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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 Open to Public Inspection

ΑF	or th	e 2011 calendar year, or tax year beginning	and ending		
В	Check if upplicab	C Name of organization		D Employer identif	ication number
	_Addre	yellow springs dharma center			
	Name Chang	Doing Business As		31-1	.382 <u>77</u> 3
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone numbe	er
	Termi ated	502 LIVERMORE ST		937-	-767-99 <u>19</u>
	Amen	City or town, state or country, and ZIP + 4	•	G Gross receipts \$	56,261.
	Appli tion	YELLOW SPRINGS, OH 45387		H(a) Is this a group i	return
	pendi	F Name and address of principal officer KATHY ROBERTSON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
1	ſax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a	1)(1) or 5	27 If "No," attach a	a list. (see instructions)
JI	Nebsi	te: ► WWW.YSDHARMA.ORG		H(c) Group exemption	on number
KF	orm o	organization: X Corporation Trust Association Other	L Ye	ar of formation: 1993	M State of legal domicile: OH
Pá	art I	Summary		,	
ø	1	Briefly describe the organization's mission or most significant activities: TO	PROVII	E RESOURCES	TO FURTHER
Governance		THE UNDERSTANDING OF BUDDHISM AND MEDI	TATION		
ra	2	Check this box   If the organization discontinued its operations or d	sposed of mo	ore than 25% of its net a	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		<u>.</u> <u>3</u>	8
G	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	8
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
į	6	Total number of volunteers (estimate if necessary)		6	25
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩	b	Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	. [	26,518.	23,353.
	9	Program service revenue (Part VIII, line 2g)	[	21,674.	23,536.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 20) CIV CU	! . [	197.	166.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c; 9c, 10c, and 11e)		<4,567.	<b>1,980.</b>
		Total revenue - add lines 8 through 11 (must equal Part VIII) column (Aั้ง)โก๊ก 1	12)Q]	43,822.	49,035.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	RS	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line A)	- I - I	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part-IX, column (A), lines-5		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
cbe	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,743.	36,837.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[	43,743.	36,837.
	19	Revenue less expenses Subtract line 18 from line 12		79.	12,198.
ces				Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		208,895.	215,695 <u>.</u>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	[	33,520.	28,122.
캺	22	Net assets or fund balances, Subtract line 21 from line 20		<u> 175,375.</u>	187,573.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying sche	edules and state	ements, and to the best of n	ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information	of which prepar	rer has any knowledge.	
		Mu Ja		5/15/12	
Sigr	1	Signature of officer		Daté '	
Here		MARK FRENCH, FINANCE COMMITTEE CHA	4x + 80	AND MEMBER	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature (M)	1/10-11	Date Check [	PTIN
Paid		DOROTHY L MTCASTLE WITH TIME	Museu	05/09/12 self-emplo	
Prep	arer	Firm's name MTCASTLE INC CPA		Firm's EIN	31-1384126
Use	Only	Firm's address 683 MIAMISBURG-CENT RD STE 20	3		
		DAYTON, OH 45459		Phone no. (	937)438-9292
Мау	the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	01-01-2		uctions.		Form <b>990</b> (2011)

	irt III   Statement of Program Service Accomplishments
-	
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE RESOURCES TO FURTHER THE UNDERSTANDING OF BUDDHHISM AND
	MEDITATION
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations and 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.
4-	
4a	(Code) (Expenses \$6,991. including grants of \$) (Revenue \$)
	PROVIDE A PLACE FOR DAILY MEDITATION & OTHER PRACTICES OF THE THREE
	MAJOR BUDDHIST TRADITIONS
4b	(Code) (Expenses \$
	PROVIDE A PLACE FOR STUDENTS OF BUDDHISM TO LIVE & PRACTICE
	,
	· · · · · · · · · · · · · · · · · · ·
	21 041
4c	(Code) (Expenses \$ 21,941. including grants of \$) (Revenue \$)
	SPONSOR RESIDENTIAL RETREATS FOR MEDITATION & STUDY
4d	Other program services (Describe in Schedule O.)
YU.	
4	
<u>1e</u>	Total program service expenses ► 36,837.
<b></b>	Form <b>990</b> (2011)

