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## Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

2012

Open to Public Inspection

Comparison   Description   D	Α	For th	e 2012 calendar year, or tax year beginning an	d ending					
SELFLOW SPRINGS DHARMS (CENTER)   Description   Descript	В	Check i	C Name of organization		D Employer identifi	cation number			
During Bunness As   Sumble and street (or P.O. box if mails and delivered to street address)   Room/Suite   E Telephone number   So 2 LIVERMORE ST   So 3.7-767-9919   So 2.7-767-9919   So 3.7-767-9919   So 2.7-767-9919   So 2	F	Addr	YELLOW SPRINGS DHARMA CENTER		<b>\</b>				
Room/Subs   E Telephone number   937-767-9919   9	Ī	Nam			31-1	382773			
State   Stat	Ĭ	Initia		Room/suite					
Coty, town, or post office, state, and 2IP code   So, 1992   So, 1992   Flame and address of principal officer. KATHY ROBERTSON   Flame and address of principal officer. KATHY ROBERTSON   Flame and address of principal officer. KATHY ROBERTSON   Hop Are all affiliates include?   Yes   No ASAKE AS C ABOVE   Hop Are all affiliates include?   Yes   No Roberts   Solitical   Flame and address of principal officer. KATHY ROBERTSON   Hop Are all affiliates include?   Yes   No Roberts   The Association   Solitical   Hop Are and address of principal officer. KATHY ROBERTSON   Hop Are all affiliates include?   Yes   No Roberts   Hop Are and formation   H	ĮΓ	Term	1 '	1100111700110	1 '				
Stallow Springs   Vallow Springs   Other   Stall   Springs   Stallow   Springs   Springs   Stallow   St	Ē	Ame		- <del> </del>					
Name and address of principal officer. KATHY ROBERTSON   SAME AS C ABOVE   Tax-exempts status.   X 5016(3)   5016()   4 (insert no)   4547(a)(1) or   527   (if No, *tall atfinites included?*   Ves.   No   No   No   No   No   No   No   N	Ē	Appl	1						
SAME AS C ABOVE   Tax exempt status	-	pend							
Taxewement status					Ī				
Website:   WWW.YSDHARMA_ORG   Hrigh Group exemption number	ī	Tax-ex		) or 527	7 ''				
Part   Summary	_			70 02.	1 '	•			
Benefity describe the organization's mission or most significant activities TO PROVIDE RESOURCES TO FURTHER   THE UNDERSTANDING OF BUDDHISM AND MEDITATION				I Year					
Binefly describe the organization's mission or most significant activities: TO PROVIDE RESOURCES TO FURTHER THE UNDERSTANDING OF BUDDHISM AND MEDITATION   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets   Number of voting members of the governing body (Part VI, Ine 1a)   3   9   9   9   9   9   9   9   9   9				1,42,1041	0.10111ation: 23 3 0 1	ar otato of logal contions. Ozz			
THE UNDERSTANDING OF BUDDHISM AND MEDITATION  Check this box		7-		PROVIDE	RESOURCES	TO FURTHER			
Total number of individuals employed in calendar year 2012 (Part V, line 2a)   5	2	2	·						
Total number of volunteers (estimate of necessary)   5	5	2			than 25% of its net as	ssets			
Total number of volunteers (estimate of necessary)   5	Ş	3	- · · · · · · · · · · · · · · · · · · ·			1			
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  6 Total unmer of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7a 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 25)  16 Total expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  11 Total assets (Part X, line 16)  12 Total assets (Part X, line 26)  13 Total assets of fund balances. Subtract line 18 from line 12  14 Donna			Number of independent voting members of the governing body (Part VI, line 1b)		4				
6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 b O.  8 Contributions and grants (Part VIII, Line 1th) 9 Program service revenue (Part VIII, Line 2g) 10 Investment income (Part VIII, Line 2g) 11 Other revenue (Part VIII, Column (A), Lines 3, 4, and 7d) 11 Other revenue (Part VIII, Column (A), Lines 5, 6d, 6c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), Line 12) 13 Grants and similar amounts paid (Part IX, column (A), Lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), Lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), Lines 5-10) 16 Professional fundraising fees (Part IX, column (A), Lines 1-14) 17 Other expenses (Part IX, column (A), Lines 1-14, 11f.24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, Line 25) 19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, Line 16) 10 Total assets (Part X, Line 16) 10 Total assets (Part X, Line 16) 10 Total liabilities (Part X, Line 26) 11 Total liabilities (Part X, Line 26) 12 Total liabilities (Part X, Line 26) 13 Grants and omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any 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.  10 Primi's add esses (Part X Line 25) 11 Primi's add esses (Part X Line 25) 12 Primi's add esses (Part X Line 25) 13 Primi's add esses (Part X Line 25) 14 Primi's add esses (Pa	ď	5 5			5	0			
Section   Sect	ij	6			6	35			
Section   Sect	į	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a				
8   Contributions and grants (Part VIII, line 1h)   23,353.   19,897.	٧	ь р	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5-10) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Net assets or fund balances. Subtract line 21 from line 20 10 Total assets (Part X, line 16) 10 Total fundraising fees (Part IX, column (A), lines 25) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 12 Total assets (Part X, line 16) 13 Total assets (Part X, line 16) 14 Total liabilities (Part X, line 26) 15 January (January House) 16 Prepartile Signature of officer 17 Total liabilities (Part X, line 26) 16 Prepartile Signature of officer 18 January (January House) 19 Revenue less expenses. Subtract line 21 from line 20 10 January (January House) 10 January (January House) 10 January (January House) 11 January (January House) 12 January (January House) 12 January (January House) 13 January (January House) 14 May 20/3 15 January (January House) 15 January (January House) 16 January (January House) 17 January (January House) 18 January (January House) 19 Revenue less expenses (January (January House) 20 January (Janu	_				Prior Year	Current Year			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1:3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), lines 11e)  17 Other expenses (Part IX, column (D), line 25)  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  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.  20 Porma   Part   Prim's name   MTCASTLE   INC CPA   Prim's address   683 MIAMTSBURG-CENT RIDSTE 203   Phone no (937) 438-9292	ø	, в	Contributions and grants (Part VIII, line 1h)		23,353.	19,897.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1:3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), lines 11e)  17 Other expenses (Part IX, column (D), line 25)  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  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.  20 Porma   Part   Prim's name   MTCASTLE   INC CPA   Prim's address   683 MIAMTSBURG-CENT RIDSTE 203   Phone no (937) 438-9292	Ę	9	Program service revenue (Part VIII, line 2g)			26,401.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1:3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), lines 11e)  17 Other expenses (Part IX, column (D), line 25)  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  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.  20 Porma   Part   Prim's name   MTCASTLE   INC CPA   Prim's address   683 MIAMTSBURG-CENT RIDSTE 203   Phone no (937) 438-9292	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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.  Print/Type preparer's name DOROTHY L MTCASTLE Print's EIN Signature Print's address MAMISBURG-CENT RD STE 203 DAYTON, OH 45459 Phone no (937) 438-9292	<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,980.	<u> &lt;145.</u>			
