

# 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



Department of the Treasury Internal Yevenue 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)

OMB No 1545-0047

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

Open to Public Inspection

and ending A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if Address change PARK CITY INTIATIVE CORPORATION Name change 90-0074489 Doing Business As Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-203-873-0260 P O BOX 915 Amended return 18287. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion BRIDGEPORT, CT 06601-0915 H(a) Is this a group return pendina Yes X No F Name and address of principal officer MARY GREEN for affiliates? H(b) Are all affiliates included? Yes No BRIDGEPORT, CT 06604 4 WORTH STREET, 4947(a)(1) or If "No." attach a list (see instructions) J Website: ▶ PARKCITYINITIATIVE.ORG H(c) Group exemption number ▶ Year of formation: 2003 M State of legal domicile: CT K Form of organization. X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities EXTENDING THE HEART OF GOD TO Activities & Governance THE HEART OF THE CITY 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) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 5 5 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 45580. 18287. Revenue 5588 0. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3,4, and ZECEIVEL 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 0. 0. 12 Total revenue · add lines 8 through 11 (must equal Eart VIII, column (A) [in] 51168. 18287. 13 Grants and similar amounts paid (Part IX, column (A) lines 1-3) 0. Ο. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, Column (A). Jin 6099. 400. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 116) 0. b Total fundraising expenses (Part IX, column (D), line 25) 43011. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16236. 49110 16636. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25) 2058. 1651. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) -1973.-322. 0. 0. 21 Total liabilities (Part X, line 26) -1973. 22 Net assets or fund balances Subtract line 21 from line 20 Rart 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. Signature of officer Sign MARY GREEN, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature 0 Paid P00343594 self-employed Preparer E. BANGS JR. CPA RICHARD Firm's EIN 27-1675386 Firm's address 86 DODGINGTOWN ROAD Use Only BETHEL, CT 06801 Phone no. 203-252-2100 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

<u>For</u> n	n 990 (2012) PARK CITY INTIATIVE CORPORATION	90-007 <b>44</b> 89 Page <b>2</b>
Pa	rt III 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  EXTENDING THE HEART OF GOD TO THE HEART OF THE CITY, TO	RESTORE
	RELATIONSHIPS, FAMILIES AND NEIGHBORHOODS	KEDTOKE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "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? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	
4a		ue\$ 10000.)
	METRO KIDS - PROVIDED SCHOOL SUPPLIES FOR INNER CITY CH	]
	LDREN	
		<del></del>
	2165	<del></del>
4b	(Code) (Expenses \$	ED WITH THE
4¢	(Code) (Expenses \$ 6149 . including grants of \$) (Revenu	
	NEIGHBOR HELPING NEIGHBOR - OUTREACH TO INNER CITY FAMIL HELP WITH UTILITIES AND RENTAL ASSISTANCE	LIES ON TANF TO
4d	,	,
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 16636.	
<u> </u>	TO O O O	Form <b>990</b> (2012)

2

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X_
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		X
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_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X_
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ita	<u> </u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
a	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	- 110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_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	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
no -	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (	2012)
		LOUG	22U (	ZU 1Z)

232003 12-10-12

ſ	Pa	rt IV Checklist of Required Schedules (continued)			
				Yes	No
2	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	X
2	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		Х
2	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
2	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		
2		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		_X_
2	6	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		_X_
2	7	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	1 1	}	
		of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
2	8	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u> _
	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		<u> </u>
2	9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
3	0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		contributions? If "Yes," complete Schedule M	30		<u> </u>
3	1	Did the organization liquidate, terminate, or dissolve and cease operations?	.	.	
		If "Yes," complete Schedule N, Part I	31		<u>X</u>
3	2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		Schedule N, Part II	32		_X_
3	3	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_		<u> </u>
3	4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
_	_	Part V, line 1	34	-+	<u>X</u>
3		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
	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		
3		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
_		If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u> _
3	•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
9	0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-+	<u>X</u> _
3	U	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 1		

Form 990 (2012)