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	İ	X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	İ		
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<b>.</b>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
<b>.</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_ X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
	complete Schedule G, Part III	19_		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			_==
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł	l	
	Schedule J	23		Х
24a				_==-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>_x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>_X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ <u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>_x</u> _
34	Was the organization related to any tax-exempt or taxable entity?		- 1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		i	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		j	
	If "Yes," complete Schedule R, Part V, line 2	36		<u>_x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		.,	
	Note. All Form 990 filers are required to complete Schedule O	_38_	<u> </u>	

Section   Sect		Check if Schedule O contains a response to any question in this Part V			$\overline{}$
tale Enter the number reported in Box 3 of Form 1096. Enter 0-ff not applicable   1s   0   0   0   0   0   0   0   0   0				Ves	No
b Enter the number of Forms WSQ included in line 18. Enter 0-1f not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) minings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the cellender year ending with or within the year covered by this return  b I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization facility for the year? If "No, Provide an explaination in Schodule O  4a At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account;  5b If "Yes," enter the name of the foreign country; by the prohibit of the shark account, securities account, or other financial accounts?  5a Was the organization sparty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sparty to a prohibited tax sheller transaction any contributions that were not tax deductible?  5b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization spart and prohibited tax sheller transaction and party for goods and services provided to the payor?  5c If "Yes," did the organization in the organization that wever ysolicitation and party for goods and services provided to the payor organization shell than a provided to the payor organization s	1a	Enter the number reported in Box 3 of Form 1096. Enter 0, if not applicable		-103	140
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to pirze winness?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  2b If at least one is reported on line 2b, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the organization have unrealed business gross income of St. Moor or more during the year?  3a X  3b If Yes, "has it filed a Form 990-T for this year? If No. "provide an explanation in Schedule O  3b If "Yes," the time of the foreign country (such as a bank account, securities account, or other financial accounts?  4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5a Was the organization have unrealernest for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization the organization that it was or is a party to a prohibited at sa sheller transaction?  5c If "Yes," to line 5a or 5b, did the organization have all it was or is a party to a prohibited at sa sheller transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 88696.T?  6c Oses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclot annual gross receipts that are normally greater than \$100,000, and did the organization sclot annual gross receipts that are normally greater than \$100,000, and did the organization sclot annual gross receipts that are normally greater than \$100,000, and did the organization sclot annual gross receipts that are normally greater than \$100,000, and did the organization sclot and payment in excess of \$75 made party as a contribution on the payment in excess of \$75 made party as a contribution of g	_	The state of the s			
digambling) winnings to prate winners?  a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is a and 2a is greater than 20, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I if 1*Yes, * has a filed a Form 990 Toff this year? If 1*No, * proude an explanation in Schedule O  4a All 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 account)?  4b If "Yes," enter the name of the foreign country. ▶  5a Was the organization a party to a prohibited tax sheller transaction?  5a Was the organization the organization that it was or is a party to a prohibited tax sheller transaction?  5b I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school any contributions that were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive a deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9c Organization state any such as a section 300 per section 300 per section 300 per section 300 per section 300 per section 300 per section 300 per	_	Enter the hamber of forms to 2.2 minutes at Enter of in not applicable.			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b Id the organization have unrealted business gross income of St. 1000 or more during the year?  3a X X  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," the st. If the death of the year (2 H No, provide an explanation in Schedule O  3b If "Yes," and the foreign country (such as a bank account, securities account, or other financial accounts?  4a AI any time during the calendary year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b ID AI any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b IV "yes," to line Sa or Sb, did the organization file Form 8886-17  6a Oces the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 2882 Si and party as a contribution and partyl for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8 If the organization receive a payment in excess of \$5 and party as a contribution of quanty and the organization file forms 2882?  7 organizations that may receive deductible contributions under section 170(c).  8 Old the organization	Ŭ		10		
file and for the calendary was ending with or within the year covered by this return   2a   0   0   0   0   0   0   0   0   0	22				
b If at least one is reported on line 2s, did the organization file all required federal employment tax returns?    2b   Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)   3a   Did the organization have unrelated business gross income of 31,000 or more during the year?   3a   X     5   Yes, * has it filed a form 990.* If or this year? If *No.* provide an explanation in Schedule O   3b   3c     4   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 accounts)   5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b   X     5c   Did set to the organization approach to the Form 8886.* To   So   So   So   So   So   So   So	24				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h		2h		
3a X	J				-
b If "Yes," has if lied a Form 990-T for this year? If "No.", provide an explanation in Schedule O 4 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 accountly  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 Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing fi	За		3a		x
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "ves," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance Issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during			7e		X
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
organization is licensed to issue qualified health plans	b				
c Enter the amount of reserves on hand			ļ		
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a		X
			14b		

