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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2012

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$600,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements. .2012 A For the 2012 calendar year, or tax year beginning January 1 , 2012, and ending December 31 C Name of organization D Employer identification number B Check if annicable: Address change Fund for the Kilimanjaro Orphanage 271426013 Number and street (or P.O. box, if mall is not delivered to street address) Room/suite Name chance E Telephone number Industretum PO Box 1126 907-766-2623 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Haines, AK 99827 Cash Accrual H Check ► ☐ if the organization is not G Accounting Method: Other (specify) ▶ Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — 📝 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (Form 990, 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I M Contributions, gifts, grants, and similar amounts received 95,886 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 0 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Pevenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0 Less: direct expenses from gaming and fundraising events (8) 0 Net income or (loss) from gaming and fundraising events add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances 0 Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b, from Uine 7a) c 7c 8 Other revenue (describe in Schedule O) . . . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 95,886 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors . 13 \sim 14 Occupancy, rent, utilities, and maintenance 14 റ 15 Printing, publications, postage, and shipping 15 ٥ 16 Other expenses (describe in Schedule O) 16 0 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 306 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 580 19 20 Other changes in net assets or fund balances (explain in Schedule O) .

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat. No 106421

Form **990-EZ** (2012)

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Par	Balance Sheets (see the instructions t	ror Part II)				
1	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	((B) End of year
22	Cash, savings, and investments		[22,580	22	7306
23	Land and buildings		[8	23	0
24	Other assets (describe in Schedule O)		[0	24	O
25	Total assets		[22.580	25	7 306
26	Total liabilities (describe in Schedule O)		. <i>.</i> [26	0
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)		27	7,306
Part						•
	Check if the organization used Schedule	-		·	/Door	Expenses
What	is the organization's primary exempt purpose?	- · · · · · · · · · · · · · · · · · · ·				ured for section (3) and 501(c)(4)
Desc as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for pa	anner, describe the			orgar 4947(nizations and section (a)(1) trusts; optional hers.)
28	Grants to pay orphanage scho Children in red deace. (Grants \$ 34 617) If this amount	el (Xpenses,	Presently wa	have 48	28a :	34,617
29	· — —		<i>-</i> /1 /	· 3/	204	
	donation by private individual wit	h matching d	ontion by MI	crosoft		23,461
		includes foreign gra	77 57	▶ ⊔	29a	
	Grants to survey site then place ous site in Mabugini. This site is		well with frehome of th	6 OLD EVATE		20,532
	(Grants \$ 20,532) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	,
	Other program services (describe in Schedule O)					32,650
		includes foreign gra			31a	3 2,63 0
	Total program service expenses (add lines 28a t				32	111,260
Par					tructi	ons for Part IV)
	Check if the organization used Schedule	O to respond to a		,	<u> </u>	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ot	Estimated amount of her compensation
Greq	ry Higgins				†	
	ox 1126 Haines, AK 99827	President/ 10	٥	i .	<u>, </u>	0
	a Barclay				1	<u>_</u>
РО В	ox 26 Haines, AK 99827	Secretary/ 2	۰ ،			0
	Podsiki		<u>_</u>	<u> </u>		
	ox 512 Haines, AK 99827	Treasure/ 1	l		ا	0
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Part						
instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V						
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		1		
5 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1		
41	List the states with which a copy of this return is filed ► Alaska					
42a			6-262			
b	Located at ► 8 Mile Mud Bay Rd Box 26 Haines, AK ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9982	-0026 Yes			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	168	√		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. 1	▶ □		
44			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	<u> </u>	1		
45b	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," Form 990 and Schedule R may need to be completed instead of	408		V		
	Form 990-EZ (see instructions)	45b		✓		

46							46					
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables 50 and 51							les fo	or lin	es			
				n used Sch	hedule O to respond	d to any question in	this Part \	/				. 🗆
				· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,		<u> </u>			Yes	No
			zation engage i complete Sche		activities or have a	section 501(h) elec		_	tax	47	-	1
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											1
49a	Did the organization make any transfers to an exempt non-charitable related organization?											√
b If "Yes," was the related organization a section 527 or					ization?						1	
					five highest comper							
	employees) who each received more than \$100,000 of compensation from the organization. If there (a) Name and title of each employee pald more than \$100,000 (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health ben (ontributions to e benefit plans, and compensation (Forms W-2/1099-MISC)			alth benefits, ons to employee ns, and deferred	its, ployee (e) Estimated a eferred other compe			unt of				
N/A			1				-					
			<i>├⁄</i> }									
		$\overline{\mathcal{M}}$	(/ ` 									
					· · · · · · · · · · · · · · · · · · ·							
			of other employe	•		· · ·		-				
51	Comp	lete this	table for the o	rganization'	s five highest comp	ensated independe	nt contracto	ors who eact	rece	eived	more	than
	\$ 100,	UUU OT C	ompensation m	om the orga	nization. If there is no	one, enter "None."		1				
(a) N	Vame ar	d address	of each independent	t contractor pa	id more than \$100,000	(b) Type of s	ervice	(c) Compensation				
								 				
N/A						1						
			IA									
		\mathcal{N}	(<i>r</i> t]						
						4						
-												
						1						
d	Total	number d	of other indepen	dent contra	actors each receiving	over \$100,000						
			•		A? Note: All section 5	•	ns and 494	7(a)(1)				
					a completed Schedu	I - A			▶ 🔯	Yes		No
Under pe	nalties	of perjury, 1	declare that I have	examined this r	return, including accompar	lying schedules and state	ments, and to					it is
					officer) is based on all info							
•		\	O rega	Nyg	ina							
Sign	Signature of office					Date APR 13, 2				20	13	
Here	27/2001/1								. ,		<u> </u>	
			r print name and title	 	Proparer's sign sture		Date	<u> </u>	. 1 -	TIN'	_	
Paid	ł	Print/Type	preparer's name		Preparer's signature	i	Dale	Check	if	PTIN		
Prepa		Firm's no-			<u> </u>	L	Τ.	self-emplo	yeu			
Use C	חוע	Firm's nan						hone no.				
May the	e IRS			he preparer	shown above? See	instructions	1			Voc		No.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

