

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_{Form} 990

SCANNED AUG 1

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)

0MB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2012 calc	endar year, or tax year beginning , 2012, and endir	19.		, 20		
В	Check if	applicables	C Name of organization Gary Educational Development Foundation		D Employ	er Identification (1	ımber	
	Addrese	change	Doing Business As			31 0894179		
	Name d	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ate	E Telepho	ne number	er	
	In tal rei	-	P.O. Box 641257			(219) 886-4902		
$\bar{\Box}$	Termina		City, town or post office, state, and ZIP code		1			
$\overline{\Box}$	Amende		Gary, IN 46401		G Gross re	scelpts \$	199,837	
$\overline{\Box}$		ion pending		Heat h th		for efficients? Yes		
_	•		P.O. Box 641257, Gary, IN 46401			cluded? Yes		
$\overline{}$	Tax-core	mpt status:	√ 501(c)(3) □ 501(c) () √ (Insert no.) □ 4947(a)(1) or □ 527			list. (see instructio		
j	Websik			Hiller Gro	up exemption	number >	N/A	
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of forma			of legal domictle:	IN	
	art I	Summ	<u> </u>	107				
	1		escribe the organization's mission or most significant activities:					
	1	-	le scholarships for college & technical training for the students of the City	of Gary Ind	iene			
ઠ	ı	io piova	is selicing in the college of teethnest walking for the state its or the old	<u>01 001 11 11 19</u>				
Activities & Governance								
ş	2	Check th	is box ▶☐ If the organization discontinued its operations or disposed	of more the	an 25% of	its net assets		
පි	3		of voting members of the governing body (Part VI, line 1a)		. 3	iw not assets.	24	
4	1 4		of independent voting members of the governing body (Part VI, line 1b)	• • •	. 4		21	
葦	5		The of individuals employed in calendar year 2012 (Part V, line 2a)	• • •	. 5			
₹			mber of volunteers (estimate if necessary)	-			2	
₹		Total nur	riodr of volumeers (estimate if riccessary)		. 6		0	
	7a	10tal um	related business revenue from Part VIII, column (C), the CEIVED	<u>ن</u> المراجعة	· 7a		0	
_	Ь	Net unre	lated business taxable income from Form 990-T, line 34	181-	. 7b		0	
	1 _	A	1	Stor		Current Ye		
9	8		tions and grants (Part VIII, line 1h)	181	73,610		<u>59,516</u>	
Ę	8	_	service revenue (Part VIII, line 2g) «	一点		.,		
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	7	435,677		<u> 158,169</u>	
_	11	Other rev	venue (Part VIII, column (A), lines 5, 8d, 8c, 9c 10c, and an EN					
	12	TOTAL TOTAL	endo—add lines o through 11 (thust equal rant vill-column (4), the 12)		509,287		<u>217,685</u>	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		96,500		109,539	
	14		paid to or for members (Part IX, column (A), line 4)					
3	15		other compansation, employee benefits (Part IX, column (A), lines 5-10) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21,350		20,773	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e) \ldots [·		
Ř	b		draising expenses (Part IX, column (D), line 25) ▶					
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,038		34,085	
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), tine 25) 👚 . 📗		150,888		164,396	
_	19	Revenue	less expenses. Subtract line 18 from line 12		358,399		53,298	
let Assets or and Balances	Ì			Beginning of (Ament Year	End of Ye	**	
軽	20	Total ass	sets (Part X, line 16) [4,088,024		,141,313	
零	21	Total liab	ilities (Part X, line 26)					
₹2	22_		ts or fund balances. Subtract line 21 from lune 20		4,088,024	4	L,151,313	
Pa	iri li	Signat	ture Block					
Un	der pene	ibes of perju	ry, I declare that I have examined this return, including accompanying schedules and state	menta, and to	the best of n	ny knowledge and	belief, it is	
tru	e, correc	t, and compl	lete. Declaration of preparer (other than officer) is based on all information of which preparet	rhas any knon	wiedge.			
	_		harried M. Hanlip		7-2	22-13	,	
Sig	חן	Sign	ature of officer		Cate			
He	re	\mathcal{L}	HARIUS M. HANEY /					
_		Тура	or print name and th'e	tive '	Direct	For		
Pa	id	Pr.nt/Ty	pe preparer's name Preparer's signature D	te /	Charle	PIN PIN		
		Virgi) S	lavage // /	7/17/2	3 Check [self-emp		-7847	
	epare			7 9 0	m's EIN ▶	314-00		
UB	e Onl	·y	oddress > 3203 B Hayshire Street, Laurel, MD 20724		none no.	(219) 801-52	25	
Mar	y the IF		s this return with the preparer shown above? (see instructions)		10 (10),		No No	
			effect & A.M. Martin and A. L. Martin an	b. 11282Y	<u></u>		90 (2012)	
						7 (4111)	F12)	