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

	Check if Schedule O contains a response to any question in this Part VI	·		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	x	
_	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If *No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		- 2.5
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	120		
40		12c		X
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	l		
	taxable entity during the year?	16a	j	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	cial	
-	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	DONNA DENMAN - 937-767-7877			
	405 PHILLIPS ST, YELLOW SPRINGS, OH 45387			

Form 990 (2011).	YELLOW SPRINGS	DHARMA CENTER	31-1382773	Page 7
Part VII Compensati	on 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 organi		orga I	aniza			mpe	nsat	T		(5)
(A) Name and Title	(B) Average hours per week	box	Positieck seems	(C) Position eck more than one s person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	<b>Р</b> огтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHY ROBERTSON								_	_	_
CHAIR	1.00	<u> </u>	_	_		_	<u> </u>	0.	0.	0.
(2) DIANEAH WANICEK							l		_	_
STATUTORY AGENT	4.00					_		0.	0.	0.
(3) DONNA DENMAN									_	
TREASURER	6.00					_		0.	0.	0.
(4) ROBERT PRYOR										•
TRUSTEE	4.00					_		0.	0.	0.
(5) KATIE EGART										•
SECRETARY	4.00					_		0.	0.	0.
(6) MARY FROST-PIERSON	1									•
TRUSTEE	1.00	$\vdash$				<u> </u>		0.	0.	0.
(7) MARK FRENCH	1 00									0
TRUSTEE	1.00	$\vdash\vdash$				-		0.	0.	0.
(8) LINDA POTTER TRUSTEE	1.00							0.	0.	0.
				_						
										Com 990 (0044)

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Part	VII Section A. Officers, Directors, Tru		mple	yee		-	High	est		ees (continued)	— т		_		
	(A)	(B)	ļ		(C Pos	C) ition			(D)	(E)		(F)			
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	_		timate		
		week	box	, unle cer ar	iss pe id a d	rson irecto	ls bot or/trus	th an stee)	compensation from	compensation from related			nount other	OI	
		(describe	Ē					Ė	the	organizations			pensa	ation	
		hours for	individual trustee or director				<u>-</u>		organization	(W-2/1099-MIS			om th		
		related	ige o	ıstee			nsate		(W-2/1099-MISC)	,	<i>'</i>	orga	anizat	ion	
		organizations	Itus	lal tr		ayee	Ę,					and	d relat	ed	
		in Schedule	Ng Pa	institutional trustee	, je	Key employee	Highest compensated employee	ě				orga	ınizatı	ons	
		0)	Ë	ᄩ	Officer	ş	를통	Former							
				-							-			-	
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				!											
1b S	ub-total				1		<b></b>		0.		0.			0.	
сТ	otal from continuation sheets to Part VI						<b>&gt;</b>		0.		0.			0.	
	otal (add lines 1b and 1c)						<b>&gt;</b>		0.		0.			0.	
2 T	otal number of individuals (including but n	ot limited to th	ose	fiste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportable	3				
С	ompensation from the organization											1		0	
											r		Yes	No	
	id the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	, or I	highest compensated e	mployee on		ł			
	ne 1a? If "Yes," complete Schedule J for s											3		X	
	or any individual listed on line 1a, is the su	•		•					•	the organization	İ			7.7	
	nd related organizations greater than \$150										· }	4		X	
	id any person listed on line 1a receive or a							elate	ed organization or indiv	dual for services		_		v	
	endered to the organization? If "Yes," com on B. Independent Contractors	piete Scheaui	9 J T	or su	ucn j	oers	on_			·	L	5		<u> X</u>	
	complete this table for your five highest co	mpensated inc	iene	nde	nt c	ontr	acto	ors ti	hat received more than	\$100,000 of com	oens:	ation fi	rom		
	ne organization. Report compensation for														
	(A)								(B)			(C	;)		
	Name and business	address	NC	NE	3			_	Description of s	ervices	C	omper		n	
			,				·								
								$\dashv$							
		<del></del>						-							
_															
	otal number of independent contractors (in		ot lır	nite	d to	_		sted	above) who received m	ore than					
\$	100,000 of compensation from the organiz	ation >					<u>,                                     </u>			L	—		200 4		

