

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



For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No 1545-0047 20)**12**

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning January 1 2012, and ending December 31 20 12 В C Name of organization Rhode Island Black Heritage Society D Employer identification number Check if applicable Doing Business As Address change 510189067 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite Initial return 123 North Main Street 401-421-0606 City, town or post office, state, and ZIP code Terminated Amended return Providence, RI 02903 G Gross receipts \$ F Name and address of principal officer Application pending **Joyce Stevos** H(a) Is this a group return for affiliates? Yes No 57 Althea Street Providence, RI 02903 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: ∐ 501(c) (Website: ▶ H(c) Group exemption number ▶ Form of organization. ☐ Corporation ☐ Trust X Association ☐ Other ▶ L Year of formation M State of legal domicile. Briefly describe the organization's mission or most significant activities: Collecting Rhode Island African American atrifacts and promoting Black history in the state's public schools Governance 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, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Current Year 8 Contributions and grants (Part VIII, line 1h) . 0 21295 9 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 0 7725 12 Total revenue—add lines 8 through 11 (must equal Part-VIII, column (A), line 12) 29020 Grants and similar amounts paid (PartilX; column (A), lines 1-3) . . . 13 Benefits paid to or for members (Part IX, column (A)) line 4) 14 15 Salanes, other compensation, employee benefits (Part X) column (A), lines 5-10) Professional fundraising thes (Part IX, column A), line 1 e)
Total fundraising expenses (Part IX, column (D), line 25)
Other expenses (Part IX, column (A), lines 1,1a-1 (d, 11f-24e) 16a O 22500 17 0 5238 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 0 27738 19 Revenue less expenses. Subtract line 18 from line 12 0 1282 End of Year 20 Total assets (Part X, line 16) 0 0 21 Total liabilities (Part X, line 26) . 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 0 Part II Signature Block Under penalties of penjury, 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 oman Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check [] if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

Form 990 (2012)

Cat No 11282Y

Form 99		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	To collect and preserve Rhode Island African American Artifacts	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	f "Yes," describe these new services on Schedule O.	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	f "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	ed by thers
4a	Code:) (Expenses \$including grants of \$) (Revenue \$)	

4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
710		
-		

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

4d	Other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶	

Part	Checklist of Required Schedules			ago
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	1	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		-
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		•
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		✓
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		✓
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		\
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		· ·
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	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.	18		,
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			/
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Y

Checklist of Required Schedules (continued)

Part IV

			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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C 	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		✓
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
38	Part VI	37		√

Fart				_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		ļ	
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
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	l	✓
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u>√</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
Ь	afts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
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?	7h		✓
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.	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?	9a		1
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		•
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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			
13	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.			
Ь	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			
C	Enter the amount of reserves on hand	4 4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		▼

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response to any question in this Part VI	·			. <u> </u>
Secti	on A. Governing Body and Management				
10	Enter the number of voting members of the governing hady at the end of the tay year			Yes	No
10	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	1a 10	1		
	if the governing body delegated broad authority to an executive committee or similar				İ
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 10]
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	•	<u> </u>		
_	any other officer, director, trustee, or key employee?		2	<u> </u>	1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		_		١,
4			3	ļ <u>-</u>	1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6	1	-
7a	Did the organization have members, stockholders, or other persons who had the power to		۲	- V	
	one or more members of the governing body?		7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval				,
	stockholders, or persons other than the governing body?		7b		✓
. 8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
a b	The governing body?		8a 8b	√	-
9	Each committee with authority to act on behalf of the governing body?		OD	٧	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)	
				Yes	No
_	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem				
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b 11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	e many the form?	Ha	✓	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"			
	describe in Schedule O how this was done		12c	1	
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14	✓	ļ
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	1	ļ
b	Other officers or key employees of the organization		15b	▼	-
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.5.2	•	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi				
	with a taxable entity during the year?		16a		1
b	2		ļ		
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?				<u> </u>
Secti	on C. Disclosure	· · · · · ·	16b		l
17	List the states with which a copy of this Form 990 is required to be filed Rhode Island				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	5016	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	•	,	,	•
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how), the organization made its governing docu	iments, conflict o	f inte	rest p	oolicy
~~	and financial statements available to the public during the tax year.		-6 41	_	
20	State the name, physical address, and telephone number of the person who possesses the be	ooks and records	or the	•	
	organization: ► Shomari Husband, 123 North Main Street, Providence, RI 02903				_

