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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JAN 1, 2012 and ending JUN 30, 2012 C Name of organization D Employer Identification number Check if applicable NATIONAL UNDERGROUND RAILROAD FREEDOM Address change CENTER, INC.]Name change 31-1436217 Doing Business As initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-50 EAST FREEDOM WAY 513-333-7500 Amende return City, town, or post office, state, and ZIP code G Gross receipts \$ CINCINNATI, OH 45202 H(a) is this a group return pending F Name and address of principal officer: KIM ROBINSON for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FREEDOMCENTER.ORG H(c) Group exemption number K Form of organization; X Corporation L Year of formation: 1995 M State of legal domicile: OH Part I Summary Bnefly describe the organization's mission or most significant activities: TO REVEAL STORIES ABOUT Governance FREEDOM'S HEROES, FROM THE ERA OF THE UNDERGROUND RAILROAD TO 2 Check this box large if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2012 (Part V, line 2a) 200 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a O. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 5,928,140 2,028,465. Contributions and grants (Part VIII, line 1h) 666,708 315,023. Program service revenue (Part VIII, line 2g) -6,555 12,415. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 156,351. 436,475 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,024,768. 2,512,254. 13 Grants and similar and lines of iroughet (into equal to the similar and similar and lines of iroughet (Part IX, column (A), lines 1-3)

14 Benefits paid to error members (Part IX, column (A), line 4)

15 Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundialing fees (Part IX, column (A), line 11e)

b Total fundiasing expenses (Part IX, column (D), line 25)

241,27 0. О. O. O. \$10% Sest 2,515,551. 1,259,171. Ô. 17 Other expenses (Part IX column (A), lines 11a 11d, 11f-24e)
18 Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25) 2,272,218. 4,037,549. 3,531,389. 6,553,100 -1,019,135. 19 Revenue less expenses. Subtract line 18 from line 12 **471,668**. Beginning of Current Year End of Year 36,290,648. 20 Total assets (Part X, line 16) 35,349,589. 220,282. 298,358. 21 Total liabilities (Part X, line 26) 36,070,366. 35,051,231. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign KIM ROBINSON, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature JANE E. PFEIFER JANE E. PFEIFER 05/14/13 P00014949 Firm's name CLARK, SCHAEFER, HACKETT AND CO. 31-0800053 Preparer Firm's EIN 🛌 Firm's address ONE EAST FOURTH ST, SUITE 1200 Use Only Phone no. 513-241-3111 CINCINNATI, OH 45202 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

C-13

Form 990 (2012)

22

NATIONAL UNDERGROUND RAILROAD FREEDOM Form 990 (2012) CENTER, INC. 31-1436217 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission. TO REVEAL STORIES ABOUT FREEDOM'S HEROES, FROM THE ERA OF THE UNDERGROUND RAILROAD TO CONTEMPORARY TIMES, CHALLENGING AND INSPIRING EVERYONE TO TAKE COURAGEOUS STEPS FOR FREEDOM TODAY. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 779,034. including grants of \$ 2,000.)) (Expenses \$) (Revenue \$ EDUCATION: TO EDUCATE SCHOOL AGE CHILDREN (K-12), INSTITUTIONS OF HIGHER LEARNING, AND THE GENERAL PUBLIC OF THE NATIONAL SIGNIFICANCE OF THE UNDERGROUND RAILROAD AND LESSONS LEARNED FROM THE UNDERGROUND RAILROAD THROUGH GUIDED TOURS, TEACHER WORKSHOPS, EDUCATIONAL OUTREACH PROGRAMS, SCHOLARLY LECTURES, PUBLIC FORUMS, FIRST-PERSON RE-ENACTMENTS, AND DIGITAL/DISTANCE LEARNING INITIATIVES, PRODUCING AND DISTRIBUTING DIGITAL CONTENT NATIONWIDE. 1,533,723. including grants of \$ 313,023.) 4h) (Revenue \$ MUSEUM OPERATION: TO PROVIDE A POSITIVE CONDUIT FOR THE PUBLIC DISSEMINATION ON THE IMPACT OF SLAVERY AND HUMAN TRAFFICKING WITHIN THE THIS IS ACCOMPLISHED THROUGH THE EFFECTIVE USE OF UNITED STATES. HIGH-TECH INTERACTIVE PERMANENT EXHIBITIONS, ROTATING TRAVELING EXHIBITIONS, AND A COLLECTION OF OWNED AND BORROWED ARTIFACTS, INCLUDING AN AUTHENTIC 19TH CENTURY SLAVE PEN FROM MASON COUNTY, KENTUCKY. THE MUSEUM ALSO FEATURES A FULL SERVICE GENEALOGICAL LIBRARY, A GIFT SHOP OFFERING FAIR-TRADE INTERNATIONAL AND DOMESTIC GOODS, A TEACHER RESOURCE AND EDUCATION CENTER, AND MULTI-PURPOSE CLASSROOM SPACE. 121,724. including grants of \$ (Code) (Expenses \$ COMMUNITY: TO FORM PARTNERSHIPS WITHIN THE COMMUNITY WITH LIKE PURPOSE ENTITIES AND TO HOST COMMUNITY FORUMS AND PARTNER PROGRAMS THAT WILL BENEFIT OUR CONSTITUENTS AND FURTHER THE MISSION OF THE FREEDOM CENTER. PARTNERSHIPS WITH FOR-PROFIT AND NON-PROFIT ENTITIES ENABLE THE FREEDOM CENTER TO EXPAND THE RESOURCES AND THE REACH OF ITS PURPOSE, INCLUDING

4d Other program services (Describe in Schedule O)

Total program service expenses

(Expenses \$ including grants of \$

) (Revenue \$

THE AWARENESS OF THE SIX CONTEMPORARY UNFREEDOMS: RACISM,

2,434,481.

