support. Subtract line 5 from line 4. 231,320 Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 5,695 60,897 92,408 32,177 42.271 233,538 Amounts from line 4 . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 0 0 0 0 0 0 sources . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 n O (Explain in Part IV.) 233,538 11 Total support. Add lines 7 through 10 . 12,343 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.05 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 33\% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Schedule A (Form 990 or 990-EZ) 2009

	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(2) 2000	(0) 200.	(4) 2000	(0) 2000	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")			· · · · · · · · · · · · · · · · · · ·			
	organization's tax-exempt purpose				<u> </u>		
3	Gross receipts from activities that are not an unrelated trade or business under section 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		-112				
6	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			ļ. — —	<u></u>		
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.)						
14	First five years. If the Form 990 is for torganization, check this box and stop I	nere	<u> </u>	nd, third, fourti		•	, , , , _
	tion C. Computation of Public Sup				(0)	1.5	
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column	,	15	<u>%</u> %
	tion D. Computation of Investmen				-1 (5)	17	%
17 18	Investment income percentage for 2009 Investment income percentage from 20	08 Schedule	A, Part III, line	17		18	%
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this be	ox and stop he	ere. The organ	ization qualifies	s as a publicly	supported of	rganization 🕨 🗀
b	33% % support tests—2008. If the organiline 18 is not more than 33% %, check this	ization did not box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly	16 is more th supported o	an 33⅓%, and rganızation ▶ [

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art IV	Supplemental Part II, line 17a	intormation.	Complete t	ınıs part t 12 Provi	o provide the	explanations additional info	required	See instru	iine iu ctions
	rait ii, iiile 178	a Or 17D, and	r art iii, iii ie	12. 1 1001	ide any other	additional line	onnation.	Oce mand	ctions.
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization **Employer identification number** Touchable Stories Inc. 04 : 3526779 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (e) in default? (f) Approved (c) Original (g) Written the organization? principal amount by board or agreement? committee? To From Yes No Yes No Yes No 1.000 1.000 Total **▶** \$ 1.000 Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (e) Sharing of (b) Relationship between (c) Amount of (d) Description of transaction interested person and the transaction organization's revenues? organization Yes No

Attachment - Form 990EZ 2009 - Touchable Stories Inc. 04-3526779 Explanation Line 33

The New England Folk Music Archives preserves, interprets, presents and documents the ongoing cultural legacy of folk music in all its forms and its connections to New England through educational programs, exhibitions, publications and performances. We emphasize the contributions of traditional, roots, blues and contemporary music and their role in enriching the experience of North American life.

Mandate

"Bringing The Legacy To Life" Through

Preservation & Restoration

Rare artifacts and recordings from passing eras are fragile and require professional care to insure their continued viability. To make these artifacts and recordings accessible to current generations it is imperative that restoration and digital replication be undertaken. To this end we established a custodial relationship with The Cambridge Historical Society to house some of the items in our care and are working with The Audio Preservation Studio of Harvard University's Loeb Music Library to evaluate and plan for digitizing rare and fragile reel to reel recordings.

Collection & Recollection

The archives provide an umbrella for gathering and sharing the many scattered collections now spread throughout the region. Our curatorial policy is to catalog, digitize and present the collections while the holder of the collection retains ownership rights. We recognize that many of the riches of the legacy are held in the memories of the participants and are actively recording the oral histories, stories and recollections of those who have some insight into the fabric of the time.

Presentation & Performance

Sharing and participation are hallmarks of the folk tradition and the communities it has nurtured and as such is a central aspect of our work.

We present an active calendar of traveling multi-media exhibitions, public oral history salons, concerts and symposiums.

We have prioritized the implementation of a dynamic, secure flash based web site which maximizes interactive experience while safeguarding the content.

Education & Consultation

Passing the torch is the real value of our work. We are dedicated to providing all generations access to the history contained in folk music, a history not regularly taught in schools. We are committed to passing on musical skills and equally committed to supporting the creative process that occurs when an individual "finds their own voice". We seek to share our skills, insights and expertise with other organizations to add vitality and cultural knowledge to the legacies which we all hold dear.