9-17

13

Form 99	0 (2012)	Page 2
Part		plishments
		e to any question in this Part III
1	Briefly describe the organization's mission:	
	To provide scholarships for college & technical train	ning for the students of the City of Gary, Indiana.
2	Did the amounting undertake any configuration	rogram services during the year which were not listed on the
~		· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedul	
3		ake significant changes in how it conducts, any program
•	services?	
	If "Yes," describe these changes on Schedule O.	- -
		complishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organithe total expenses, and revenue, if any, for each	izations are required to report the amount of grants and allocations to others,
48	(Code: 501(c)(3)) (Expenses \$ 164,396	including grants of \$ 109,539) (Revenue \$ 217,685)
	The Gary Educational Development Foundation pro Gary, IN.	ovides scholarships for college & technical training for the students of the City of

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

	***************************************	***************************************
	••••	

	* * * * * * * * * * * * * * * * * * *)
		1000
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

	***************************************	•

	***************************************	***************************************
	, do no a 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	***************************************
	Other program services (Describe in Schedute O.)	
	(Expenses \$ including grants of \$	
40	Total program service expenses ▶	164,396

Part	V Checklist of Required Schedules			
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
8	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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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	111		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	The are different transferring to the property of agents outside of the officed States?	148		√
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>·</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		<u>✓</u>
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	\dashv	<u>*</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200		*
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		了

Part	Checklist of Required Schedules (continued)			
24	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	_	Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part DX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		/
24a		-		ا
	\$100,000 as of the 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		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
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		1
b	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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		*
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	31		1
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		1
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		<u>·</u> ✓
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	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	35b		1
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.	38		1
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,			
38	Part VI	37		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	,	
			990	(2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
	Crieck is screedule of contains a response to any question in this Part V		Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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 gaming (gambling) winnings to prize winners?	10	1	
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 2a 2	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	1	1
_	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?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		7
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Yes," enter the name of the foreign country: ▶	70		Ť
•	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?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	56 56		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		* /
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	oc		-
•	organization solicit any contributions that were not tax deductible as charitable contributions?	.		,
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>6a</u>		✓
_	gifts were not tax deductible?	_		1
7	Organizations that may receive deductible contributions under section 170(c).	6b		_
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 1		
•	and services provided to the payor?			,
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	/
•	required to file Form 8282?			,
-4		7c		1
đ o	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		√
8 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Į		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	1	
•	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations mainteining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		✓
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	i		
	Gross income from members or shareholders	l		
	acalmet amazumta dua an acadus d'Escrittura I			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	48-	ļ	
ь	transfer many states that the state of the s	12a		✓
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	- 1	
	Is the organization licensed to issue qualified health plans in more than one state?	40		_
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		✓
ь	Enter the amount of reserves the organization is required to maintain by the states in which	J	- 1	
	the approximation is licensed to income sufficient backs at the state of the state	- 1		
	130			
	100		\dashv	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	í	✓