Form 990 (2012)

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GENOCIDE, HUNGER, TYRANNY, AND SLAVERY.

	·		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u> _	
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		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		X
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	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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, VII, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X_
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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		<u> </u>
Ь	, , , , , , , , , , , , , , , , , , ,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146	į.	х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	<u>^</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	122
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		Х
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		\mathbf{x}
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		1-	 ^1 -
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
4-	1c and 8a? If "Yes," complete Schedule G, Part II	18_	 	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
~~	complete Schedule G, Part III	19	1-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	A
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2012
		. 5111	. 555	(-012

Form 990 (2012) CENTER, INC.

Part IV Checklist of Required Schedules (continued)

	•		<u>Yes</u>	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>X</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 ^o 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			
	Schedule J .	23		<u>X</u>
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		<u>X</u>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
þ	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	_27	l I	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):	00-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	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	İ	x
~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	-23
29	Did the organization receive more than \$25,000 in nor-cash contributions? If res, complete schedule in	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Ų <u>L</u>	Schedule N, Part II	32		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	the second of th			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	1990	(2012)

Page 5

the characteristic properties of the contracter of the country (such as a bank account, securities account, or other financial account)? In the sum of the foreign country. If "Yes," in the organization a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," to line 5a or 5b, did the organization have annula gross receipts that are normally greater than \$100,000, and did the organization? If "Yes," id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization stat may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To the roganization sell, exchange, or otherwise dispose of tangible personal benefit contract? It were, indicate the number of enomes 2822 person, promiums, on a personal benefit contract? Did the organization and the organization in the sell of the organization of the organization and party to a prohibited country. If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country is a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," to line 5a or 5b, did the organization in the form and the foreign some and the organization and the organization and express statement that such contributions or gifts were not tax deductible. Did the organization that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the organization receive apprending the form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. If the organization of payment of the received organization of payment on a personal benefit contract? If the organization of the organization of the payment of the organization of the payment o				
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable greater than such contributions or gifts were not tax deductible? Better the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Bif at 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority organization account in a foreign country, such as a bank account, securities account, or other financial account)? bif "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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? cif "Yes," to line 5a or 5b, did the organization file Form 886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shat were not tax deductible as charitable contributions? bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable greater than such contributions or gifts were not tax deductible? Better the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Better the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Better the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year, 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? Better the number of this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country, such as a bank account, securities account, or other financial account)? Better 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the vent tax deductible as charitable contributions? By the organization shat may receive deductible contributions under section 170(c). Did the organization receive a	0			
(gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, 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 1a and 2a is greater than 250, 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? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization young contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Enter the number of Forms 8282 filed during the year Enter the number of the	0			
Enter the number of employees reported on Form W·3, 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 1a and 2a is greater than 250, 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? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization yountributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did	aming			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?]	7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	7e		<u>X</u>
	}	7f	37./	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	li li	7g	N/	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F		7h	N/	A
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the support		8		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time dur	my the year.	•		
9 Sponsoring organizations maintaining donor advised funds.a Did the organization make any taxable distributions under section 4966?	N/A	9a		
 b Did the organization make a distribution to a donor, donor advisor, or related person? 	N/A	9b	-	
10 Section 501(c)(7) organizations. Enter.				
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders N/A 11a				
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?	-	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · · ·			<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		-
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		ļ		
c Enter the amount of reserves on hand		44-		X
14a Did the organization receive any payments for indoor tanning services during the tax year?	ŀ	14a 14b		^
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	·		990	(2012)

NATIONAL UNDERGROUND RAILROAD FREEDOM

INC.

<u>31-1436217</u>

Form 990 (2012) 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			\mathbf{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 29		-	
	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 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing 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		X
6	Did the organization have members or stockholders?	6		X
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
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
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		Х
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
b	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	X	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X_	
13	Did the organization have a written whistleblower policy?	13	X	
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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l
	in 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 ►KY, OH			
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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finai	ncial	
	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	tion 🕨	-	
	JOCELYN ARVISAIS - (513)287-7086			
	1301 WESTERN AVENUE, CINCINNATI, OH 45203			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)		_ (c)					(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	Бох	unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	767 au	o a u	II ECIL	1	100)	from	from related	other
	(list any hours for	Irect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0 00	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	al tru		yee	adwo		(** 2. ***** **** = *,		and related
	below	individual trustee or director	institutional trustee	la la	Key employee	est co	声			organizations
	line)	Ę	tusti	Officer	Ęę.	Highest compensated employee	Former			
(1) CHARLES BROWN	1.00									
TREASURER		X		X						
(2) E. LYNN BROWN	1.00									
BOARD MEMBER		X								
(3) JOHN BRYANT	1.00				İ		ļ			
BOARD MEMBER		X								
(4) MARK CASELLA	1.00									
SECRETARY		X		X						
(5) PHIL CASTELLINI	1.00								j	
BOARD MEMBER		X				'				
(6) ALFONSO CORNEJO	1.00									1
BOARD MEMBER		X								_
(7) THOMAS CRAIN	1.00									
BOARD MEMBER		X								
(8) MARTINE DUNN	1.00									
VICE CHAIR		X		X						
(9) BRUCE GORDON	1.00									
BOARD MEMBER		X								
(10) BEVERLY A. GRANT	1.00									
BOARD MEMBER		X					l			
(11) MITCHELL HABIB	1.00									
VICE CHAIR		X		X	l					
(12) PETER KAUFMAN	1.00									
BOARD MEMBER		X								
(13) LESLIE KREINES	1.00									
BOARD MEMBER		X								
(14) MITCHELL LIVINGSTON	1.00									
BOARD MEMBER		X			ļ					
(15) WALTER RICE	1.00									
BOARD MEMBER		X								
(16) LOIS ROSENTHAL	1.00									
BOARD MEMBER		X								L
(17) THOMAS SCHNEIDER	1.00									
BOARD MEMBER		X								
232007 12-10-12						•				Form 990 (201:

232007 12-10-12

CENTER, INC.