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance
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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	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 Statements,			
	filed for the calendar year ending with or within the year covered by this return			1
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	) )		
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<b> </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	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			1
	were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
	if "Yes," indicate the number of Forms 8282 filed during the year			I I
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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
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>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ı
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		l	ı
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
	Section 501(c)(12) organizations. Enter		ĺ	
	Gross income from members or shareholders  11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)  11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  [12b]		ì	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
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			
a	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  13b	ĺĺ		
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		_41_
<u> 0</u>	11 165, Has it lied a 1 0111 120 to report these payments. If No, provide an explanation in schedule o		990	(2012)

232005 12-10-12

Form 990 (2012) PARK CITY INTIATIVE CORPORATION 90-0074489 Page 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					X		
Sec	tion A. Governing Body and Management				,	1		
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	(	2				
	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.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		)				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with a	any other					
	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under t	he dırec	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	ļ	X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5	ļ	X		
6	Did the organization have members or stockholders?			6		X		
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	lders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the	following:		_			
а	a The governing body?							
b	b Each committee with authority to act on behalf of the governing body?							
9	9 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			9	X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		_X_		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters	, affiliates,	10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befor	e filing the form?	11a	X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	scribe			77		
	in Schedule O how this was done			12c		X		
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u>		
15	Did the process for determining compensation of the following persons include a review and approve		lependent	's and	**			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>?</i>		l		7.7		
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>		
b	Other officers or key employees of the organization			15b		<u> </u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		11					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	tn a	40		v		
	taxable entity during the year?		arti a in ati a n	16a		<u>X</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of evaluation follows are the procedure requiring the organization to evaluate the organization of evaluations are procedured to the organization of evaluation of evaluatio							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	iriization	5	166				
Sec	exempt status with respect to such arrangements?		11111111111111	<u>  16</u> b				
17	List the states with which a copy of this Form 990 is required to be filed ▶CT							
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section	on 501(c)(3)s only)	availah	le			
10	for public inspection. Indicate how you made these available. Check all that apply	. 100001	55 ((5)(5)3 Only)	uvallab				
	Own website Another's website X Upon request Other (explain	ın Schi	edule ())					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		,	ıd finar	ncial			
13	statements available to the public during the tax year	J	policy, al	i iii idi	Jul			
20	State the name, physical address, and telephone number of the person who possesses the books a	and reco	rds of the organiza	tion 🕨	•			
2.5	RENEE MACKLIN - 203-873-0260		. 22 Of this organize		-			
	4 WORTH STREET, BRIDGEPORT, CT 06604							
****								

# 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 organiza  (A)  Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one th an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Р</b> огтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY GREEN	40.00									
PRESIDENT		X		X				0.	0.	0
(2) LEONARD GREEN	2.00		1					İ	•	
SECRETARY/TREASURER		X		X	L		_	0.	0.	0
(3) ROGER ARSENAULT	2.00					1				
DIRECTOR		X						0.	0.	0
(4) YOLANDA HOPKINS	2.00								_	_
DIRECTOR		X			_		_	0.	0.	0
					_	-				
							-			
	<u> </u>									
		-		-			<del> </del>			
	-									
		_								
							_		-	
		-		-			1			<del></del>
	-									
				Į						
					_		-			

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					one h an	(D) Reportable	(E) Reportable compensation from related	am	(F) timate lount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099 MISC)	comp fro orga and	pensation the anization direlate nization	e on ed
											ļ <u></u>		
													_
					_								
								Į	<u> </u>				
	Sub-total								0.	0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					<b>&gt;</b>		0.	0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			C
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for sa For any individual listed on line 1a, is the su		e co	omp	ensa	ation	anc	d oth	her compensation from	the organization	3	$\dashv$	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	∋ <i>J f</i>	or so	uch	pers	son				5		Х
1	Complete this table for your five highest continuous the organization. Report compensation for the compensation for the complete this table for your five highest continuous complete this table for your five highest continuous complete this table for your five highest continuous continu										sation fr	om ——	
	(A) Name and business	address	N	ONE	€				(B) Description of s	ervices (	(C Compen		}
								-					
	Total number of independent contractors (i	ncluding but n	ot lıı	mite	d to	thos	se lis	sted	above) who received m	nore than		_	
	\$100,000 of compensation from the organiz	_					<u> </u>				Form 9	<u> </u>	

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (B) (C) (**D**) Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c Fundraising events d Related organizations 1d 10000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 8287 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$\_ 18287. h Total. Add lines 1a-1f  $\triangleright$ Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b  $\triangleright$ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 18287. 0 0 0. Total revenue See instructions 12

