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**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/12 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center Ogden,  
UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd. Ogden,  
UT 84404

**Signature:** The return should be signed and dated on Page 1 by an officer representing the organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

**990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2012**

Form

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

benefit trust or private foundation)

**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning , and ending

**B** Check if applicable: **C** Name of organization **D** Employer identification number Address change **Sacred Selections**

Name change

Doing Business As

**20-0244936**

Initial return

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**E** Telephone number

Terminated

**1608 Manasco Circle**

**916-770-0336**

Amended return

City, town or post office, state, and ZIP code

**Folsom**

**CA 95630**

**G** Gross receipts\$

**242,849**

Application pending

**F** Name and address of principal officer

**H(a)** Is this a group return for affiliates? Yes ☒ No

**H(b)** Are all affiliates included? Yes No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527

**J** Website: **www.sacredselections.org**

**H(c)** Group exemption number

**K** Form of organization ☒ Corporation Trust Association Other

**L** Year of formation **2004** **M** State of legal domicile

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:

**Funding Christian adoption services**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a)

**38**

**4** Number of independent voting members of the governing body (Part VI, line 1b)

**48**

**5** Total number of individuals employed in calendar year 2012 (Part VII, line 2a)

**50**

**6** Total number of volunteers (estimate if necessary)

**60**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12  
business taxable income from Form 990-T, line 34

**7a**

**0 b** Net unrelated

**7b**

**0**

**622**

Prior Year

Current Year

## 8 Contributions and grants (Part VIII, line 1h)

215,574

## 9 Program service revenue (Part VIII, line 2g)

0 10 Investment income (Part VIII, column  
0

(A), lines 3, 4, and 7d)

9,091

## 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

224,665

## 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

179,278

## 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

## 14 Benefits paid to or for members (Part IX, column (A), line 4)

0

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

0 b Total fundraising expenses (Part IX,

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

column (D), line 25) ▶

0

10,731

## 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

190,009

## 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

## 19 Revenue less expenses Subtract line 18 from line 12

34,656 Beginning of Current Year End of Year

## 20 Total assets (Part X, line 16)

68,438

103,095

## 21 Total liabilities (Part X, line 26)

0 0

## 22 Net assets or fund balances Subtract line 21 from line 20

68,438

103,095

## Part II Signature Block

Under penalties of perjury, 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.

Sign Here	Signature of officer <i>R.D. Carrozza</i> Date <i>11-13-2013</i>		Type or print name and title <i>David Carrozza Director</i>		
Paid Preparer Use Only	Print/Type preparer's name <i>Derrell M. Roberts</i>	Preparer's signature <i>Derrell M. Roberts</i>	Date 11/13/13	Check self- employed	if PTIN P00456710
	Firm's name ▶ <i>Roberts &amp; Company, Inc., CPA</i>		Firm's EIN ▶ <i>94-2798193</i>		
	Firm's address ▶ <i>3182 Cedar Ravine Rd Placerville, CA 95667-6541</i>		Phone no <i>530-622-5445</i>		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

DAA

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:**Funding Christian adoption services****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No**4** 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.

**4a** (Code ) (Expenses \$ **186,910** including grants of \$ **179,278** ) (Revenue \$ )**Funded adoptions of children****4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► **186,910**

Form **990** (2012)**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11a</b> 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		<b>X</b>
<b>b</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>X</b>
<b>c</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		<b>X</b>

<b>f</b>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Did	<b>11f</b>	<b>X</b>
<b>12a</b>	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	Did the organization	<b>12a</b>	<b>X</b>
<b>b</b>	obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>12b</b>	<b>X</b>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		<b>13</b>	<b>X</b>
<b>13</b>	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Is the	<b>14a</b>	<b>X</b>
<b>14a</b>	organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
<b>b</b>	Did the organization maintain an office, employees, or agents outside of the United States?		<b>14b</b>	<b>X</b>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?			
<b>15</b>	If "Yes," complete Schedule F, Parts I and IV	Did the organization report on Part IX, column (A), line 3,	<b>15</b>	<b>X</b>
	more than \$5,000 of grants or assistance to any			
<b>16</b>	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	Did the	<b>16</b>	<b>X</b>
	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
<b>17</b>	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	Did the	<b>17</b>	<b>X</b>
	organization report a total of more than \$15,000 of expenses for professional fundraising services on			
<b>18</b>	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>18</b>	<b>X</b>
<b>19</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<b>19</b>	<b>X</b>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
<b>20a</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<b>20a</b>	<b>X</b>
<b>b</b>	If "Yes," complete Schedule G, Part III		<b>20b</b>	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	If "Yes"		
	to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form **990** (2012)**Part IV Checklist of Required Schedules (continued)**