Part	Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule				
	Check if Schedule O contains a response to any question in this Part VI) U. 38	e ac	wucu	POPAS.
Secti	on A. Governing Body and Management	<u></u>	<u>· · · · · · · · · · · · · · · · · · · </u>	• •	<u>. </u>
				Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a	20			
	If there are material differences in voting rights among members of the governing body, or				Į.
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
Þ	Enter the number of voting members included in line 1a, above, who are independent . 1b	o			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			ł
	any other officer, director, trustee, or key employee?	.	2		 ✓
3	Did the organization delegate control over management duties customarily performed by or under the d	rect			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 1	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 「	5		1
6	Did the organization have members or stockholders?	.	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint			
	one or more members of the governing body?	.]	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers, T			
	stockholders, or persons other than the governing body?	. 1	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken du				\vdash
	the year by the following:				
а	The governing body?	.	8a	1	ļ
Ь	Each committee with authority to act on behalf of the governing body?	-	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache			<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.	9		1
Secti	on B. Policies (This Section B requests Information about policies not required by the Internal F	evenu	e C	ode.)
				Yes	$\overline{}$
10a	Did the organization have local chapters, branches, or affiliates?	. F	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ers,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes		10b		ł
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		118	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				—
128	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 1.	12a	1	Ì
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conff	cts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				<u> </u>
	describe in Schedule O how this was done		12c		1
13	Did the organization have a written whistleblower policy?	. [13	1	
14	Did the organization have a written document retention and destruction policy?	. r	14	1	
15	Did the process for determining compensation of the following persons include a review and approval			<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17			
a	The organization's CEO, Executive Director, or top management official	. 4	15a	1	ĺ
b	Other officers or key employees of the organization	_	15b	7	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· F			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent	į		ĺ
	with a taxable entity during the year?		16a		1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ts F			Ť
	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?	1	166		
Section	on C. Disclosure		,		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	ection !	5016	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, com	lict of	inter	est n	olicv
	and financial statements available to the public during the tax year.			~~• P	
20	State the name, physical address, and telephone number of the person who possesses the books and rec	ords of	f the		
	organization: Charlus Haney, 920 East Avenue, Gary, Indiana, 46407, (219) 881-1599	_,			

0	_	7
Pac	-	

Fam	990	<i>(</i> 2012)

· • · · · · · · · · · · · · · · · · · ·		-
Part V	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ET)
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ınsa	ited any currer	t officer, directo	r, or trustee.
(C)										
(A)	(P)	(B) Position						(D)	(E)	(F)
Name and Title	Average	Took, alless person is boat air (Reportable	Estimated
	hours per week (list any	officer and a director/trustee)					<u> </u>	compensation from	compensation from related	amount of other
	hours for		SE	Officer	Key employee	불	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ğ	3	§ ₹	3	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	9	를		ş	°§	l	1		and related organizations
	N/O/	8	SZ.	1	8	3				organizations
			8			Highest compensated employee			ļ	
41 a										
(1) Charius Haney Director	40			1		į	1	0.000		
(2) Finnetta Billingsley	40	 		-	\vdash			8,300		
Administrator		1		l			ı	9.400	1	
(3) Dr. Myrtle V. Campbell	2	_		├─		-	┢	8,400		
Board Member	 							ì	ĺ	
(4) Scott Casbon	2									-
Board Member	† <u>-</u>		j) ,			i		
(5) Barbara Cope	2									
Board Member	1									
(5) Gregory Fleming	2									
Board Member										
(7) Frederick Ford	2									
Board Member	L						_			
(8) Clifton Gooden	22									
Board Member	<u></u>						L_			
(9) Edmund Gunn	Z									
Board Member	 		Ш							
(10) Neilie F. Moore	2							į		
Board Member	ł	-					_			
(11) Marnon Powers, Jr.	2							i		
Board Member (12) Alesia Y. Pritchett	 		-		Ш		-			
Board Member	2		1	Ì				ļ	ļ	
(13) Dr. Cheryl L Pruitt			Н	-	\vdash		 			
Board Member	2									
(14) Dr. Hilda Richards	2		Н		\vdash	<u> </u>	H			
Board Member	ţ <u>-</u>						ŀ			
Ever a maintel								<u> </u>		<u> </u>