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 23,353 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 23,353 h Total. Add lines 1a-1f Business Code 23,107 23,107. 2 a SPECIAL EVENTS - RETRE Program Service Revenue 429 429. LIBRARY INCOME f All other program service revenue 23,536 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 166 166. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6,900. 6 a Gross rents 6,630. b Less: rental expenses 270. c Rental income or (loss) 270 270. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 940 Part IV, line 18 596. **b** Less direct expenses 344. 344. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a BUILDING MAINTENANCE F 1,025 1,025. 341 341. **b** SCHOLARSHIP FUND d All other revenue .... 1,366. e Total. Add lines 11a-11d 49,035 24,902. 0. 780. Total revenue. See instructions.

Form 990 (2011) YELLOW SPRINGS DHARMA CENTER
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				<del></del>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		ļ		
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	· · · · · · · · · · · · · · · · · · ·				
C	Accounting				
đ	, <u>, , , , , , , , , , , , , , , , , </u>				
e	Professional fundraising services. See Part IV, line 17			_·	
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other				
12	Advertising and promotion	1,163.	1,163.		
13	Office expenses	750.	750.		
14	Information technology	750.	750.		<u></u>
15	Royalties	3,215.	3,215.		···
16 	Occupancy	3,213.	3,213.		
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	21,941.	21,941.		
19 20	Interest	1,407.	1,407.		
20 21	Payments to affiliates	<u> </u>			
2 I 22	Depreciation, depletion, and amortization	3,862.	3,862.	<del>.</del>	
22 23	Insurance	577.	577.		· · · · · · · · · · · · · · · · · · ·
24	Other expenses, Itemize expenses not covered	97.1			
	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.)				
а	PROPERTY MAINTENANCE	2,151.	2,151.		
b	PRINTING & PUBLICATIONS	756.	756.		
С	BOARD DEVELOPMENT	696.	696.		
d	LIBRARY	144.	144.		
е	All other expenses	175.	175.		
25	Total functional expenses. Add lines 1 through 24e	36,837.	36,837.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		j		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	8,943.	2	23,185.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	·
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
	İ	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	İ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8_	
•	9	Prepaid expenses and deferred charges ,		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 235,00	<u>3.</u>		
	b	Less: accumulated depreciation 10b 54,93		10c	180,066. 12,444.
	11	Investments - publicly traded securities	12,294.	11	12,444.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	208,895.	16	<u> 215,695.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	. <u>.                                   </u>
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
aþi		highest compensated employees, and disqualified persons. Complete Part II			
3		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,795.	23	27,347.
	24	Unsecured notes and loans payable to unrelated third parties		24	<del>- , , ,                                 </del>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	725.	25	775.
	26	Total liabilities. Add lines 17 through 25	33,520.	26	28,122.
		Organizations that follow SFAS 117, check here   and complete			
es S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3als	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
된		Organizations that do not follow SFAS 117, check here   X and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	175,375.	30	187,573.
1SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Z	33	Total net assets or fund balances	175,375.	33	187,573.
	34	Total liabilities and net assets/fund balances	208,895.	34	215,695.