			Yes	No
<b>21</b>	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	Did the	<b>21</b>	<b>X</b>
<b>22</b>	organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>22</b>	<b>X</b>
<b>23</b>	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			
<b>24a</b>	employees? If "Yes," complete Schedule J		<b>23</b>	<b>X</b>
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		<b>24a</b>	<b>X</b>
<b>b</b>	through 24d and complete Schedule K. If "No," go to line 25		<b>24b</b>	
<b>c</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did		
	the organization maintain an escrow account other than a refunding escrow at any time during the year		<b>24c</b>	
<b>d</b>	to defease any tax-exempt bonds?		<b>24d</b>	
<b>25a</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Section	<b>25a</b>	<b>X</b>
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
	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?		<b>25b</b>	<b>X</b>
<b>26</b>	If "Yes," complete Schedule L, Part I		<b>26</b>	<b>X</b>
<b>27</b>	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	Did the organization	<b>27</b>	<b>X</b>
<b>28</b>	provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			

- a** 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)
- b** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c** member of a current or former officer, director, trustee, or key employee? If "Yes," complete

## Schedule L, Part IV

- 29** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)
- 30** was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 31** organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 32** organization receive contributions of art, historical treasures, or other similar assets, or qualified

conservation contributions? If "Yes," complete Schedule M

- 32** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

**33** Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"

- 34** complete Schedule N, Part II

- 35a** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
- b** sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

- 36** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1

- 37** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 38** **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

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

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

A family	28a		<b>X</b>
	28b		<b>X</b>
	28c		<b>X</b>
Did the Did the	29	<b>X</b>	
	30		<b>X</b>
	31		<b>X</b>
	32		<b>X</b>
	33		<b>X</b>
	34		<b>X</b>
	35a		<b>X</b>
	35b		
	36		<b>X</b>
Section	37		<b>X</b>
	38	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	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.	2a 0	
	<b>2b Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b> a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	b
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e X	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
	of qualified intellectual property, did the organization file Form 8899 as required?	7f X	g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
		7g X	h
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b 11	
	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	



- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? enter the amount of tax-exempt interest received or accrued during the year

12a b If "Yes,"

12b 13 Section 501(c)(29) qualified nonprofit health

insurance issuers.

- a** Is the organization licensed to issue qualified health plans in more than one state?

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

13b

- c** Enter the amount of reserves on hand

13c

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

14a **X** b

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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

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

**Section A. Governing Body and Management**

		If	Yes	No
Enter the number of voting members of the governing body at the end of the tax year		1a	8	
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		1b	8	
<b>1a</b>	Enter the number of voting members included in line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Did		
<b>b</b>	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?	2		<b>X</b>
<b>2</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<b>X</b>
<b>3</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		<b>X</b>
<b>4</b>	Did the organization have members or stockholders?	5		<b>X</b>
<b>5</b>	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?	6		<b>X</b>
<b>6</b>		7a		<b>X</b>
<b>7a</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>X</b>
<b>b</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	<b>X</b>	
<b>8</b>		8b	<b>X</b>	
<b>a</b>	The governing body?			
<b>b</b>	Each committee with authority to act on behalf of the governing body?			
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	<b>X</b>
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>X</b>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		

**12a** describe in Schedule O how this was done**b** Did the organization have a written whistleblower policy?**c** Did the organization have a written document retention and destruction policy?**13** 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?**14** The organization's CEO, Executive Director, or top management official

Other officers or key employees of the organization

**a** If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)**b** 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** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

<b>12c</b>		
<b>13</b>		<b>X</b>
<b>14</b>		<b>X</b>
<b>15a</b>		<b>X</b>
<b>15b</b>		<b>X</b>
<b>16a</b>		<b>X</b>
<b>16b</b>		

**Section C. Disclosure****17** List the states with which a copy of this Form 990 is required to be filed ►  
CA**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) available for public inspection. Indicate how you made these available. Check all that apply.☐ Own website ☐ Another's website ☒ 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 financial 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  
► David Carrozza 1608 Manasco Circle

Folsom

CA 95630

916-983-6026

**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.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Dana Carrozza</b>										
<b>President</b>	25.00 0.00	X						0	0	0
(2) <b>Steve Dickey</b>										
<b>Secretary</b>	1.00 0.00	X						0	0	0
(3) <b>Melody Dickey</b>										
<b>Director</b>	1.00 0.00	X						0	0	0
(4) <b>Kevin Findley</b>										
<b>Director</b>	1.00 0.00	X						0	0	0
(5) <b>Pam Findley</b>										
<b>Director</b>	1.00 0.00	X						0	0	0
(6) <b>David Carrozza</b>										
<b>Director</b>	10.00 0.00	X						0	0	0
(7) <b>Ron Waterman</b>										
<b>Director</b>	1.00 0.00	X						0	0	0
(8) <b>Lisa Waterman</b>										
	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5