Part VII Section A. Officers, Directors, Trust (A) Name and title		(B) Average hours per week (list any	(do n	not ch unles er and	Pos neck ss pe d a d	c) ition mon irson irect	e than e	one an tee)	(D) Reportable compensation from	(E) Reportation	ole in from	Est	stimated unount of other	
	hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	comp fro orga and	ensation m the nization related nization	,	
	igenia Sacopulos	2				Γ								
	Member elphia Shelton	2		\vdash	├	\vdash	-	┢			- -			
	Member	† -		Ι.		l	1	ľ	į					
	ffrey Hughes	2				Г								
Board	Member		<u> </u>		_									
	vette trons-Johnson	2	ł	l	[ļ.						
	Member	 <u>-</u>	 	├-	-	├			 					
3	n McFadden Member	<u>2</u>	ĺ					i	ł					
	ester Stephens	2		-	✝	┢	-	-			_			
	Member	-	1	İ			1		i					
(21) N	kita R. White	2							1					
Board	Member	ļ	 		L	L_	<u> </u>	L_						
	. Marion Williams	2	ļ		1		ļ							
Board Member		2	 	├	├	┝		-						
(23) Joe Zimmerman Board Member]			l						
				\vdash		_			<u> </u>					
					_	L								
(25)	***************************************	}							Ì					
1b	Sub-total	<u> </u>	<u> </u>			Щ.	L	┢	 		 -			
C	Total from continuation sheets to Part							>	16,700					
<u>d</u>	Total (add lines 1b and 1c)	<u></u>	<u> </u>					▶	16,700					
2	Total number of individuals (including but reportable compensation from the organi		to th	980	list	ted :	above	e) w	ho received m	ore than \$1	00,000	of 		
3	Did the organization list any former of	ficer, direc	tor. c	r tr	usti	AA.	kav a	mn	lovee or high	est compe	neated		Yes	No
	employee on line 1a? If "Yes," complete s	Schedule J	for sa	.ch	indi	~~, Midit	ual Jai	-		-		3		1
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (CON	npei	nsatio	n a	nd other comp	ensation f	om the			
	individual	Secure as						·,				4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or Inc	divid ual	5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.	compensation compe	ed inc nsatio	depe	end or th	ent 1e c	contra	acto ar y	ors that receive ear ending wit	d more than	in \$100, the orga	000 of	on's te	ax
	W	 -							(B)			(C)		
	Name and business add	ress						_	Description of s	Brv.ces	C	ompens	aton	
				_										
2	Total number of independent contractor	rs (includir	na hii	t n	ot I	imit	ed to	th	nsa listad ah	ove) who				
	received more than \$100,000 of compens								#3100 db(

Par	t VIII	Statement of Revenue		ion in this Post \	en.		
		Check if Schedule O contains a response to any	quest	Total revenue	Retated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from text under sections 512, 513, or 514
春春	18	Federated campaigns 1a					1
	Ь	Membership dues 1b				:	
å å	C	Fundraising events 1c					1
E E	d	Related organizations 1d					
g E	е	Government grants (contributions) 1e					
\$ E	f	All other contributions, grits, grants,	ı	ł]
喜養	1		9,516	\			1
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in tines 1a-1f: \$					
	h	Total. Add lines 1a-1f	-	59,516			
ã.				Ì]
\$	20	611710	-				
8	b						<u> </u>
Ž	4		\rightarrow				
Ø.			+				
Program Service Revenue	1	All other program service revenue.		-			
£	9	Total. Add lines 2a-2f	>	0			
	3	investment income (including dividends, inter					
	1	and other similar amounts)	L	158,169	158,169		
	4	Income from investment of tax-exempt bond proceed	s▶				
	5	Royalties					
	١.	(i) Real (ii) Person	a)	İ			
	6a	Gross rents .					}
	b	Less: rental expenses					
	d	Rental income or (loss) Net rental income or (loss)					li .
	7a	Gross amount from sales of (i) Securities (ii) Other					
]	assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses .	1				
	C	Gain or (loss)		Į			ĺ
	d	Net gain or (loss)	•				
ther Revenue	8a	Gross Income from fundraising events (not Including \$ of contributions reported on line 1c).					
<u> </u>	ļ	See Part IV, line 18 a	- 1	1			ŀ
Æ	ь		\neg	i i			1
	C	Net income or (loss) from fundraising events .	•	Į.			
	9a	Gross income from garning activities.					
		See Part IV, fine 19		1			
		Less: direct expenses b		İ	ļ		
		Net income or (loss) from garning activities					
	10a	Gross sales of inventory, less returns and allowances a					
	ь	Less: cost of goods sold b	$\neg \neg$				
			ightharpoonup	ì			ì
		Miscellaneous Revenue Business C	ode				
	118						
	b						
	C						
,	đ	All other revenue					
1		Total Add lines 11a-11d					<u> </u>
	12_	Total revenue. See instructions		217,685	158,169		L