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Net assets or fund balances. Subtract line 21 from line 20  24 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.  Print/Type preparer's name  Preparer  Print/Type preparer's name  Proporty L MTCASTLE  Print Saidress 683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 15)  18 Total fundraising expenses (Part IX, column (A), lines 15)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.  Primi's address 683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line-25), 36, 837. 37, 899. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 36, 837. 37, 899.  Beginning of Current Year End of Year Firm's name of Perparer's signature Block  Date  Preparer's signature of officer  Preparer's signature for officer for officer for officer  Preparer firm's name MTCASTLE INC CPA  Firm's address 683 MIAMISBURG-CENT RD STE 203  Profession for officer for officer  Preparer for officer for		14	Benefits paid to or for members (Part IX, column (A), line 4)						
Total expenses (Part X, column (A), filine 25, 36,837. 37,899.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), filine 25, 36,837. 37,899.  19 Revenue less expenses. Subtract line 18 from line 12	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·					
17 Other expenses (Part X, column (A), line 11a-11d, Thi-2ep.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), filine 25), 36, 837.  19 Revenue less expenses. Subtract line 18 from line 12	ŠUŠ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Total expenses (Part X, column (A), filine 25, 36,837. 37,899.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), filine 25, 36,837. 37,899.  19 Revenue less expenses. Subtract line 18 from line 12	ă	b	• • • • • • • • • • • • • • • • • • • •	<u> </u>					
19 Revenue less expenses. Subtract line 18 from line 12    19   Revenue less expenses. Subtract line 18 from line 12	ш	17							
Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  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  Print/Type preparer's name  Preparer's signature  Donothy L MTCASTLE  Firm's name MTCASTLE INC CPA  Firm's address 683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937) 438-9292		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), (line-25),	1700 CO.		37,899.			
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  Berman  Date  Print/Type preparer's name  Preparer  Preparer  Firm's name  MTCASTLE  DOROTHY L MTCASTLE  Preparer  Use Only  Firm's address  683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292		19	Revenue less expenses. Subtract line 18 from line 12						
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  Berman  Date  Print/Type preparer's name  Preparer  Preparer  Firm's name  MTCASTLE  DOROTHY L MTCASTLE  Preparer  Use Only  Firm's address  683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292	200	2		Bei					
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  Berman  Date  Print/Type preparer's name  Preparer  Preparer  Firm's name  MTCASTLE  DOROTHY L MTCASTLE  Preparer  Use Only  Firm's address  683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292	Sset	20	Total assets (Part X, line 16)	112 1/21					
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  Berman  Date  Print/Type preparer's name  Preparer  Preparer  Firm's name  MTCASTLE  DOROTHY L MTCASTLE  Preparer  Use Only  Firm's address  683 MIAMISBURG-CENT RD STE 203  DAYTON, OH 45459  Phone no (937)438-9292	et A	21	Total liabilities (Part X, line 26)	1077					
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    Doma   Denman   May Dol'3	\ <u>\</u>	22	Net assets or fund balances. Subtract line 21 from line 20	<u>'D'</u>	187,573.	196,034.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign				1 1					
Sign Here    Donna   Denman   14 May Dol3			· · · · ·			y knowledge and belief, it is			
Sign   Signature of officer   Date    Here   Dona   Denman   Treasurer    Type or print name and title   Preparer's signature   Date    Print/Type preparer's name   Preparer's signature   Date    Preparer   Dorothy L MTCASTLE   Date   Date    Preparer   Firm's name   MTCASTLE   Date   Date    Preparer   Firm's name   MTCASTLE   Date   Date    Print/Type preparer's name   Date   Date    Print/Type preparer's name   Preparer's signature   Date    Print/Type preparer's name   Date   Date   Date   Date    Print/Type preparer's name   Date   Date   Date    Print/Type preparer's name   Date   Date   Date   Date    Print/Type preparer's name   Date   Date   Date   Date   Date   Date    Print/Type preparer's name   Date	true	e, corre		vinch preparei		10 n n n n			
Here Type or print name and title  Print/Type preparer's name Preparer  Preparer  Preparer's signatur  Preparer's signatur  Print/Type preparer's name Preparer  Print/Type preparer's name  Preparer's signatur  Print/Type preparer's name  Preparer's signatur  Print/Type preparer's name  Preparer's signatur  Print/S paid  Print/S name  Print/S paid  Print/S name  Print/S elln  All 1384126  Print/S address  683 MIAMISBURG-CENT RD STE 203  Phone no (937) 438-9292						1ay 2013			
Type or print name and title  Print/Type preparer's name  Preparer   Print/Type preparer's name   Preparer's signature   Date   Date   Date   Doctor   Docto				Cha					
Print/Type preparer's name  Proparer   Print/Type preparer's name  Preparer   Print/Type preparer's name  Preparer   DOROTHY L MTCASTLE   DOROTHY L MTCASTLE	,не :	re	Type or print name and title	CSUY	<u> </u>	<del></del>			
Preparer   Firm's name   MTCASTLE   Durty   DOING   DO	<u>}</u> —-				ate Check	PTIN			
Preparer Firm's name MTCASTLE INC CPA Firm's EIN 31-1384126 Use Only Firm's address 683 MIAMISBURG-CENT RD STE 203 DAYTON, OH 45459 Phone no (937)438-9292	ĕ ≩P∍i	d		1.18	,	- <b>-</b> -			
Use Only Firm's address 683 MIAMISBURG-CENT RD STE 203 DAYTON, OH 45459 Phone no (937)438-9292	-			, 0					
DAYTON, OH 45459   Phone no (937)438-9292	2				111113411	<u> </u>			
		y			Phone no /	937)438-9292			
	 Ма	v the II			Ti nono no A	X Yes No			