	n 990 (2011) YELLOW SPRINGS DHARMA CENTER  rt XI Reconciliation of Net Assets	31-	1382773	Pa	ge <b>12</b>
<u></u>					
_	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	• • • • • • • • • • • • • • • • • • • •		ــــــــــــــــــــــــــــــــــــــ
1	Total revenue (must equal Part VIII, column (A), line 12)	11	49	9.0	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2			37.
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			75.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18'	7,5	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X_
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit		
	Act and OMB Circular A-133?		. За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	Irt I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		1

Form **990** (2011)

### 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

			SPRINGS DHAR						3:	1-1382	<u> 27</u> 73
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ıst comple	te this par	t.) See ins	tructions.			
The organ	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
. 1 🔲	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school des	scribed in section 17	<mark>/0(b)(1)(A)(ii).</mark> (Attach Sc	hedule E.)	1						
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 🔲	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:										
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 local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public desc	cribed in
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)								
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	ibutions, n	nembershi	p fees, ar	nd gross re	ceipts from
	activities rela	ited to its exempt ful	nctions - subject to certa	ıin excepti	ions, and (	2) no more	e than 33 1	1/3% of its	support	from gross	investment
	income and	unrelated business t	axable income (less sect	tion 511 ta	ıx) from bu	ısinesses a	acquired b	y the orga	ınization a	after June 3	30, 1975.
	See section	509(a)(2). (Complete	Part III.)								
10 🖳	An organizat	ion organızed and o <sub>l</sub>	perated exclusively to te	st for publ	ic safety. S	See <b>sectic</b>	on 509(a)(4	<del>1</del> ).			
11 🔛	An organizati	ion organızed and o <sub>l</sub>	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of	of one or
		, ,,	ations described in section		•		2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Che	eck the box	that
		·· ·· <u></u>	organization and comple		_					٦	
	a Type I		• •	• •	e III · Fund	-	-		d ∟	」Type III - (	
e 📖			t the organization is not								
			han one or more publicly						9(a)(1) or	section 509	∂(a)(2).
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	iii e			_
		rganızation, check th	•								L
g	-		rganization accepted ar								
			irectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (	แ์) below,		Yes No_
	•	•	upported organization?							11g(i)	
	• • •	•	n described in (i) above?	•						. 11g(ii)	
			person described in (i) o							11g(iii)	
h	Provide the fo	ollowing information	about the supported org	ganization	(s).						
<del></del>		г	(III) Tune of	r		I		(	46 -		
	of supported	(ii) EiN	(iii) Type of organization		organizatıon sted in your			(vi) Is organizațio	on in col.		nount of
orga	nization		(described on lines 1-9		document?		ion in col.	(i) organiz U.S	ed in the j	sup	port
			above or IRC section	<u> </u>	No		T				
			(see instructions))	Yes	NO	Yes	No	Yes	No	<del></del> -	
			II						l i		
									<del>                                     </del>		<del></del>
						ļ					
			<del> </del>	<del></del>			-		<del>  </del>		
				-							
				-	l · · · · · · · ·						
					I i	]	l		I 1		

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.)

Se	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.")	23,658.	16,854.	18,125.	26,518.	23,353.	108,508.
2	Tax revenues levied for the organ-		·				
	ization's benefit and either paid to		i				
	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23,658.	16,854.	18,125.	26,518.	23,353.	108,508.
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)		ſ				2,128.
6	Public support. Subtract line 5 from line 4						106,380.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	23,658.	16,854.	18,125.	26,518.	23,353.	108,508.
8	Gross income from interest,	•	•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,843.	7,261.	6,347.	6,595.	7,067.	35,113.
9	Net income from unrelated business	, , , , , ,					
-	activities, whether or not the			İ			
	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						143,621.
	Gross receipts from related activities,	etc (see instruction	ne)	1		12	104,294.
	First five years. If the Form 990 is for			fourth or fifth tax	 x vear as a sectio		
	organization, check this box and stop	<del>-</del>	11101, 0000114, 111110	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	00 .(0)(0)	
Sec	tion C. Computation of Publi		centage				
	Public support percentage for 2011 (li			olumn (fl)		14	74.07 %
	Public support percentage from 2010		=			15	75.42 %
	33 1/3% support test - 2011. If the o				4 is 33 1/3% or n		x and
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2010. If the o					or more, check th	• • • •
_	and stop here. The organization quali	=					▶□
17a	10% -facts-and-circumstances test	•					or more.
a	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances"					non mo organ	▶□
h	10% -facts-and-circumstances test	-				 17a. and line 15 is 1	 10% or
D	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				-		▶□
10	Private foundation. If the organization				-		······ <b>\</b>
10	rivate roundation. It the organization	I GIO HOL CHECK & L	, 10a OI IIII 13, 10a	, 100, 11 a, 01 17 b,	, CHECK HIS DOX &	L L. A (Faure 000	