Part IX Statement of Functional Expenses Continue 504(4/2) and 504(4/4) are instituted and complete of continue 504(4/2) and 504(4/4) are instituted and complete of continue 504(4/2) and								
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								
	t include amounts reported on lines 6b, 7b,	Se to any question to (A) Total expenses	(B) Program service	(C) Management and	(57) Fundraising			
	o, and 10b of Part VIII.		expenses	general expenses	expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, Ine 21	109,539	109,539					
2	Grants and other assistance to individuals in	109,333	109,335					
	the United States. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				_			
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	16,700		16,700				
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)	T						
9	Other employee benefits							
10	Payroll taxes	4,073		4,072				
11	Fees for services (non-employees):							
8	Management							
Ь	Legal							
C	Accounting	7,950		7,950				
d	Lobbying							
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	22,122	22,122					
8	Other. (If line 11g amount exceeds 10% of line 25, column	22,122	22,122		 			
40	(A) amount, list line 11g expenses on Schedule O.)							
12 13	Advertising and promotion							
14	Information technology	3,843	3,843					
15	Royalties				· ···· ···			
16	Occupancy							
17	Travel	170	170					
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings							
21	Interest							
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		-	İ				
	(A) amount, list line 24e expenses on Schedule O.)							
8								
b								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	164,396	135,674	28722				
26	Joint costs. Complete this kne only if the	.04,030	100,074	20122				
	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)							

Р	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part >	(🛘
			(A) Beginning of year		(55) End of year
	1	Cash—non-interest-bearing	215,569	1	37,243
	2	Savings and temporary cash investments	392,033	2	580,097
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	1	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		1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(8) voluntary employees' beneficiary			
Ş		organizations (see instructions). Complete Part II of Schedule L		6	
Asserts	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			
		Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	3,480,423		3,523,973
	12	Investments—other securities. See Part IV, line 11		12	
	13	investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,088,024	18	4,141,313
	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	
8	22	Loans and other payables to current and former officers, directors,		21	
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	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 flabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
88		complete lines 27 through 29, and lines 33 and 34.			
를	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets	4,088,024	28	4,141,313
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balano		Organizations that do not follow SFAS 117 (ASC 968), check here ▶ □ and			
5		complete lines 30 through 34.			
용	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
긓	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	4,088,024		4,141,313
	34	Total liabilities and net assets/fund balances	4,088,024	34	4,141,313

om v	(2012)				Pa	ge 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u>		<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21	7,685
2	Total expenses (must equal Part IX, column (A), line 25)	2			16	4,396
3	Revenue less expenses. Subtract line 2 from line 1	3			5	3,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			4,08	8,024
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	8				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			4,14	1,313
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	- 1	1	
	Schedule O.		- [i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			≥a]	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (or 🗀			
	reviewed on a separate basis, consolidated basis, or both:				ì	
	Separate basis Consolidated basis Doth consolidated and separate basis				- }	
ь	Were the organization's financial statements audited by an independent accountant?		. 2	ab l	Ì	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:				j	
	Separate basis Consolidated basis Both consolidated and separate basis		1		ĺ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig!	nt	- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant'	} 2	2C	- 1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🗀			
	Schedule O.				-	
3a	the management of a second control of the control o	forth i	in			
	the Single Audit Act and OMB Circular A-133?		. 3	la l		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ie	_	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3	b		
				Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4047(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification run

Gary Educational Development Foundation 31-0894179 Part 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)(l). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 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). 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). 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. 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). 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, 2008, 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 No Yes 11g(i) (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? 119(19) Provide the following information about the supported organization(s). (i) Name of supported (A) EIN (hr) is the organization in col. (i) issted in your GiB Type of prognization (v) Did you notify the organization in (vi) is the (vii) Amount of monetary organization (described on lines 1-9) omanization in col governing docum col (1) of your (i) organized in the U.S.? above or IRC section support? (see instructions!) Yes No Yes No Yes 5 A (B) (C) (D) (E) Total

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	ion A. Public Support						
	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 include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						<u> </u>
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)						
	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				ļ		
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her		<u> </u>	<u> </u>	· · · · ·	· · · · ·	· · · > 🖸
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2011 Sci 331-5% support test—2012. If the organization qual	zation did not	check the box	on line 13, and		3% or more, c	
þ	box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test2012. 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	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						and line top here. a publicly
18	Private foundation. If the organization de	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box end	589