Part VII Section A. Officers, Directors, Tre	(B)	рюу	ees,		<u>а пі</u> С)	gne	StC				(F)	
(A) Name and title	Average		1	ر Pos	•	1		(D) Reportable	(E) Reportable		Estima	
name and title	hours per		not d					compensation	compensation		amoun	
	week		cer an					from	from related		othe	r
	(list any	ector						the	organizations		ompens	
	hours for related	5	, 8			ated		organization	(W-2/1099-MISC	1 1	from t	
	organizations	rustee	l trust			mpen		(W-2/1099-MISC)			organıza and rela	
	below	Individual trustee or director	Institutional trustee	*	g e	est co	 =			(organiza	
	line)	Mpul	Instit	Officer	Key emptoyee	Highest compensated employee	Former					
(18) MARILYN SHAZOR	1.00											
BOARD MEMBER		X								_		
(19) SUSAN TAYLOR	1.00									- 1		
BOARD MEMBER		X						<u> </u>				
(20) CHARLES WHITEHEAD	1.00							1				
BOARD MEMBER	1 00	X				-						
(21) DARRYL WOODS	1.00	. ,										
BOARD MEMBER	10.00	X			_							
(22) DAMON LYNCH	10.00			37								
PRESIDING CO-CHAIR	20.00	X		X	\vdash	-	\vdash		-			
(23) JOHN PEPPER	20.00	X		х								
CO-CHAIR (24) FRANCIE HILTZ	1.00	Δ		Λ	\vdash	\vdash		-				
BOARD MEMBER	1100	x										
(25) KENNETH ROBINSON	1.00											
HONORARY CO-CHAIR		\mathbf{x}										
(26) NATHANIEL JONES	1.00											
HONORARY CO-CHAIR		X				L						_
1b Sub-total									-			
c Total from continuation sheets to Part	VII, Section A									_		
d Total (add lines 1b and 1c)	<u> </u>					<u> </u>						
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	no r	eceived more than \$100	,000 of reportable			0
compensation from the organization			-								Yes	0 No
3 Did the organization list any former office	er director or tri	iste	o ko	v er	mole)Vee	or	highest compensated e	mnlovee on		1.00	1
line 1a? If "Yes," complete Schedule J for			o, no	,, .,	···p·	,,,,	, 0.	riigiloot oompolloatoa o	mpleyee e		3	x
4 For any individual listed on line 1a, is the			amo	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$1	•							•	J		4	X
5 Did any person listed on line 1a receive of									dual for services			
rendered to the organization? If "Yes," co	mplete Schedul	le J 1	for si	uch	pen	son					5	X
Section B. Independent Contractors								<u></u> _				
1 Complete this table for your five highest	•	-								ensatı	on from	
the organization Report compensation for	or the calendar y	ear	endı	ng v	vith	or w	<u>/ithii</u>		year		(0)	
(A) Name and busine	ss address							(B) Description of s	ervices	Con	(C) npensat	ion
				-			\dashv				•	
					_							
												·
								_				
2 Total number of independent contractors	/maludina hut -		mete	d +-	the		etc.	d above) who received a	ore than			
2 Total number of independent contractors \$100,000 of compensation from the organ	_	IUL II	ııııe	u lO	triC	/50 II	31 6 (above, who received h	ore man			
SEE PART VIT SECTION		ודיד	NTTZ	۷т.	ΤO	N :	CH2	RETS		Fc	rm 990	(2012)

CENTER, INC. Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (E) (F) (A) (B) (C) (D) Estimated Name and title Average Position Reportable Reportable (check all that apply) amount of compensation compensation hours other from from related per organizations compensation the week Highest compensated employee (W-2/1099-MISC) from the (list any organization Individual trustee or director hours for (W-2/1099-MISC) organization and related related organizations Key employee organizations below Officer line) 1.00 (27) EDWIN RIGAUD HONORARY CO-CHAIR 1.00 (28) MARIAN SPENCER X HONORARY CO-CHAIR 1.00 (29) ROBERT BLACKWELL X BOARD MEMBER 1.00 (30) ERIC BROWNE X BOARD MEMBER 1.00 (31) LAVAUGHN HENRY BOARD MEMBER 1.00 (32) ALICIA TIDWELL BOARD MEMBER 1.00 (33) HOMA YAVAR BOARD MEMBER 40.00 (34) KIM ROBINSON X PRESIDENT, CEO Total to Part VII, Section A, line 1c