## 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.)

Se	ction A. Public Support						
Cale	ndar 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		l				
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		1				
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3							
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					<del>                                     </del>	
~	ization's benefit and either paid to						
	or expended on its behalf	1	}				
_	·					<del>                                     </del>	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<del> </del>	<u> </u>
C	Add lines 7a and 7b					<del> </del>	
	Public support (Subtract line 7c from line 6)	_			<u></u>	<u> </u>	<u> </u>
	ction B. Total Support		1	<u> </u>	T	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6					ļ	<u> </u>
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						
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.)	1	i				
13	Total support (Add lines 9, 10c, 11, and 12)				_		
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
-	check this box and stop here			,			▶□.
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				-
	Public support percentage for 2011 (I			column (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	11 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as						▶□
h	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□

## **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.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

	YELLOW SPRINGS DHARMA CE		31-1382773
Pa	rt I Organizations Maintaining Donor Advised Funds	or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised fu	unde
-	are the organization's property, subject to the organization's exclusive le		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		— —
_	for charitable purposes and not for the benefit of the donor or donor adv	<u> </u>	•
	impermissible private benefit?	noon, or recally earlier purpose control	Yes No
Pa	rt II Conservation Easements. Complete if the organization a	nswered "Yes" to Form 990, Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization (check a		,,
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Freservation of a certified i	iistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conserv	ration contribution in the form of a	consoruation accoment on the last
-	day of the tax year.	ation contribution in the form of a c	Conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total assessment and have assessment as a second se	• • • • • •	2a
C	Number of conservation easements on a certified historic structure inclu		2b   2c
_	Number of conservation easements included in (c) acquired after 8/17/0		20
u	listed in the National Decistor		24
3	Number of conservation easements modified, transferred, released, extir		2d
3	year	iguistied, or terminated by the orga	inzation during the tax
4	Number of states where property subject to conservation easement is lo	cated -	
5	Does the organization have a written policy regarding the periodic monitor		
3	violations, and enforcement of the conservation easements it holds?	oring, inspection, nariding of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	na conservation easements during	••
7.	Amount of expenses incurred in monitoring, inspecting, and enforcing of		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the		
•	and section 170(h)(4)(B)(ii)?	requirements of section 170(ff)(4)(i	Yes No
9	In Part XIV, describe how the organization reports conservation easemen	ats in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization's financial	·	
	conservation easements.	iai statements that describes the or	gariization's accounting for
Par	t III Organizations Maintaining Collections of Art, Hist	torical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV	•	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	<del></del>	and halance sheet works of art
	historical treasures, or other similar assets held for public exhibition, educ		
	the text of the footnote to its financial statements that describes these ite		public corvice, provide, in rair xiv,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-		halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, education, or		
	relating to these items:	research in furtherance of public se	sivice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ €
	(11) Assets included in Form COO. Box V	• ••••	•
	If the organization received or held works of art, historical treasures, or of	her similar assets for financial gain	provide
		· ·	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958 Revenues included in Form 990, Part VIII, line 1	n relating to these items.	▶ €
	Assets included in Form 990. Part X		