Form 990 (2012)

It is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)?  If Yes, "complete Schedule 0, Schedule 6, Schedule of Contributors?  2 Is the organization required to complete Schedule 6, Schedule of Contributors?  3 Did the organization regord in direct or indirect profitoset campaign activities, or have a section 501(ii) election in effect during the tax year? If Yes, "complete Schedule 0, Part II  Section 501(c)(3) organizations. Did the organization regorde in lobbying activities, or have a section 501(ii) election in effect during the tax year? If Yes, "complete Schedule 0, Part II  Be the organization as defined in Reviewe Profescules 91-91 If Yes," complete Schedule 0, Part II  Did the organization analytic or investment of amounts in such finate or accounts? If Yes," complete Schedule 0, Part II  Did the organization mantain any donor advised funds or any similar funds or accounts? If Yes," complete Schedule 0, Part II  Did the organization receive or hold a conservation essentent, including assemines to preserve open space.  The environment, historic facilities area, in historic structures of Yes," complete Schedule 0, Part II  Did the organization integer and anount in Part X, line 21, for ecorour or cutefodal account liability, serve as a custodian for amounts a state of Part X or provide credit countiesing, dibt management, credit repair, or debt negotiation services?  If Yes, "complete Schedule 0, Part IV  Did the organization report an amount for Ind, buildings, and equipment in Part X, line 10° If Yes, "complete Schedule 0, Part VII  Did the organization report an amount for investments - other securities in Part X, line 10° If Yes, "complete Schedule 0, Part XII  Did the organization report an amount for other liabilities in Part X, line 10° If Yes, "complete Schedule 0, Part XII  Did the organization report an amount for other liabilities in Part X, line 10° If Yes, "complete Schedule 0, Part XII  Did the organization report an amount for other liabilitie				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors Did the organization engage in errice or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule 0, Part II Section 501(k)(3) organizations. Did the organization engage in liabbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule 0, Part II If the organization as defined in Revenue Procedure 39-17 If "Yes," complete Schedule 0, Part II If the organization maintain any donor advised funds or any similar funds or accounts of "Yes," complete Schedule 0, Part II If the organization maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule 0, Part II If the organization maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule 0, Part II If the organization maintain collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule 0, Part II If the organization maintain collections of works of art, historical freasures, or other similar assess? If "Yes," complete Schedule 0, Part II If the organization is part of an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such talled in Part X, or provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule 0, Part IV If the organization is part of an amount for land, buildings, and equipment in Part X, line 10 that is 59 or more of dis total assets reported in Part X, line 10 th yes," complete Schedule 0, Part VII If the organization report an amount for investments - other securities in Part X, line 12 that is 59 or more of dis total assets reported in Part X, line 10 th yes," complete Schedule 0, Part VII If the organization report an amount for investments - other securities in Part X, line 10 that is 59 or more of dis total assets reported i	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  14b X  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  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  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		·	14a		<u>X</u>
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	4-		16		
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1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  18	10		11	-	**
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X			10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
				$\dashv$	
	~			990 ß	2012)

Form 990 (2012) YELLOW SPRINGS DHARMA CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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 through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		į	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	i	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		Į	
	If "Yes," complete Schedule N, Part I	31	]	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ĺ	ĺ	
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	T		
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990 (	20121

Pa	Check if Schedule O contains a response to any question in this Part V			
			Yes	_ <u></u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1168	No
b		- 0		
c		<b>–</b>		
	(gambling) winnings to prize winners?	. 1c		
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	ol		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b		
4a	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	If "Yes," enter the name of the foreign country	_		l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	↓	X
b		5b	<u> </u>	X
		5c		<del> </del>
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	۱.,		
7		6b		-
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paying	012 70		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	or? <u>7a</u> 7b	<del> </del>	Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		x
d	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <u>7h</u>		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del></del>	
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
1	Section 501(c)(12) organizations. Enter.	-		į
	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
_	amounts due or received from them)		i	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b_	000	
		Form	990 (	,2012)

YELLOW SPRINGS DHARMA Form 990 (2012) 31-1382773 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request \_\_ Own website Another's website 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

OH

45387

<u>DONNA DENMAN - 937-767-7877</u>

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YELLOW SPRINGS

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#### YELLOW SPRINGS DHARMA CENTER

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Page 7

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.