	t VII	Check if Schedule O cont		to any question	in this Part VIII			
			<u>a a 100p01100</u>	de diny que de la constant	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ig in	b	Membership dues	1b					
A,	c	Fundraising events	1c					
를랭	d	Related organizations	1d					
ns,		Government grants (contribut		<u>116,666.</u>				
흕	f	All other contributions, gifts, gran						
[등		similar amounts not included abo	·	<u>911,799.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		2 020 465			
0 6	<u>h</u>	Total. Add lines 1a-1f			2,028,465.			
	٥.	ADMISSIONS AND	FFFC	Business Code 900099	313,023.	313,023.		
Ş.		CLASSES AND WOR		900099	2,000.	2,000.		
Ser	C	CHADDED AND WOR	INDITOE D	70007	2,000.	2,000.		
am S	d		-					
Program Service Revenue	e	_			-			
P.	f	All other program service reve	enue					
1		Total. Add lines 2a-2f		. •	315,023.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	1,733.			1,733.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		> _	4,213.			4,213.
			(i) Real	(ii) Personal				
	6 a	Gross rents	92,338.					
	b	Less: rental expenses	0.					
1		Rental income or (loss)	92,338.	<u> </u>				00 000
		Net rental income or (loss)		<u> </u>	92,338.			92,338.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	10,682.					
	b	Less cost or other basis						
	_	and sales expenses	10,682.					
		Gain or (loss)	10,002.	<u> </u>	10,682.			10,682.
		Net gain or (loss) Gross income from fundraisin	a events (not		10,002.			10,002.
a	o a	including \$	of					
ĕ		contributions reported on line						
Other Revenu		Part IV, line 18	а					
‡	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less direct expenses	b]			
	C	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances	а	117,956.				
	b	Less: cost of goods sold	b	81,548.				26 400
	c	Net income or (loss) from sale		, > _	36,408.			36,408.
		Miscellaneous Revenu	ie	Business Code	1	15 005		
		SPECIAL EVENT		900099	15,987.	15,987.		1 660
	b	MISCELLANEOUS F		900099	4,668.			4,668. 2,737.
	C	RESTAURANT INCO	NTC	722210	2,737.			4,131.
		All other revenue Total. Add lines 11a-11d			23,392.			
	e 12	Total revenue. See instructions.			2,512,254.	331,010.	0	. 152,779.
23200 12-10	9	TOTAL TOTOTUS. OCC IIISH OCHOIIS.				002/0200		Form 990 (2012)

Form 990 (2012) CENTER, INC.

Part IX Statement of Functional Expenses

	on 501(c)(2) and 501(c)(4) organizations must come		ar organizations must se	molete column (Δ)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		s Part IX	mpiete column (A)	
	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	(D) 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,	214,616.		181,731.	32,885.
	trustees, and key employees Compensation not included above, to disqualified	214,010.	<u></u>	101,751.	32,003.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	835,931.	609,317.	164,950.	61,664.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	90,631.	52,566.	29,908.	8,157.
10	Payroll taxes	117,993.	_68,436.	38,938.	10,619.
11	Fees for services (non-employees)				
а	Management				
b	Legal	35,909.		32,677.	3,232.
С	Accounting	53,655.		48,826.	4,829.
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				4- 0-0
	column (A) amount, list line 11g expenses on Sch O.)	199,442.	115,676.	65,816.	<u> 17,950.</u>
12	Advertising and promotion	40,233.	23,335.	13,277.	3,621.
13	Office expenses .	169,694.	87,393.	29,697.	52,604.
14	Information technology	32,122.	18,631.		13, <u>491</u> .
15	Royalties	401 601	262 101	FF 224	1 216
16	Occupancy	421,631.	362,181.	55,234. 10,631.	4,216. 2,899.
17	Travel	32,214.	18,684.	10,631.	4,099.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	56,152.	32,568.	18,530.	5,054.
19	Conferences, conventions, and meetings	50,152.	32,300.	10,550.	2,034.
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	755,269.	604,215.	151,054.	
23	Insurance	73,376.	73,376.	131/0310	<u> </u>
24	Other expenses. Itemize expenses not covered	7373701	, 3 , 3 , 0 ,		-
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		;		
а	UNCOLLECTABLE PLEDGES	266,770.	266,770.		
b	ARCHIVAL AND EXHIBIT	53,802.	53,802.		
c	SPECIAL EVENTS	52,846.	30,651.	4,756.	17,439.
d	TRAINING	16,047.	9,307.	5,296.	1,444.
	All other expenses	13,056.	7,573.	4,309.	1,174.
25	Total functional expenses Add lines 1 through 24e	3,531,389.	2,434,481.	855,630.	241,278.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0010)

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 2,805,560. 1,849,166. 1 Cash - non-interest-bearing 31,441. 1,442. 2 Savings and temporary cash investments 2,240,202. 739,317. 3 3 Pledges and grants receivable, net 44,299. 36,327. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 121,443. 124,009. Inventories for sale or use 8 62,155. 67,711. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 98,573,241. basis Complete Part VI of Schedule D 10a 68,987,535. 30,340,978. 29,585,706. 10c 10b **b** Less accumulated depreciation 1,987,101. 1,603,380. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments · program-related See Part IV, line 11 14 14 Intangible assets Other assets See Part IV, line 11 15 15 36,290,648. 35,349,589. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 193,917. 281,004. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 17,354. 26,365. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 298,358. 220,282. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 32,473,899. 31,941,877. 27 27 Unrestricted net assets 1,512,688. 2,016,467. Temporarily restricted net assets 28 28 1,596,666. 1,580,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 35,051,231. 36,070,366. 33

> 35,349,589. Form **990** (2012)