☒

## Sacred Selections

20-0244936

## Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	25,375		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	190,199		
	g	Noncash contributions included in lines 1a-1f \$		75,707		
	h	Total. Add lines 1a-1f		215,574		
Program Service Revenue			Busn. Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 25,375 of contributions reported on line 1c). See Part IV, line 18	a	27,275		
	b	Less: direct expenses	b	18,184		
	c	Net income or (loss) from fundraising events		9,091		
	9a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		224,665	0	0	0

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	179,278	179,278		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered 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 O.)				
a Travel	5,812	5,812		
b Postage	1,815		1,815	
c Printing	1,340	1,340		
d Merchant fee	941		941	
e All other expenses	823	480	343	
25 Total functional expenses. Add lines 1 through 24e	190,009	186,910	3,099	0
26 Joint costs. Complete this line only if the organization reported joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	20-0244936	Sacred Selections	20-0244936	

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	68,438	103,095
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 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 instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a		
	b Less accumulated depreciation 10b		10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	12	
13 Investments—program-related See Part IV, line 11	13		
<b>Liabilities</b>	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	68,438	103,095
	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
<b>Net Assets or Fund Balances</b>	22 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 and notes payable to unrelated third parties 23	22 23 Secured mortgages	
	24 Unsecured notes and loans payable to unrelated third parties 24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25 check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	0 26 0 Organizations that follow SFAS 117 (ASC 958),	
	27 Unrestricted net assets	68,438	103,095
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	



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	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	68,438	33 103,095
	assets/fund balances	68,438	34 103,095
			34 Total liabilities and net

Form 990 (2012)

**Sacred Selections**

20-0244936

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	224,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,009
3	Revenue less expenses. Subtract line 2 from line 1	3	34,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,438
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	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,095

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
				3b

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury

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

Inspection

Internal Revenue Service

Name of the organization

Employer identification number

**Sacred Selections**

**20-0244936**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11a(i)		
11a(ii)		
11a(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									

(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar 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 include any "unusual grants.")	101,338	83,312	88,947	99,718	215,574	588,889
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	101,338	83,312	88,947	99,718	215,574	588,889
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						588,889
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 101,338 83,312 88,947 99,718 215,574 588,889						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
801 74 9,091 9,966 11 <b>Total support.</b> Add lines 7 through 10						598,855
12 Gross receipts from related activities, etc. (see instructions)						27,275
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.34 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	100.00 %
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this <input type="checkbox"/>		



box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization



**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization



**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see



Instructions

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

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

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

**Section A. Public Support**

Calendar 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	Public	15	%
16 support percentage from 2011 Schedule A, Part III, line 15		16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33** ☐**1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not moreDAA ☐

than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  
organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**20 Private foundation.** If the

Schedule A (Form 990 or 990-EZ) 2012

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10;  
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See  
instructions).

---

**10 - Other Income Detail**

**Part II, Line**

**income**                      \$                      **875**

**Investment**

**income**                      \$                      **9,091**

**Fundraising**

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Schedule A (Form 990 or 990-EZ) 2012

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Multiple events</u> (event type)	<u>Multiple events</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	27,275	25,375		52,650
	2 Less Contributions		25,375		25,375
	3 Gross income (line 1 minus line 2)	27,275			27,275
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,822			9,822
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,362			8,362
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,184
	11 Net income summary. Combine line 3, column (d), and line 10				9,091

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes    % <input type="checkbox"/> No	<input type="checkbox"/> Yes    % <input type="checkbox"/> No	<input type="checkbox"/> Yes    % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes ☐ No ☐ If "Yes," explain:



0244936 Page 3

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in

a The organization's facility

An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license?

☐ Yes ☐ No b Enter the

amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

DAA

**SCHEDULE I**

OMB No. 1545-0047

**Grants and Other Assistance to Organizations,  
(Form 990) Governments, and Individuals in the United States 2012**

Complete if the organization answered "Yes" to Form 990, Part IV, line 24 or 22.

Open to Public

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

Inspection

Name of the organization

Employer identification number

20-0244936

**Sacred Selections**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

☒ No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

(8)										
(9)										

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 <b>Adoption assistance</b>	<b>13</b>	<b>179,278</b>			
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**Sacred Selections**

Employer identification number

**20-0244936**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Auction goods )	<b>X</b>		<b>75,707</b>	
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

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 the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O****Supplemental Information to Form 990 or 990-EZ**

Schedule M (Form 990) (2012)

OMB No 1545-0047

(Form 990 or 990-EZ)

**2012**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

Inspection

Name of the organization Employer identification number **Sacred Selections 20-0244936**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**Copies of Form 990 provided to board members for review.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**Governing documents would be made available upon written request.**

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

**Rounding** \$ **1**



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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)