Form	aan	(2012)	
COLL	330	(2012)	

	<u> </u>					ac.
Part-VII-	Compensation of Officers,	Directors, Trustees	, Key Employees	, Highest Compensated E	mployees, a	ınd
	Independent Contractors					

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (F) (E) (do not check more than one Name and Title Average Reportable Estimated Reportable box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) eek (list an) from related other Individual trustee or director Officer Highest compensated employee Institutional trustee hours for organizations compensation related organization (W-2/1099-MISC) from the employee organizations (W-2/1099-MISC organization below dotted and related line) organizations (1) Joyce Stevos Ph.D 20 President (2) Shomari Husband 20 1 Treasurer 0 0 (3) Michael Van Leesten 20 Secretary (6) (7) (8) (9) (10)(11) (12) (13) (14)

	0 (2012)												Pa	age 8
Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd H	lighe	st C	ompensated E	mployees (contin	ued)	<u> </u>	
	(A) Name and title	(B) Average hours per	Ďοx, ι	unles	Pos leck is pe	more	e than on the state of the stat	n an	(D) Reportable compensation	, .		Esti amo	(F) mated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISO		comp from organ and	ther ensation m the nization related nizations	
(15)				_			8							
(16)						-		-						
(17)					_	-								
(18)														
(19)						_		-						
						_		<u> </u>					-,	
(20)								_						
(21)								_						
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	-		•				> > >	0		0			0
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$1	00,000	O of		
	reportable compensation from the organi											, ,	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındı	ıvıdı	ıal			.		3		✓
4	For any individual listed on line 1a, is the organization and related organizations											h		
5	Individual									ation or inc	 dividua	4		✓
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	nedu	ıle J t	for s	such person	· · · ·		5	<u></u>	✓_
1	Complete this table for your five highest compensation from the organization. Repyear.	•		•										·
	(A) Name and business add	tress	· · · · -						(B) Description of s	ervices	·	(C) Compens	ation	
								-						
								 						
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	nose listed abo	ove) who				

i di	aviii.	Check if Schedule O contains a response to any que	etion in this Part \	./III		
		Oneck is Scriedule O contains a response to any que	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b 14678.4 Fundraising events 1c 9222.3	_			
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f	90			
Sontri and O	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	33017.81			
	"	Business Code				
Program Service Revenue	2a b c					
යි E	d e					
ngou	f	All other program service revenue .	2227.04			
	<u>g</u> 3	Investment income (including dividends, interest				T
	4	and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	6a b	Gross rents Less: rental expenses				
	C	Rental income or (loss)				
	d 7a	Net rental income or (loss) ▶ Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	d d	Gain or (loss)				
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other Re		See Part IV, line 18 a				
ō	C	Less: direct expenses b Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities. See Part IV, line 19			:	
		Less: direct expenses b Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b Net income or (loss) from sales of inventory b		-		ļ
		Miscellaneous Revenue Business Code			<u> </u>	
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d			ļ	ļ
	12	Total revenue. See instructions ▶	33017.81		1	1

Form 99	90 (2012)				Page 1 (
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a respons	se to any question i	n this Part IX .		
	nt include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			8	
2	Grants and other assistance to individuals in 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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services. See Part IV, line 17	22500.00			22500.00
f	Investment management fees		·		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	284.34		284.34	
13	Office expenses	1234.22		1234.22	
14	Information technology [
15	Royalties [
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1775.00		1775.00	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				···
а	Rent Expense	4275.00		4275.00	
Ь	Book and Plaques Expense	3694.00		3694.62	
С	Storage Expense	1154.55		1154.55	
d	Misc Expense	250.00		250.00	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35167.73		12667.73	22500.00
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