X Check this box if neither the organization (A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an				one	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
-	week (list any hours for related organizations below line)	stee or director	cer ar	id a c	irecto	Highest compensated highest compensated employee	itee)	from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KATHY ROBERTSON	1.00			ĺ			İ			
CHAIR		<u> </u>					_	0.	0.	0.
(2) DIANEAH WANICEK	4.00	1	ļ			ļ		_	_	_
STATUTORY AGENT		_			ļ	<u> </u>	ļ	0.	0.	0.
(3) DONNA DENMAN	6.00	-							_	_
TREASURER								0.	0.	0.
(4) ROBERT PRYOR	4.00	-		İ						_
TRUSTEE	1					<u> </u>	_	0.	0.	0.
(5) KATIE EGART	4.00									•
SECRETARY	1 00					<u> </u>		0.	0.	0.
(6) MARY FROST-PIERSON	1.00									•
TRUSTEE	1 00		_					0.	0.	0.
(7) MARK FRENCH	1.00							١	ا م	0
TRUSTEE	1.00							0.	0,	0.
(8) LINDA POTTER	1.00					Ì		0.	0.	0.
TRUSTEE	1.00							0.	0.	· ·
(9) PARKER BUCKLEY TRUSTEE	1.00							0.	0.	0.
TRUSTEE									0.	
<del></del>										
	-	_								

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 if Schedule O con	tains a response	to any question ii		(B)	(C)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns .	1a				· · · · · · · · · · · · · · · · · · ·	
e a	b	Membership dues .	1b					
A, G	c	Fundraising events	1c					
팔	d	Related organizations	. 1d					
S,E	е	Government grants (contribut	tions) 1e					
tio S	f	All other contributions, gifts, grar	nts, and					
ğğ.		similar amounts not included abo	ove 1f	19,897.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>ਹੂ ਵ</u>	h	Total. Add lines 1a-1f		<u> </u>	<u> 19,897.</u>			
				Business Code				
e i	2 a SPECIAL EVENTS - RETRE 611600 2			26,033.			·	
Program Service Revenue	b	LIBRARY INCOME		451211	368.	368.		
n S	С	·	<del></del>					
aran Rev	d							
roc	е							
-		All other program service reve	enue		26 401			<del> </del>
		Total. Add lines 2a-2f		<b>&gt;</b>	26,401.			
	3	Investment income (including	aiviaenas, inter		207.			207
		other similar amounts)			207.			207.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6 -	Gross rents	6,900.					
	6 a b		6,570.					
Į	C		330.					
Í	d				330.			330.
	_	Gross amount from sales of	(i) Securities	(II) Other				330.
	, -	assets other than inventory	() 5554,1155	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
- 1	b	Less: cost or other basis						
		and sales expenses	1	}				
	С	Gain or (loss)						
ĺ	d	Net gain or (loss)		. ▶				
nue	8 a	Gross income from fundraising including \$	-					
e e		contributions reported on line						
Other Rever		Part IV, line 18		134.				
ţ.	b	Less direct expenses		609.				
0		Net income or (loss) from fund		. ▶	<475.	>		<475.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
1		and allowances .	а					
	b	Less. cost of goods sold	b					
-	С	Net income or (loss) from sales		<b>.</b>			<del> </del>	ļ
		Miscellaneous Revenu	e	Business Code	į			
	11 a		<del>.</del>				<u>-</u>	
	b			-				
	С		<del></del>					
	d	All other revenue		<u> </u>				<del> </del>
				▶	46 360	26 401		
[	12	Total revenue See instructions.			46,360.	26,401.	0.	62.

## Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All of	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	<del>-</del>		-	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b					
С					
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,723.	1,723.		
13	Office expenses	793.		· <del>-</del>	
14 15	Royalties		195.		<u></u>
16	Occupancy	2,788.	2,788.		
17	T	2,700.	2,700.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,025.	25,025.		
20	Interest	1,139.	1,139.		
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	3,810.	3,810.		_
23	Insurance	720.	720.		
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 0.)				
а	PROPERTY MAINTENANCE	871.	871.		
b	DONATIONS	410.	410.		
С	LIBRARY	243.	243.		
d	PRINTING & PUBLICATIONS	237.	237.		
е	All other expenses	140.	140.		
25	Total functional expenses. Add lines 1 through 24e	37,899.	37,899.	0.	0.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.	Ì			
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 24,666. 23,185 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 238,805. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 62.388. 180,066. 176,417. 10b 12,444. 12,638. 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 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 215,695 213,721 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses Grants payable ... 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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. Secured mortgages and notes payable to unrelated third parties 27.347. 16,912. 23 Unsecured notes and loans payable to unrelated third parties 24 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 775. Schedule D 25 775. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 187,573. 196,034. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 Retained earnings, endowment, accumulated income, or other funds 0. 32 187,573. 196,034. 33 Total net assets or fund balances 33 215,695. 213,721. Total liabilities and net assets/fund balances

_	1990 (2012) YELLOW SPRINGS DHARMA CENTER	31-138	32773	Pa	ge <b>12</b>
Pa	rt 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	4	<u>5,3</u>	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3'	7,8	<u>99.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>8,4</u>	<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18'	7,5	<u>73.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	196	5,0	<u>34.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched	ule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,	1		
	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 S			Ì	
За	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		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