Sche	Schedule D (Form 990) 2011 YELLOW SPRINGS DHARMA CENTER 31-1382773 Page 2							
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, c	or Other	r Similar A	ssets (continued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t are a sig	nificant use o	f its collection items
	(check all that apply):							
а	Public exhibition	C			hange progra			
b	Scholarly research	•	• 📙 0	ther		_		
С	Preservation for future generations							
4	Provide a description of the organization's co							Part XIV.
5	During the year, did the organization solicit of					er simılar a	assets	
	to be sold to raise funds rather than to be m							Yes No
Pa	rt IV Escrow and Custodial Arran	-	ete if the o	organızatio	n answered	"Yes" to F	orm 990, Par	t IV, line 9, or
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other as	sets not i	ncluded	
	on Form 990, Part X?						٠	└─ Yes └─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble:				
								Amount
С	Beginning balance	-					1c	
d	Additions during the year	• •					1d	<del></del>
е	Distributions during the year			•			1e	<del></del>
f	Ending balance			•			1f	
	Did the organization include an amount on F		217					Yes No
Pai	rt V Endowment Funds. Complete in		nowarad "\	You! to Ear	000 Dort	N/ line 10		
Fai	Endowment Funds. Complete							nock (a) Four years back
	Do to the office of the same	(a) Current year	(b) Pri	or year	(c) Two year	S Dack 1	i) Three years i	pack (e) Four years back
1a	Beginning of year balance		ļ					
b	Contributions							
C	Net investment earnings, gains, and losses					-		
đ	Grants or scholarships				-			
е	Other expenditures for facilities					1		
_	and programs	<del></del>	<u> </u>	·				
f	Administrative expenses							
9	End of year balance				W ( 1 - 1			
2	Provide the estimated percentage of the curr			column (a	)) neid as:			
a	Board designated or quasi-endowment		_%					
-	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2c should be a sh		_4! 454	4 .1.4				
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are neid ai	na aaministe	rea for the	organization	i I
	by:							Yes No
	(i) unrelated organizations		••	••			•	. 3a(i)
	(ii) related organizations		 Cabadii					3a(ii)
	If "Yes" to 3a(ii), are the related organizations					•		3b
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm							<del></del>
Fai		(a) Cost or o		(b) Cost	or other	(a) Aac	umulated	(d) Book value
	Description of property	basis (investr		basis (	1	• •	eciation	(u) DOOK VAILE
	Lond	<del></del>	200.		5,300.			25,500.
	Land	·	510.		7,575.		42,742.	139,343.
	Buildings Leasehold improvements	/ * /	210.	10	,,,,,,,,		<u>-4)   74,6</u>	100,040
	Equipment		- +					
	Equipment	12	918.	1	4,500.		12,195.	15,223.
	. Add lines 1a through 1e. (Column (d) must e						<u>,, .</u>	180,066.
' Oral	, , iss in loo 14 through 10. [Ooistin 14/ Most o	, are		,-,,	<del>-,-/-/</del>			

YELLOW SPRINGS DHARMA CENTER

Schedule <u>D (Form 990) 2011</u>

31-1382773 Page 3

_	rt XI Reconciliation of Change in Net Assets from Form 990 to		ted Fina	ncial Sta		82773 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	• •	• ••••	3		
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities	•••	•••	5		· · · · · · · · · · · · · · · · · · ·
6	Investment expenses	•		6		
7	Prior period adjustments	• •	••	7		
8	Other (Describe in Part XIV.)	•		8	-	
9	Total adjustments (net) Add lines 4 through 8	• •		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		
	t XII   Reconciliation of Revenue per Audited Financial Statemer		ith Reve		Return	
1	Total revenue, gains, and other support per audited financial statements			<u>-</u>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••		•		
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1	• • •			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• ••				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b				4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Exp	enses pe	r Return	
1	Total expenses and losses per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c			7	
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b				4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· <u>·</u>			5	
Par	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					
				-		

### **SCHEDULE O**

Department of the Treasury

(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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

YELLOW SPRINGS DHARMA CENTER	31-1382773
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PROVIDE A LENDING LIBRARY OF BOOKS, PERIODICALS, JOURNALS	, TAPES,
AVAILABLE TO THE PUBLIC, AND EDUCATION.	
EXPENSES \$ 915. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 2: STATUTORY AGENT/TRU	STEE DIANEAH
WANICEK AND ROBERT PRYOR ARE SPOUSES.	
FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY OFFICE	R BEFORE SIGNING
FORM 990, PART VI, SECTION C, LINE 19: PAPER COPY UPON REC	QUEST
<u>.</u>	