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.)

	if the organization rais to quality	Under the tes	ols iisled bek	w, piease co	implete Part I	1.)	
	ion A. Public Support	4.3.0000			40004	4 3 2 2 2 2	
_	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		1				
_	received. (Do not include any "unusual grants.")	70,783	105,298	206,169	73,610	59,516	515,374
2	Gross receipts from admissions, merchandise		i	1		•	
	sold or services performed, or facilities furnished in any activity that is related to the			l	[Į	
	organization's tax-exempt purpose			ľ	i	į.	
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513		Ş	ľ	ſ		
							
•	Tax revenues levied for the		Į.	ţ	į.		
	organization's benefit and either paid	i		ŀ			
	to or expended on its behalf						
5	The value of services or facilities	1	1	1	ŀ	1	
	furnished by a governmental unit to the	1					
	organization without charge	1	,	1	}		
6	Total. Add lines 1 through 5	70,783	105,298	206,169	73,610	59,518	515,374
-	Amounts included on lines 1, 2, and 3	79,705	100,200	200,100	73,010	33,310	0.0,574
• • •	received from disqualified persons .	}	i			l	
	, ,						
þ	Amounts included on lines 2 and 3	1		Y	ł	}	
	received from other than disqualified	Ī	1				
	persons that exceed the greater of \$5,000	į			{		
	or 1% of the amount on line 13 for the year			[
C	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	line 6.)			ł			515,374
Sect	on B. Total Support		······································	L			313,374
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
-		70,783	105,296	206,169	73,610	59,516	515,374
10a				Į.		1	
	payments received on securities loans, rents,	1		ì	į	į	
	royalties and income from similar sources .	129,907	112,228	108,038	435,377	158,169	943,719
b	Unrelated business taxable income (less	į				Ţ	_
	section 511 taxes) from businesses			i i			
	acquired after June 30, 1975	i				i	
C	Add lines 10a and 10b	129,907	112,228	108,038	435,377	158,169	943,719
11	Net income from unrelated business	120,007	112,220	100,030	433,311	130,103	843,713
••	activities not included in line 10b, whether	ď	1	1	ļ	1	
	or not the business is regularly carried on	ľ			1	1	
	~ · · · · · · · · · · · · · · · · · · ·						
12	Other income. Do not include gain or		j		ļ		
	loss from the sale of capital assets	1	1	1		1	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	200,690	217,524	314,207	508.987	217,685	1,459,093
14	First five years. If the Form 990 is for the	e organization	s first, second	d, third, fourth,	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her				•		
Secti	on C. Computation of Public Support			-			
15	Public support percentage for 2012 (line 8			3 column (A)		15	35 %
16	Public support percentage from 2011 Sch	ectule A Part I	li line 15			16	
	on D. Computation of investment inc				· · · · · · · · · · · · · · · · · · · 	1 19	35 %
17	Investment income percentage for 2012 (ding 12 and	/A\	1491	
	Importment income percentage for 2012 (i	Company to A	ii (i) aividea b)	7 IINE 13, COLUIT	m(17)	17	65 %
18	Investment income percentage from 2011 Schedule A, Part III, line 17						
19a	SUPPORT TESTS—2012. If the organic	zation did not	check the box	on line 14, an	diane 15 is mo	ore than 331/390	-
	17 is not more than 331,2%, check this box a						
b	331n% support tests-2011. If the organiza	ation did not ch	eck a box on l	ine 14 or line 11	Ba, and line 16	is more than 30	31a%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						
							

Schedule A (F	Farm 980 or 990-EZ) 2012	Page 4
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).	
•		
•••••		
		•
••		

		•••••

	······································	
***************************************	······································	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 980 or 980-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification numb

GARY EDUCATIONAL DEVELOPMENT FOUNDATION	31-0894179				
	······································				
The Board of Directors determine the compensation of all employees of the organization.					
Our Financial Statements are available to the public for review upon request.					
Our Titalical Statements are available to the patric life forew aportinguest.					
The Treasurer of the Board of Directors shares all financial information with the Board of Directors for	Approval.				
•					
•••••••••••••••••••••••••••••••••••••••	······································				
,					
,					