## **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

			SPRINGS DHAL						3	31-138	<u> 2773                                  </u>	
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	ist comple	te this par	t) See ins	structions				
The organ	ızatıon ıs not	a private foundation	because it is: (For lines	1 through	11, check	only one I	oox.)					
1 🖳	A church, co	onvention of church	es, or association of chu	rches desc	ribed in s	ection 170	)(b)(1)(A)(i	i).				
2 🖳	A school des	scribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach So	chedule E	)							
3 🖳	•		oital service organization									
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in <b>s</b> e	ection 170	D(b)(1)(A)(i	iii). Enter	the hospita	al's name,	
	city, and sta				_							
5	_	tion operated for the D(b)(1)(A)(iv). (Comp	benefit of a college or u lete Part II)	iniversity o	wned or o	perated by	y a govern	ımental un	nt descri	bed in		
6 🗀	A federal, sta	ate, or local governn	nent or governmental un	ıt describe	d in section	on 170(b)(	1)(A)(v).					
7 X	An organizat	tion that normally red	ceives a substantial part	of its supp	ort from a	governm	ental unit o	or from the	e general	public des	cribed in	
	section 170	(b)(1)(A)(vi). (Compl	ete Part II.)									
8 🔲	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲			ceives: (1) more than 33			from contr	ibutions, r	nembersh	ip fees, a	and gross re	eceipts from	1
		· ·	inctions - subject to cert						•	-		
			taxable income (less sec							_		
		509(a)(2), (Complet	·		,		•	, ,	-		•	
10			perated exclusively to te	est for pub	c safety	See sectio	on 509(a)(	4).				
11	_	-	perated exclusively for t	•	•			•	rv out the	e purposes	of one or	
	-	-	ations described in sect		•				•			
			organization and compl		•				(/(-/-			
	а Туре			ype III - Fu	_		1 (	d Typ	e III - No	n-functiona	ally integrate	d
e 🗌			at the organization is not		•	•						
	-		than one or more publicl		-	-	-			•		
f			tten determination from		_				- ( /, /		. ,, ,	
		rganization, check t			•	, ,,,	., . ,,					٦
g		-	organization accepted ai	ny gift or c	ontributior	from anv	of the foll	owing per	sons?	• •	•	
	-		directly controls, either a			•				<i>1</i> .	Yes No	,
		-	upported organization?			,		,,	,	11g(ı)		_
	_		n described in (i) above?	,	•	•	•	•	•	11g(ii)		_
		•	person described in (i)		 e?	•			•	11g(iii		_
h		•	about the supported or		•		•				<del></del>	_
••		J		•	\- <b>/</b> -							
/i) Nama	of supported	/::\ EIN	(iii) Type of organization	(iv) Is the o	rnanization	(v) Did yo	u notify the	(vi) ls	s the	/uii) Amour	t of manatar	_
	nization	(ii) EIN	(described on lines 1-9	in col. (i) la			ion in col.	organizati	on in col.	1	nt of monetary pport	1
Orga	1112411011		above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	5.7	30)	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												_
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									i	1		
	· · · ·											-
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							<u> </u>	<del> </del>	1			-
							}	1				
<del></del>								<u> </u>		-		-
					-				<u> </u>		<del></del>	_
'atal		ı										

Schedule A (Form 990 or 990-EZ) 2012 YELLOW SPRINGS DHARMA CENTER 31-1382773 Page 2

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						!
	include any "unusual grants.")	16,854.	18,125.	26,518.	_ 23,353.	19,897.	104,747.
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to						
	or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge						
4	Total. Add lines 1 through 3	16,854.	18,125.	26,518.	23,353.	19,897.	104,747.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	l				ļ	
	supported organization) included						
	on line 1 that exceeds 2% of the		İ				
	amount shown on line 11,	,		1		,	
	column (f)		1				
6	Public support. Subtract line 5 from line 4						104,747.
	ction B. Total Support	<del></del>					
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	16,854.	18,125.	26,518.	23,353.	19,897.	104,747.
_	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties					[	
	and income from similar sources	7,261.	6,347.	6,595.	7,067.	7,107.	34,377.
9	Net income from unrelated business			7,0501		772070	<u> </u>
Ī	activities, whether or not the						
	business is regularly carried on					1	
10	Other income Do not include gain		"		<del></del>		
	or loss from the sale of capital						
	assets (Explain in Part IV.)				1		
11	Total support. Add lines 7 through 10						139,124.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	82,879.
	First five years. If the Form 990 is for			. fourth, or fifth tax	 x vear as a section		<u> </u>
	organization, check this box and stop	=		, , , , , , , , , , , , , , , , , , , ,	,		▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2012 (li	**		olumn (f))		14	75.29 %
	Public support percentage from 2011		-			15	74.07 %
16a	33 1/3% support test - 2012. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a						$\triangleright x$
b	33 1/3% support test - 2011. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali						►□
17a	10% -facts-and-circumstances test	- 2012. If the orga	inization did not ch	eck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact						•
	meets the "facts-and-circumstances"					- <b>3.</b>	
b	10% -facts-and-circumstances test	=	•		•	7a, and line 15 is 1	10% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
	Private foundation. If the organization		= -				, <b>→</b>
					C-l	dula A (Farm 000	

