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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: DANE BUY LOCAL INC. Number and street (or P O box, if mail is not delivered to street address): 6300 ENTERPRISE LN. Room/suite: City or town, state or country, and ZIP + 4: MADISON, WI 537191190

D Employer identification number: 38-3855656. E Telephone number: (608) 729-7346. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.DANEBUYLOCAL.COM

J Tax-exempt status (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 157,887

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 24,399 to 63,359.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	26,124	22	46,163
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,795	24	24,078
25 Total assets	28,919	25	70,241
26 Total liabilities (describe in Schedule O)	5,967	26	6,882
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,952	27	63,359

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

DANE BUY LOCAL CREATES A SUSTAINABLE, VITAL LOCAL ECONOMY THROUGH EDUCATION, COLLABORATION, AND PROMOTION, AS A NON-PROFIT MEMBER ORGANIZATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 DANE BUY LOCAL HAS OVER 700 MEMBERS AND IS ONE OF THE LARGEST AND MOST SUCCESSFUL BUY LOCAL INITIATIVES NATIONWIDE. WE KEEP MEMBERS ENGAGED THROUGH BIMONTHLY BREAKFAST MEETINGS AND EVENING SOCIALS. MEMBER SURVEYS AND EDUCATIONAL SEMINARS ARE OFFERED AS AN ADDITIONAL MEANS TO ENGAGE AND HELP BUSINESSES LEARN HOW TO BECOME MORE SUCCESSFUL.

(Grants \$ 0) If this amount includes foreign grants, check here **28a** 0

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer COLIN MURRAY EXECUTIVE DIRECTOR Date 2013-05-13

Paid Preparer Use Only Print/Type preparer's name Preparer's signature SCOTT HAUMERSEN CPA Date Check if self-employed PTIN P00084908 Firm's name WEGNER CPAS LLP Firm's EIN 39-0974031 Firm's address 2110 LUANN LN MADISON, WI 537133074 Phone no (608) 274-4020

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
DANE BUY LOCAL INC

Employer identification number

38-3855656

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 23
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION ADVERTISING REVENUE AMOUNT 1,880
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 5,917 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 2,867 DESCRIPTION TRAVEL AMOUNT 2,290 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 4,394 DESCRIPTION INSURANCE AMOUNT 1,670 DESCRIPTION MEMBERSHIP DUES AMOUNT 1,720 DESCRIPTION ADVERTISING AND PROMOTION AMOUNT 10,336 TOTAL TO FORM 990-EZ, LINE 16 29,194
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 600 END OF YEAR AMOUNT 21,035 DESCRIPTION PREPAID EXPENSES AND DEFERRED CHARGES BEG OF YEAR AMOUNT 2,195 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 3,043
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 5,967 END OF YEAR AMOUNT 6,882

Additional Data

Software ID:
Software Version:
EIN: 38-3855656
Name: DANE BUY LOCAL INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
COLIN MURRAY PRESIDENT	5 00	0	0	0
KAY-TEE FRANKE VICE PRESIDENT	1 00	0	0	0
RYAN WAITE SECRETARY	1 00	0	0	0
SALLY BALSON TREASURER	3 00	0	0	0
DAN PAULSON DIRECTOR	1 00	0	0	0
MIKE POLK DIRECTOR	1 00	0	0	0
TY BECK DIRECTOR	1 00	0	0	0
JASON IVERSON DIRECTOR	1 00	0	0	0
MICHAEL TRUE DIRECTOR	1 00	0	0	0
YVETTE JONES DIRECTOR	1 00	0	0	0
RICK LENZ DIRECTOR	1 00	0	0	0
LANCE RATZE DIRECTOR	1 00	0	0	0