	art A	Balance Sneet			
<u>. </u>		Check if Schedule O contains a response to any question in this Part		<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6509.68	1	4359.76
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	۰	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			
Ø		organizations (see instructions). Complete Part II of Schedule L	0	6	···
Assets	7	Notes and loans receivable, net	0	-	
Ą	8	Inventories for sale or use	0		
	9	Prepaid expenses and deferred charges	0		
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0		
	12	Investments—other securities. See Part IV, line 11	0		·
	13	Investments—program-related. See Part IV, line 11	0	$\overline{}$	·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	_	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	——	
_	17	Accounts payable and accrued expenses	0	_	
	18	Grants payable		-	
	19	Deferred revenue			
	20	Tax-exempt bond liabilities	0	_	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		<u>_</u>
ø	22	Loans and other payables to current and former officers, directors,		-	
Ħ.		trustees, key employees, highest compensated employees, and	•		
Llabilities		disqualified persons. Complete Part II of Schedule L	0	22	
3	23	Secured mortgages and notes payable to unrelated third parties	0	-	
	24	Unsecured notes and loans payable to unrelated third parties	0		
	25	Other liabilities (including federal income tax, payables to related third			
	~	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0		
	 -	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
8	1	complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	6509.68	27	4359.76
18	28	Temporarily restricted net assets	0		
9	29	Permanently restricted net assets	0		
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
F		complete lines 30 through 34.			
ø	30	Capital stock or trust principal, or current funds	0	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0	_	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			
ĕ	33	Total net assets or fund balances	6509.68		4359.76
Z	34	Total liabilities and net assets/fund balances		34	

_		
Form	990	(2012)

Page 12

Theck 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 28797.47 1 Total expenses (must equal Part IX, column (A), line 12). 2 35167.73 3 Revenue less expenses. Subtract line 2 from line 1 3 2149.92 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 6509.68 Net unrealized galins (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 7 Investment expenses 7 7 Investment expenses 7 7 Investment expenses 7 7 Investment expenses 7 7 Investment expenses 7 7 Investment expenses 8 7 7 Investment expenses 9 Tother changes in net assets or fund balances (explain in Schedule O) 9 9 Investment expenses 9 Inve	Part	XI Reconciliation of Net Assets	-			
1 Total revenue (must equal Part VIII, column (A), line 12).		Check if Schedule O contains a response to any question in this Part XI				
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior penod adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection of an independent accountant? If the organization changed	1					797.47
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2			
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior penod adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Thancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Formal and the programization of the financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis In Schedule O. Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Circu	3	Revenue less expenses. Subtract line 2 from line 1	3		2	149.92
Donated services and use of facilities Converted to the prior penod adjustments Converted to the proof and the proof adjustments Converted to the proof and the proof and the proof and the proof and the proof adjust Converted to the proof and the pr	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6!	509.68
7 Investment expenses	5	Net unrealized gains (losses) on investments	5			
9 Other changes in net assets or fund balances (explain in Schedule O)	6	Donated services and use of facilities	6			
Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	9		9			
Check if Schedule O contains a response to any question in this Part XII	10					
Check if Schedule O contains a response to any question in this Part XII		33, column (B))	10		43	<u>359.76</u>
1 Accounting method used to prepare the Form 990: Accrual ccrual Accrual	Part	•				
1 Accounting method used to prepare the Form 990: Accrual Accrual Accrual Accrual He organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response to any question in this Part XII			<u></u>	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				,	Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1					
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			plain	in		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?				- <u>-</u> -	↓	
reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a				 	✓
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			pilea	or	1	
b Were the organization's financial statements audited by an independent accountant?					1	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					 	
separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b				 	✓
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		· · · · · · · · · · · · · · · · · · ·	ea on	а		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_	—	vomia	ht		لــــا
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	C		•	_		,
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•			+	-
3a 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?			piairi	""	İ	
the Single Audit Act and OMB Circular A-133?	30		forth	in 📙	+-	'
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Jd					1
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	h		erao th		+	
Form 990 (2012)		·	-	Į.	1	
				Fo	m 990	(2012)