33

36,290,648.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2012) CENTER, INC.	31_1/	136217	Do	ae 12
	rt XI Reconciliation of Net Assets	31-14	±3021/	Pag	<u>je 12</u>
- 4					\Box
	Check if Schedule O contains a response to any question in this Part XI				<u></u>
_	Tabel seven (seven as well Dart VIII) as known (A) line 10)		2,51	2 2	51
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	-1,01		
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,07	U, 3	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	35,05	<u>1,2</u>	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; 0	_		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	on a			l
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			ŀ
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2012)

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

Open to Public Inspection

Name of t	the organizati	ion NATIONA	L UNDERGROUN	D RA	LROAD	FREE	DOM	E	mployer	dentificat	ion nu	mber
		CENTER,			_				3	1-1436	<u> 217</u>	1
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	ist complet	te this par	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines:	l through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	cribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization (described	In section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed ın se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nan	ne,
	city, and stat	e:										
5 🗔	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	ıt describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🗀	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X			eives a substantial part					or from the	e general	public desc	cribed	ın
		(b)(1)(A)(vi). (Comple										
8 🗌			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌			eives (1) more than 33			rom contr	butions, m	nembersh	ıp fees, a	ınd gross re	ceipts	from
		· ·	nctions - subject to certa									
	income and i	unrelated business t	axable income (less sect	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anızatıon	after June :	30, 197	75
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and o	perated exclusively to te	st for pub	lic safety S	See sect io	on 509(a)(4	1).				
11 🔲	An organizati	ion organized and o	perated exclusively for th	ne benefit	of, to perfe	orm the fu	nctions of,	or to car	ry out the	purposes (of one	or
	more publicly	supported organiza	ations described in secti	on 509(a)	(1) or section	on 509(a)(2	2) See se c	ction 509	(a)(3). Ch	eck the box	k that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h						
	a Type	I ь 🗔 т	ype II c 🔲 T	ype III - Fu	inctionally	ıntegrated	c	ј 🔲 Тур	oe III - No	n-functional	lly inte	grated
е 🗀	By checking	this box, I certify tha	at the organization is not	controlle	d directly o	r indirectly	by one o	r more dis	squalified	persons of	her tha	an
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check tl	his box									
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	one or to	gether with	persons o	described	ın (ıi) and	(III) below	<i>ı</i> ,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	
	(ii) A family	member of a person	n described in (i) above?							11g(ii)	4	
	(iii) A 35% (controlled entity of a	ı person described in (i) (or (ii) abov	e?					11g(iii)	<u>) </u>	
h	Provide the f	ollowing information	about the supported or	ganızatıor	n(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organızatıon	(v) Did yo	u notify the	(vi) l organizati	s the	(vii) Amoun	it of mo	netary
orga	anization		(described on lines 1-9		isted in your			I (i) organi	zed in the	sut	pport	
			above or IRC section (see instructions))	governing	document?	(I) or you	r support?	U.S	5.7	1		
			(occ manachana))	Yes	No	Yes	No	Yes	No	<u> </u>		
								1				
								<u> </u>	ļ	<u> </u>		
		<u>.</u>								<u> </u>		
										<u> </u>		
				<u> </u>				ļ	 	<u> </u>		
							ļ					
Total		<u> </u>		L		L	L					
I HA For E	anonwork Do	duction Act Notice	see the Instructions f	or				Schadu	A /For	m 990 or 9	00-F7	1 2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 CENTER, INC. 31-1436217 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			 -			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				İ		
	include any "unusual grants.")	6,153,366,	2,341,763.	4,273,172.	5,928,140.	2,028,465.	20,724,906.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,153,366.	2,341,763.	4,273,172.	5,928,140.	2,028,465.	20,724,906,
	The portion of total contributions	0,100,000.	2,012,.00.	-,,			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the				'		
	amount shown on line 11,						
	column (f)						2 002 211
	ŀ						3,982,211,
	Public support. Subtract line 5 from line 4			L			16,742,695.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	6,153,366.	2,341,763.	4,273,172,	5,928,140.	2.028.465.	20.724.906.
-	Gross income from interest,		2,341,763.	4,2/3,1/2,	3,320,140.	2,020,405.	20,724,300,
0	·						
	dividends, payments received on						
	securities loans, rents, royalties	1 600 133	521,913.	290 254	270,963.	98,284.	2 051 547
_	and income from similar sources	1,680,133.	521,913.	200,234.	210,303.	30,204.	2,851,547,
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	24 272	20 500	14 200	CC 700		144 755
	assets (Explain in Part IV.)	34,273.	29,580.	14,200.	66,702.		144,755.
	Total support. Add lines 7 through 10				-		23,721,208,
	Gross receipts from related activities,	•	•				<u>,187,982.</u>
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
50	organization, check this box and stop ction C. Computation of Publication	here	roontogo				
							70 50 %
	Public support percentage for 2012 (I	,	•	column (f))		14	70.58 %
	Public support percentage from 2011					15	86.04 %
16a	33 1/3% support test - 2012. If the c				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				►LX
t	33 1/3% support test - 2011. If the o				line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual		• •			•	. ▶⊔
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	nis box and stop h	i ere. Explain in Pai	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		
t	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part IV how the	—
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	▶ <u></u>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s D
					C-L-	A /F 000	or 990-F7) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						_
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						-
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to	1	1				
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		1		1		
	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						
	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		·	l,	.l	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2) = 3 3 3	(2) = 0.0	(9) = 3 + 3	197-221	(4) == :=	<u> </u>
_	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income				'		
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
-	Net income from unrelated business				1		
	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					1	
12	assets (Explain in Part IV.)		+		1	 	
	Total support (Add lines 9, 10c, 11, and 12)	the erapezation'	o first second thu	ed formeth or fifth t	.1	n F01(a)(3) organi	l
14	First five years. If the Form 990 is for	the organization	s iirst, secona, thii	u, iourui, or iiith t	lax year as a section	on our (c)(o) organiz	.a.ioii,
500	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)	<u></u>	15	%
	,, , ,		•	Column (i))		16	%
_	Public support percentage from 2011 ction D. Computation of Investigation						
						17	0/
	Investment income percentage for 20			ie is, column (f))		17	%
	Investment income percentage from			on line 4.4 and line	. 15	18	
19a	33 1/3% support tests - 2012. If the	=					ı ∕ısılıot ▶□
_	more than 33 1/3%, check this box a	-					▶ ∟
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	l box on line 14, 19	a, or 19b, check t	inis box and see in	structions	