201**2**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charltable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer Identification number

Fund for the Kilimanjaro Orphanage 27-1426-013 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(l) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(III) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col. (i) listed in your the organization in organization (described on lines 1-9 organization in col. support above or IRC section governing document? col. (I) of your (i) organized in the support? 1152 (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E) Total

	77 (1 0 1111 0 0 0 0 1 0 0 0 1 1 1 1 1 1 1							
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	on A. Public Support							
Calen	iar 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			2106	148,218	95,886	246,220	
	include any "unusual grants.")					, (
2	Tax revenues levied for the							
	organization's benefit and either paid			Ø	0	0	Θ	
	to or expended on its behalf							
3	The value of services or facilities			_			0	
	furnished by a governmental unit to the			0		0		
	organization without charge						2	
4	Total. Add lines 1 through 3			2106	148,218		246,220	
5	The portion of total contributions by		1					
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.		<u> </u>	L				
	on B. Total Support		1		1			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4			2106	148,218	95, 886	246,228	
8	Gross income from interest, dividends,							
	payments received on securities loans,		}		G	0	0	
	rents, royalties and income from similar			0				
_	sources							
9	Net income from unrelated business			_				
	activities, whether or not the business is regularly carried on			0	0	0	O	
40	o ,							
10	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part IV.)			0	0	0	0	
11	Total support. Add lines 7 through 10			 	<u> </u>		246,220	
12	Gross receipts from related activities, etc	(see instruction	One)			12	~ x 0, < 2 0	
13	First five years. If the Form 990 is for the						n 501(c)(3)	
	organization, check this box and stop he							
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2012 (line			1. column (fl)		14	%	
15	Public support percentage from 2011 Sch	• • • • • • • • • • • • • • • • • • • •	•	. ,,,		15		
16a	331/3% support test—2012. If the organiz							
	box and stop here. The organization qua					·		
b	331/3% support test-2011. If the organ	nization did no	ot check a box	x on line 13 o	r 16a, and line	15 is 33 ¹ /3%		
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported on	ganization .		. ▶ □	
17a	10%-facts-and-circumstances test—20	•			•			
	10% or more, and if the organization me							
	Part IV how the organization meets the "f			_	ation qualifies	as a publicly s		
	organization						. ▶ 🗆	
b	10%-facts-and-circumstances test—20							
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m					n qualities as a		
46							. • 🗖	
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and	S 00	

Part	III Support Schedule for Organiza						
	`(Complete only if you checked the	ne box on line	e 9 of Part I c	or if the organi	zation failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	11.)	
Secti	on A. Public Support						
Calen	dar 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.")		<u> </u>				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ſ			,		
	organization's tax-exempt purpose	/ /	\mathcal{N}				
3	Gross receipts from activities that are not an	7	K				
	unrelated trade or business under section 513	I . / \ /	1				
4	Tax revenues levied for the	70 1					
	organization's benefit and either paid	ļ f	ţ				
	to or expended on its behalf	i				'	
5	The value of services or facilities						
	furnished by a governmental unit to the					•	
	organization without charge	1				<u> </u>	
6	Total. 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	i		ł	}		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year)	ļ	J	J]	
c	Add lines 7a and 7b			Ţ			
8	Public support (Subtract line 7c from						
	line 6.)	ļ		ļ		i	
Secti	on B. Total Support						
Caler	dar 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,					1	
	royalties and income from similar sources .			<u> </u>			
b	Unrelated business taxable income (less				-		
	section 511 taxes) from businesses		$I \wedge$				
	acquired after June 30, 1975		141				
C	Add lines 10a and 10b		111				
11	Net income from unrelated business						
	activities not included in line 10b, whether	} //		1	1	ł	
	or not the business is regularly carned on				<u> </u>		
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1		1		1	
	(Explain in Part IV.)			<u> </u>			
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12.)	L		1	1	<u> </u>	
14	First five years. If the Form 990 is for the	_			· -		
	organization, check this box and stop he			<u> </u>		· · · · ·	· · > 🖸
	ion C. Computation of Public Suppo						
15	Public support percentage for 2012 (line		_			15	%
16	Public support percentage from 2011 Sc					16	%
	ion D. Computation of Investment In					1 4= 1	
17	Investment income percentage for 2012			-			<u>%</u>
18	Investment income percentage from 201		•			18	<u> </u>
19a	331/s% support tests—2012. If the organ						
_	17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organization						
b	331/a% support tests—2011. If the organi						
	line 18 is not more than 331/3%, check this		=	=		•	=
20	Private foundation. If the organization d	id not check a	box on line 14	4, 19a, or 19b,	cneck this box	and see instru	ctions 🕨 📋

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization	Employer Identification number
Fund for the Kilimanjaro Orphanage	27-1426-01 <i>3</i>
990 EZ #31	
A. Grants for 14,171 to construct newdorn fac	ilities oppresent
land.	•
B. Grants For Farm expenses. Wagrowour own ma	ize Nice, beans and
bananas. 8,312	
C. Grants for 6,970 for school expenses of non	resident orphansas
part of our community outreach program.	,
D. Grants for 3,197 to out fit and complete sip	harage computer
room	·
	······································
	·