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and					<b></b>	
	membership fees received. (Do not						
	include any "unusual grants.")						}
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf					<del> </del>	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	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	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital				-		
12	assets (Explain in Part IV)					<del>                                     </del>	<del></del>
	Total support. (Add lines 9, 10c, 11, and 12)   First five years. If the Form 990 is for	the organization's	first spaced the	d fourth or fifth to	V VOOT 00 0 000	D 501/c\/2\ c	otion .
1**	check this box and stop here	une organización s	mst, second, thir	u, rourin, or multa	in year as a section	in 50 r(c)(3) organiz	ation,
Sec	tion C. Computation of Publi	ic Support Per	rcentage		<del></del>		
				olumn (6)		145	
	Public support percentage for 2012 (II		•	olumin (i))	•	15	<u>%</u>
	Public support percentage from 2011 etion D. Computation of Investigation				<del></del>	16	%
				- 101 (0)		1 1	
	Investment income percentage for 20			e 13, column (f))	• •	17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2012. If the	-					/ is not
_	more than 33 1/3%, check this box ar				· ·		. ▶∟.
þ	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che		-			-	▶Щ
20	Private foundation. If the organization	n did not check a !	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name of the organization VELLOW SPRINGS DHARMA CENTER Employer identification number 31-1382773

Pa	rt I Organizations Maintaining Donor Advise			ds or A	ccoun	ts. Complete if	
	organization answered "Yes" to Form 990, Part IV, line					•	
			nor advised funds	(	b) Funds	and other acco	ounts
1	Total number at end of year					-	
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year			<del> </del>			
5	Did the organization inform all donors and donor advisors in v	writing that the	assets held in donor adv	used fun	de		
3	are the organization's property, subject to the organization's	-		nocu iun	us	Yes	□No
6	Did the organization inform all grantees, donors, and donor a	=		 Secue		i ies	140
U	for charitable purposes and not for the benefit of the donor o		-		-		
	impermissible private benefit?	n donor adviso	i, or for any other purpos	e come	iing	Yes	□ No
Pa	rt II Conservation Easements. Complete if the org	nanization ansi	vered "Yes" to Form 990	Part IV	line 7	res	<u>                                 </u>
1	Purpose(s) of conservation easements held by the organization			, i ditiv,	1110 7	<del></del>	
'	Preservation of land for public use (e.g., recreation or e	•	Preservation of an h	vetorical	ly import	ant land area	
	Protection of natural habitat	ducation	Preservation of a ce				
	Preservation of open space		Freservation of a ce	runea m	Stone Sti	ucture	
	·	find announcet	na nantubutuna in the form				Alan Innt
2	Complete lines 2a through 2d if the organization held a qualif	neu conservati	on contribution in the ton	ii oi a co	nservatio	on easement on	the last
	day of the tax year.				Tu.	eld at the End of t	the Tex Veer
_	Total number of conservation easements					eiu at the cho of	ile Tax Teal
a _	·	•			2a		
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stri	atura inaliuda	d in (a)	•	2b 2c		
ر د	Number of conservation easements included in (c) acquired a			oturo	20		<del></del>
a	listed in the National Register	aiter 6/17/06, a	and not on a historic struc	clure	2d		
3	Number of conservation easements modified, transferred, rel	 Ipaced extingi		he organ	· · · · · · ·	uring the tay	
3	year	leased, extingt	isined, or terminated by the	ne organ	ization u	uring the tax	
4	Number of states where property subject to conservation eas	sement is loca	ad 🕨				
5	Does the organization have a written policy regarding the per			- f			
3	violations, and enforcement of the conservation easements it		ig, inspection, nationing o	•		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•		during th	 ne vear ■		
7	Amount of expenses incurred in monitoring, inspecting, and				•	<del></del>	<del></del>
8	Does each conservation easement reported on line 2(d) abov				_	· · · · · · · · · · · · · · · · · · ·	_
Ü	and section 170(h)(4)(B)(ii)?	o ballory tho re	rquiromonto or scottori 17	0(1)(1)(1)	<i>X</i> • <i>y</i>	Yes	□ No
9	In Part XIII, describe how the organization reports conservation	on easements	in its revenue and expens	se staten	 nent anc		
3	include, if applicable, the text of the footnote to the organizat						
	conservation easements.	non o imaneia	statomento mai docombo	5 1110 O19	amzanor	ro doccariing r	01
Pai	t III Organizations Maintaining Collections of	f Art. Histo	ical Treasures, or (	Other S	Similar	Assets.	
	Complete if the organization answered "Yes" to Form	•	•				
1a	If the organization elected, as permitted under SFAS 116 (AS			ement ar	ıd balanc	e sheet works	of art.
	historical treasures, or other similar assets held for public exh						
	the text of the footnote to its financial statements that describ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, р	
h	If the organization elected, as permitted under SFAS 116 (AS			nt and b	alance st	neet works of ar	t. historical
	treasures, or other similar assets held for public exhibition, ed						
	relating to these items.		Jan Jil III Iara lotanoo of p	_55 501	, p.o		. <sub>5</sub> a5a5
	m D				<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		• •		\$		
2	If the organization received or held works of art, historical trea	 asures or othe	r similar assets for financi	Ial nain i	rovide □		
2	the following amounts required to be reported under SFAS 11			iai gairi, j	JOVIGE		
_	Revenues included in Form 990, Part VIII, line 1	10 (100 300) 1	olding to those items		<b>*</b>		
a h	Assets included in Form 990, Part X	•		•	\$		
U	, access more access in a contract of the cont				- Ψ_		