NATIONAL UNDERGROUND RAILROAD FREEDOM

Sched				EZ) 2012 C										3	1-1430	5217 Page 4
Part				al Informa 12. Also com									rt II, line	10	, Part II, line	17a or 17b;
	· ·	anu Pai	it iii, iiiie	12. Also Com	piete ti	iis part iu	ariy au	ditional ini	omati	on (See ii	istruction	15)				
THE	NAT	CION	AL UI	DERGRO	UND	RAIL	ROAD	FREE	MOD	CENT	ER IS	FIL	ING	<u>A</u>	SHORT	YEAR
5		500	m	DED - 0D			0.1	2010			71771		201	^		
RET	URN	FOR	THE	PERIOD	JAI	NUARY	01,	2012	THI	ROUGH	JUNE	30,	201	<u> </u>	<u> </u>	
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'SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2012 Open to Public Inspection

Name of the organization

NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER. INC.

Employer identification number 31-1436217

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used only
	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	torically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	re	
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
-	conservation easements	(A A 11 - A - 1 1 T	New Oissiles Assets
Pai	rt III Organizations Maintaining Collections o		iner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	•	\$
	(ii) Assets included in Form 990, Part X	•	> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X	•	> \$

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Schedule D (Form 990) 2012

NATIONAL UNDERGROUND RAILROAD FREEDOM

Scho	dule D (Form 990) 2012 CENTER,	INC.	OMD I	KATUKO.	AD FRE	EDOM	3	1_1/	36217	Dog 2
	t III Organizations Maintaining C		t Hist	orical Tre	22511265	or Oth				
3	Using the organization's acquisition, accessi									
3	(check all that apply)	on, and other record	s, check	ally of the	ionowing the	it ale a s	iigriiiicant do	0 01 113	CONECTION	ILEITIS
а	X Public exhibition	d		nan or evel	nange progra	ame				
b	X Scholarly research	e		Other	lange progra	ZIII3				
c	X Preservation for future generations	C			·					
4	Provide a description of the organization's co	allections and explain	n how th	av furthar th	ne organizati	on's ave	mnt nurnos	e in Par	+ XIII	
5	During the year, did the organization solicit o							c IIII ai	t Am.	
•	to be sold to raise funds rather than to be ma					er sirrila	1 000010		Yes	X No
Par	t IV Escrow and Custodial Arran					"Vec" to	Form 990 F	Dart IV		[22] 140
	reported an amount on Form 990, Par		ic ii tiic	Organization	ii alisweled	163 10	1 01111 330, 1	aitiv,	III 16 3, 01	
	is the organization an agent, trustee, custodi		liary for o	contribution	s or other as	sets not	tincluded			
	on Form 990, Part X?		nary for c	Jonanbation	0 01 011101 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	moladod		Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able	•				_ 103	
	ii roo, explain the arrangement iii are xiii	and complete the for	nowing to	abic.					Amount	
_	Beginning balance						1c		7 4110 4111	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fi	orm 990 Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIII	•		n has been	provided in	Part XIII		<u> </u>	00	
Par							10			
L	1	(a) Current year		nor year	(c) Two yea		(d) Three year	rs back	(e) Four v	ears back
1a	Beginning of year balance	1,565,355.		088,209.		0,000.		0.000.	(6), 66.)	20,000.
b	Contributions	166,666.		473.334.		6,666.		,,,,,,	1	20,000,
_	Net investment earnings, gains, and losses	1,714.		3,812,	_	1 543.				
	Grants or scholarships	1,111,		3,011.						
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·								
g	End of year balance	1,733,735.	1	565,355.	1 08	8,209.	2	0,000,		20,000,
2	Provide the estimated percentage of the curi				•	-,,	_			
а	Board designated or quasi-endowment	•	%	•	,,					
b	Permanent endowment ▶ 99.66	%	_							
С	Temporarily restricted endowment ▶	.34 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for t	the organiza	tion		
	by:	_								res No
	(i) unrelated organizations			·					3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X,	line 10						
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumulated		(d) Book	value
		basis (investri	nent)	basis ((other)	de	preciation			
1a	Land									
b	Buildings			75,77	9,824.	50,	525,19	3. 2	25,254	,631.
С	Leasehold improvements		[
d	Equipment		1		8,864.		51,75		3,197	,106.
<u>e</u>	Other			19,54	4,553.	18,	410,58			,969.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0(c))			▶ 2	9,585	,706.

Schedule D (Form 990) 2012

NATIONAL UNDERGROUND RAILROAD FREEDOM

Schedule D (Form 990) 2012 CENTER, INC		_	31-	-1436217 Page 3
Part VII Investments - Other Securities. Securities.			lunk and Onek are and	of your market with
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation: Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)			_	
(E)				
(F)				
(G)				
(H)				
(1)			- -	· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	oo Form 000 Bort V lin	0.12		
(a) Description of investment type	(b) Book value		duation Cost or end	of-year market value
	(b) BOOK Value	(C) Welliod of Va	didation Cost of end	-or-year market value
(1)			· -· · · - · · · · · · · · · · · · · ·	
(2)				
(3)				· · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				(-/
····				
(2)		·		
(3)				
(4)			-	<u> </u>
(5)				
(6)				
(7)				<u> </u>
(8)				
(9)			· ·	
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X,	line 25			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)		<u></u>	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		organization's financial	statements that rep	orts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7				

232053 12-10-12

2a | 2b | 2c | 2d | 2e | 3 | 4a | 4b | 4c |

2e

3

4c

a Investment expenses not included on Form 990, Part VIII, line 7bb Other (Describe in Part XIII)

a Add ince 4- and 45

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d

c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

a Donated services and use of facilities

b Prior year adjustments

c Other losses

d Other (Describe in Part XIII.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII)

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

2a

2b

2c 2d

PART III, LINE 1A: COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND

SIMILAR ASSETS ARE NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED

AND CARED FOR CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN

THE YEAR OF ACQUISTION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN

TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO

PURCHASE THE ITEMS WERE RESTRICTED TO THAT USE BY DONOR STIPULATION.

CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL

STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO

Schedule D (Form 990) 2012

NATIONAL UNDERGROUND RAILROAD FREEDOM
Schedule D (Form 990) 2012 CENTER, INC. 31-1436217 Page 5 Part XIII Supplemental Information (continued)
Supplemental information (continued)
COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET
CLASSES.
THE FREEDOM CENTER'S COLLECTIONS CONSIST OF HISTORICAL MANUSCRIPTS, ART
OBJECTS, MICROFILM, PHOTOGRAPHS AND COSTS OF DIGITIZATION. THEY ARE
SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF
COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS.
OCCUPATION TO DE ODED TO MONOTINE OTHER OCCUPATION TELEST
PART III, LINE 4: THE FREEDOM CENTER'S COLLECTIONS CONSIST OF HISTORICAL
MANUSCRIPTS, ART OBJECTS, MICROFILM, PHOTOGRAPHS AND COSTS OF
DIGITIZATION. THE COLLECTIONS ARE USED TO EDUCATE THE PUBLIC ABOUT THE
HISTORIC STRUGGLE TO ABOLISH HUMAN ENSLAVEMENT AND SECURE FREEDOM FOR ALL
PEOPLE. THE FREEDOM CENTER TEACHES LESSONS OF COURAGE AND COOPERATION FROM
UNDERGROUND RAILROAD HISTORY TO PROMOTE COLLABORATIVE LEARNING, DIALOGUE
AND ACTION TO INSPIRE TODAY'S FREEDOM MOVEMENTS.
AND ACTION TO INSPIRE TODAL S PREEDOM MOVEMENTS.
PART V, LINE 4: THE FAIR VALUE OF THE ORIGINAL GIFTS ARE PERMANENTLY
RESTRICTED FUNDS. THE INCOME FROM THESE FUNDS CAN BE APPROPRIATED BASED
THE THOUSE THE THOUSE THE STATE OF THE STATE
ON THE FREEDOM CENTER POLICY FOR DISTRIBUTION, SUBJECT TO APPROVAL BY THE
BOARD OF DIRECTORS, FOR USE IN OPERATIONS OF THE ORGANIZATION.

Schedule D (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER, INC.

Employer identification number 31-1436217

Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 898,707. EXCHANGE VALUE Х Securities - Publicly traded 9 Securities - Closely held stock 10 Securities · Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 26 Other -27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash \mathbf{X}_{-} 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER. INC.

Employer identification number 31 – 1436217

CENTER, INC.	31-1436217
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CONTEMPORARY TIMES, CHALLENGING AND INSPIRING EVERYONE TO	TAKE
COURAGEOUS STEPS FOR FREEDOM TODAY.	
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WAS REVI	EWED BY THE
PRESIDENT, CFO, CONTROLLER AND OUTSIDE PUBLIC ACCOUNTING F	IRM. A COPY OF
THE RETURN WAS SENT TO THE MEMBERS OF THE BOARD FOR REVIEW	BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ALL ACTIVE BOARD M	EMBERS AND
EMPLOYEES ARE REQUIRED TO SIGN OFF ON A FORM DISCLOSING AN	Y CONFLICTS OF
INTEREST ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15A: THE CEO COMPENSATI	ON IS COMPARED
WITH OTHER MUSEUMS ACROSS THE US, ALL CHANGES ARE VOTED ON	IN EXECUTIVE
SESSIONS OF THE EXECUTIVE COMMITTEE AND FULL BOARD.	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUM	ENTS ARE
AVAILABLE ON THE OHIO SECRETARY OF STATE'S WEBSITE. THE FI	NANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE U	PON REQUEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR SELECTING AUDITORS HAS NOT CHANGED.	
FORM 990, PART IV, 12A	
AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE 12 MONTHS	PRIOR TO
THIS REPORTING PERIOD AND AUDITED FINANCIAL STATEMENTS WIL	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedu 232211 01-04-13	le O (Form 990 or 990-EZ) (2012)