		SPRINGS I				··		<u>-138</u>		
Pa	rt III Organizations Maintaining C	Collections of	Art, His	torical Tr	reasures,	or Other	<u>Similar</u>	<u>Assets</u>	(continue	ed)
3	Using the organization's acquisition, access	on, and other rec	ords, chec	k any of the	following the	at are a sig	nificant use	of its co	llection it	ems
	(check all that apply):									
а	Public exhibition		d 🖳	Loan or exc	change progr	rams				
b	Scholarly research		е 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and exp	olain how t	hey further t	the organizat	ion's exem	pt purpose	ın Part X	Ш.	
5	During the year, did the organization solicit of	r receive donation	ns of art, h	istorical trea	asures, or oth	ner sımılar a	ssets			
	to be sold to raise funds rather than to be m								Yes	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		nplete if the	e organizatio	on answered	"Yes" to Fe	orm 990, Pa	art IV, line	9, or	
1a	Is the organization an agent, trustee, custod	an or other intern	nediary for	contribution	ns or other as	ssets not in	cluded			
	on Form 990, Part X?		•						Yes [	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table.	•					
		·	J					A	mount	
С	Beginning balance						1c			
d	Additions during the year					•	1d			
е	Distributions during the year	••	•	•	•		1e			
f	Ending balance	• • •		•		• •	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, I	ine 21?	•	•				Yes [	No
	If "Yes," explain the arrangement in Part XIII			on has been	provided in	Part XIII	•		[	
	rt V Endowment Funds. Complete r									
		(a) Current year	- I -	rior year	(c) Two yea		) Three year	s back (e	e) Four ve	ars back
1a	Beginning of year balance	· · · ·		•		1				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities	•								
	and programs				i			İ		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end bala	ınce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
c	Temporarily restricted endowment ▶	%	i							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the orgar	nization tha	at are held a	ind administe	ered for the	organizatio	on		
	by.							_	Ye	s No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	d on Sched	dule R?					3b	<u> </u>
_4_	Describe in Part XIII the intended uses of the									<u></u>
Par	t VI Land, Buildings, and Equipm	ent. See Form 9	90, Part X	line 10.						<del></del>
	Description of property	(a) Cost o basis (inve		, , <i>,</i>	or other (other)		umulated eciation	(d	) Book va	alue
1a	Land	. 10	,200.	1	5,300.				25.	500.
b	Buildings		,510.		7,575.	4	8,538			547.
С	Leasehold improvements									
	Equipment									
	Other	14	,744.	1	6,476.	1	3,850		17,	370.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Pa	art X, colun	nn (B), line 1	0(c).)		<b>&gt;</b>	. ]		417.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 YELLOW SPRI Part VII Investments - Other Securities. See	NGS DHARMA e Form 990, Part X Ju	CENTER	31	1382773 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value		/aluation: Cost or en	d-of-year market value
(1) Financial derivatives			<del></del>	
(2) Closely-held equity interests				<del></del> ,
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	<u>-</u> -			
(G)				
(H)				
(I)			·	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related. Se			. <del> </del>	<del></del>
(a) Description of investment type	(b) Book value	(c) Method of v	aluation. Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<del></del>	<del></del>		
(10)		<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	45			<del></del>
	Description			(b) Book value
	Socialities		<del></del>	(b) Book value
(1)	<del></del>			<del> </del>
(2) (3)				
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)	- <u></u> -			<del></del>
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b></b>	
Part X Other Liabilities. See Form 990, Part X, III	ne 25			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEPOSITS		775.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		·		
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	775.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text				
liability for uncertain tax positions under FIN 48 (ASC 74	10) Check here if the	text of the footnote has	been provided in Pa	rt XIII

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 YELLOW SPRINGS DHARMA CENT		<u>31-1382773 P</u>	<u>age 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per l	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<del>-</del>	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII   Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
1	Total expenses and losses per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	••		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
c	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIII.)	4b	-	
٥	Add lines 4a and 4b	701	7 40	
-	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• •	4c   5	
	t XIII Supplemental Information			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	Lines 1s and 4. Dort IV lines 1	1h and 2h Part V line 4. F	
(, line	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	ation.	
			<del> </del>	

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization Employer identification number YELLOW SPRINGS DHARMA CENTER 31-1382773 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE A LENDING LIBRARY OF BOOKS, PERIODICALS, JOURNALS, TAPES, AVAILABLE TO THE PUBLIC, AND EDUCATION. EXPENSES \$ 653. INCLUDING GRANTS OF \$ 0. REVENUE S 0. FORM 990, PART VI, SECTION A, LINE 2: STATUTORY AGENT/TRUSTEE DIANEAH WANICEK AND ROBERT PRYOR ARE SPOUSES. FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY OFFICER BEFORE SIGNING FORM 990, PART VI, SECTION C, LINE 19: PAPER COPY UPON REQUEST

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172

Identifying number

Sequence No 179

YELLOW SPRINGS DHARMA CENTER FORM 990 PAGE 10 31-1382773 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) . .. . .. 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation, Subtract line 3 from line 2, if zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property ) (See instructions ) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 3,711 17 18 if you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction year placed only - see instructions) in service