	dule O (Fe of the o			TAV.	ONAL	UNDER	GROU	JND RA	ILRO	AD F	REED	OM		Employer	identificat	Page 2 tion number
	•	. CENTER, INC. 31-1436217							17							
FOF	THE	12	MON'	rhs	AFTE	R THIS	REI	PORTIN	IG PE	RIOD	. NO	AUI	ITED	FINAN	CIAL	
STA	TEME	NTS	ARE	AV	AILAB	LE DUE	то	THE F	REPOF	RTING	PER	IOD	BEIN	G LESS	THAN	12
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Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form).	•			
Do not o	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6 months for a corp	oration		
required	to file Form 990 T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	xtension		
of time t	o file any of the forms listed in Part I or Part II with the ext	ception of	Form 8870, Information Return for T	ransfers .	Associated With Ce	rtaın		
	Benefit Contracts, which must be sent to the IRS in pap							
	w.irs gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	only s	submit original (no copies nee	eded).				
A corpor	ation required to file Form 990-T and requesting an autor	natic 6 mc	onth extension - check this box and o	complete				
Part I on	ly							
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
Type or	Name of exempt organization or other filer, see instru	Employe	r identification numb	er (EIN) or				
print	NATIONAL UNDERGROUND RAILRO	DAD FI	REEDOM					
	CENTER INC			\mathbf{x}	31-143621	.7		
File by the due date fo	No alternative de la constanti							
fifing your return See	50 EAST FREEDOM WAY							
instructions	City, town or post office, state, and ZIP code. For a for CINCINNATI, OH 45202	reign add	ress, see instructions.					
	7 61110111111111111111111111111111111111							
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			01		
Applicat	ion	Return	Application			Return		
Is For		Code	is For			Code		
Form 99	0	01	Form 990-T (corporation)			07		
Form 99		02	Form 1041-A			08		
Form 99		Form 4720			09			
Form 99		01 04	Form 5227		10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	O-T (trust other than above)	06	Form 8870			12		
	- 1 (1.001 0.1101 1.0010)					<u> </u>		
• The b	ooks are in the care of Larry Sisk							
Telep	hone No. ► 513-241-8313		FAX No. ▶					
• If the	organization does not have an office or place of business	in the Un	ited States, check this box					
 If this 	is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If	this is fo	r the whole group, o	heck this		
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.		
1 I re	equest an automatic 3-month (6 months for a corporation							
	FEBRUARY 15, 2013, to file the exempt	t organizat	tion return for the organization name	d above.	The extension			
is t	or the organization's return for.	•	-					
>	calendar year or							
>	X tax year beginning JAN 1, 2012	, an	d ending <u>JUN 30, 2012</u>		_ ·			
2 If t	he tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: X Initial return F	inal retur	n			
	_ ·							
3a if t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any					
	nrefundable credits. See instructions.			3a	.\$	0.		
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	imated tax payments made. Include any prior year overp	=		3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment witt	h this form, if required,	1 7				
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.		
	If you are going to make an electronic fund withdrawal w			rm 8879-				
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instru	actions.		Form 8868 (Re	v 1-2012)		

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7009 2250 0001 5544 1502

Form 8868 (Rev. 1-2013)					Page 2			
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	ctension,	complete only Part II and check this	s box .		$\triangleright [\mathbf{x}]$			
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.				
 If you are filing for an Automatic 3-Month Extension, comple 			. <u> </u>					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	d)			
		Enter filer's	identifyi	ng number, see	instructions_			
Type or Name of exempt organization or other filer, see instructions Employer identification number (El								
print NATIONAL UNDERGROUND RAILROAD FREEDOM								
File by the CENTER, INC. 31-1436217								
due date for Number, street, and room or suite no. If a P.O. box, s	Number, street, and foom or suite no. If a P.O. box, see instructions.							
return See 50 EAST FREEDOM WAY								
City, town of post office, state, and Zir code. For a R	oreign add	iress, see instructions.						
CINCINNATI, OH 45202								
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			01			
	T ::							
Application	Return	Application			Return			
Is For	Code	Is For		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Code			
Form 990 or Form 990-EZ	01			· <u>·</u>				
Form 990-BL	02	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720			10			
Form 990-PF	04	Form 5227						
	990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a prev	iousiy tile	ea Form 8868.				
JOCELYN ARVISATION The books are in the care of > 1301 WESTERN AV		CINCINNATI OU	<i>4</i> 5 2 0 3	•				
Telephone No. > (513)287-7086	VENUE	FAX No. D	45205	<u>'</u>				
 If the organization does not have an office or place of business 	a ia tha I le		<u>.</u>		~ [
 If this is for a Group Return, enter the organization's four digit. 					p check this			
box If it is for part of the group, check this box	•	ach a list with the names and EINs of						
4 I request an additional 3-month extension of time until		15, 2013 .	anment	Ders the extensit	on is ior.			
5 For calendar year, or other tax year beginning			.TITN	30, 201	2			
6 If the tax year entered in line 5 is for less than 12 months, c				return				
Change in accounting period	ileck leas	on.		Ctarr				
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO	TATHE	R THE INFORMATION	NECES	SARY TO				
PREPARE A COMPLETE AND ACCURA				<u> </u>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any						
nonrefundable credits. See instructions.		•	8a	s	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1.					
tax payments made. Include any prior year overpayment all	•		İ	1				
previously with Form 8868.		•	8b	s	0.			
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	th this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instru	actions.		8c	\$	0.			
Signature and Verificat	ion mus	st be completed for Part II o	nly.					
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	vm.			•	•			
Signature D Title D	<i>C</i>	PA	Date	D 2/5/1	3			
11110			2010		3 (Rev. 1-2013)			

Form **8868** (Rev. 1-2013)

CLARK SCHAEFER HACKETT & CO. One East Fourth St. Suite 1200 Cincinnati, Ohio 45202-4093 31-0800053

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