3-year property						
5-year property						
7-year property	7					,
10-year property	7					
15-year property		1,976.	15 YRS.	HY	150DB	99.
20-year property	]					
25-year property	] .		25 yrs.		S/L	
Residential rental property	/		27.5 yrs	ММ	S/L	
	/		27 5 yrs	MM	S/L	
Nonresidential real property	/		39 yrs.	MM	S/L	
	/		_	ММ	S/L	
Section C - Assets P	laced in Service	During 2012 Tax Year Us	sing the Alterna	tive Depre	ciation Sys	tem
Class life					S/L	
12-year			12 yrs.		S/L	
40-year	/		40 yrs.	ММ	S/L	
t IV Summary (See instructions.)						
sted property Enter amount from line	28				21	
otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g)	, and line 21.			
nter here and on the appropriate lines	of your return. Pa	artnerships and S corporat	ions - <u>see instr.</u>		22	3,810.
or assets shown above and placed in	service during the	e current year, enter the				
ortion of the basis attributable to secti	on 263A costs		23			
	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year t IV Summary (See instructions.) sted property Enter amount from line otal. Add amounts from line 12, lines of the assets shown above and placed in structions.	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property  Residential rental property / Nonresidential real property / Section C - Assets Placed in Service Class life 12-year 40-year / t IV   Summary (See instructions.) sted property Enter amount from line 28 ptal. Add amounts from line 12, lines 14 through 17, lines there and on the appropriate lines of your return. Property in the service of t	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property  Residential rental property  Nonresidential real property  Section C - Assets Placed in Service During 2012 Tax Year Use Class life 12-year 40-year 40-year  V Summary (See instructions.)  sted property Enter amount from line 28 otal. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g) after here and on the appropriate lines of your return. Partnerships and S corporator assets shown above and placed in service during the current year, enter the	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property  Residential rental property  / 27.5 yrs Nonresidential real property / 27 5 yrs  Section C - Assets Placed in Service During 2012 Tax Year Using the Alterna Class life 12-year 40-year / 40 yrs.  It IV   Summary (See instructions.)  sted property Enter amount from line 28 potal. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Inter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. for assets shown above and placed in service during the current year, enter the	7-year property 10-year property 15-year property 20-year property 25-year property 25-year property 25-year property 25-year property 27-5 yrs  Residential rental property / 27-5 yrs MM Nonresidential real property / 27-5 yrs MM  Nonresidential real property / 39 yrs. MM  Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depre Class life 12-year 12 yrs. 40-year / 40 yrs. MM  IV Summary (See instructions.) Steed property Enter amount from line 28 Otal. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.  Inter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.  For assets shown above and placed in service during the current year, enter the	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25-year property  / 27.5 yrs MM S/L Residential rental property / 27.5 yrs MM S/L Nonresidential real property / 39 yrs. MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation Sys Class life 12-year / 40 yrs. MM S/L 12-year / 40 yrs. MM S/L Sted property Enter amount from line 28 total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. ther here and on the appropriate lines of your return. Partnerships and S corporations - see instr.  22 brassets shown above and placed in service during the current year, enter the

43 44

43 Amortization of costs that began before your 2012 tax year

44 Total, Add amounts in column (f) See the instructions for where to report

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** RENT (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172

1

Attachment Sequence No 179

Identifying number

YE	LLOW SPRINGS DHARM	A CENTER	lR.	ESIDENTI	AL RENT	ΔΤ.	31-1382773
	rt I Election To Expense Certain Prop						
1	Maximum amount (see instructions)			<u> </u>		1	500,000
	Total cost of section 179 property pla	aced in service (see	: instructions)	•		2	300,000.
	Threshold cost of section 179 proper			•	•• • •	3	2,000,000.
	Reduction in limitation. Subtract line	•	••	•		4	270007000
	Dollar limitation for tax year Subtract line 4 from I		•	see instructions	•	5	
6	(a) Description of			usiness use only)	(c) Electe	ed cost	
					<del></del> · · · · · · · · · · · · · · · · · ·		
						-	
7 L	usted property. Enter the amount fro	m line 29		7			
	Total elected cost of section 179 proj	•	s in column (c), lines 6 a	nd 7		8	
	entative deduction. Enter the <b>small</b> e	•	( //			9	
	Darryover of disallowed deduction fro		011 Form 4562			10	
	Business income limitation. Enter the	•		zero) or line 5		11	
12 5	Section 179 expense deduction. Add	lines 9 and 10, bu	t do not enter more that	ı line 11		12	
13 (	Carryover of disallowed deduction to	2013. Add lines 9	and 10, less line 12	▶ 13			
Note	: Do not use Part II or Part III below t	for listed property	nstead, use Part V.				
Pai	rt II Special Depreciation Allow	ance and Other D	epreciation (Do not in	clude listed prop	erty.)	-	
14 8	Special depreciation allowance for qu	alified property (ot	ner than listed property	placed in service	e during		
ti	he tax year					. 14	
15 F	Property subject to section 168(f)(1) e	election				15	
<u>16 C</u>	Other depreciation (including ACRS)					16	
Pai	† III MACRS Depreciation (Do r	ot include listed p	operty ) (See instructio	ns.)_			
			Section A			_	
17 N	MACRS deductions for assets placed	l in service in tax ye	ears beginning before 2	012 .		. 17	3,550.
18 If	you are electing to group any assets placed in se	ervice during the tax year	into one or more general asset	accounts, check here	▶ _	]	
	Section B - Asset	-"1	e During 2012 Tax Ye	r Using the Ge	neral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only - see instructions)</li></ul>	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		_				
b	5-year property						
С	7-year property		_				
d	10-year property						
е	15-year property		1,826	. 15 YRS	HY	150DB	91.
f	20-year property						
_ g_	25-year property			25 yrs.		S/L	
	Decidential contains and	/		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27 5 yrs.	ММ	S/L	
	Non-selection leaders	/		39 yrs	MM	S/L	
i	Nonresidential real property	/		•	MM	S/L	
	Section C - Assets	Placed in Service	During 2012 Tax Year	Using the Alter	native Depre	iation Sys	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	<del></del>
С	40-year	/		40 yrs	ММ	S/L	
Par	t IV Summary (See instructions )						
21 L	isted property. Enter amount from lin	e 28				21	
22 T	otal. Add amounts from line 12, lines	14 through 17, line	es 19 and 20 in column	(g), and line 21.			
	nter here and on the appropriate line	=			r	22	3,641.
	or assets shown above and placed in	•	•				
-	ortion of the basis attributable to sec	tion 263 A costs	-	22			

43 44 Form 4562 (2012)

43 Amortization of costs that began before your 2012 tax year

44 Total. Add amounts in column (f) See the instructions for where to report