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	se to any question in th	is Part IX		
	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				
	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	400.	400.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)		·		
a	Management				<del></del>
b	Legal				
	Accounting				
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
10	column (A) amount, list line 11g expenses on Sch 0.)			<del></del>	
12 13	Advertising and promotion  Office expenses	544.	544.		<del></del>
14	Information technology	244.	7220	-	
15	Royalties				
16	Occupancy	3536.	3536.	·	<del></del>
17	Travel	869.	869.		
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	800.	800.		
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)	r			
	amount, list line 24e expenses on Schedule 0)				
а	CHILDRENS SUPPLIES	7321.	7321.		
b	FOOD PURCHASES	3166.	3166.		
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	16636.	16636.	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.				
	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 -4373.-1922.1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 3200. basis Complete Part VI of Schedule D 10a 1600. 2400. 1600. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 -1973. -322.16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 Schedule D 25 0. Total liabilities. Add lines 17 through 25 0. 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -1973. 27 -322.27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 -1973. -322. 33 Total net assets or fund balances 33 -1973.Total liabilities and net assets/fund balances 34

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2012)

X

2c

За

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		PARK (	CITY INTLATIVE	E CORE	PORATI	ON			9	<u> 00-007448</u>	<u>9</u>
Part I	Reason	for Public Ch	arity Status (All organi	zations mu	ist comple	te this pai	rt ) See ins	tructions			
The organ			on because it is (For lines								
1	A church, co	nvention of churc	hes, or association of chui	rches desc	cribed in s	ection 170	D(b)(1)(A)(	).			
2	A school des	scribed in <b>section</b>	170(b)(1)(A)(ii). (Attach So	chedule E	)						
з 🔲	A hospital or	a cooperative ho	spital service organization	described	ın sectior	170(b)(1	)(A)(III).				
4	A medical re	search organization	on operated in conjunction	with a hos	spital desc	ribed in <b>s</b> i	ection 170	)(b)(1)(A)(ı	ıı). Enter	the hospital's na	ıme,
	city, and sta		,						•	•	
5	•		he benefit of a college or u	iniversity o	wned or o	perated b	v a govern	mental un	ıt describ	ped in	
	-	(b)(1)(A)(iv). (Com	-			•	, 5				
6			nment or governmental un	it describe	d in section	on 170(h)(	1)(A)(v)				
7 X			receives a substantial part					or from the	leranan e	l nublic described	d in
, ,	_	(b)(1)(A)(vi). (Com	•	or its supp	30,11,10,11,10	govoniin	ontai aint	51 110111 1110	gonorai	public described	• 11.
8 🔲			n section 170(b)(1)(A)(vi).	(Complete	Part II \						
9 🗔	· ·		receives (1) more than 33			from contr	ibutione r	namhareh	ın foos a	and arose receipt	e from
•	•	-	functions - subject to certa						•	•	
			s taxable income (less sec								
		509(a)(2). (Compl		LION STILE	(X) 110111 DC	1311163363	acquired t	by the orga	inzation	alter ourie 30, 18	713
10 🔲			operated exclusively to te	et for publ	lic safety	Soo sooti	n F00/a\/	4)			
11 🗔			operated exclusively for the						a out the	nurposes of one	or.
··		-	nzations described in secti								
			ng organization and compl				2) Oee <b>se</b>	ction sos(	a)(3). On	ieck life box lifat	
	a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	•			d Typ	مالا ـ الام	n-functionally into	earsted
e 🗔	• •		that the organization is not			_		- ,		•	•
<b>c</b>		•	r than one or more publicly		•	-			•	•	
f		-	vritten determination from	-					3(a)(1) 01	3ection 303(a)(2,	,
•		rganization, check		tile ii to tile	atitisa iy	pe i, Type	in, or typ	2 111			
~		•	e organization accepted ar	ny gift or c	ontribution	from any	of the foll	Owing por	cone?		
g	_		ndirectly controls, either a			-				, Yes	No
		•	supported organization?	ione or tog	Cuici Willi	pordono	200011000	iii (ii) ai ia (	iii) Delow	11g(i)	<u>, 140</u>
	•	•	son described in (i) above?	)						11g(ii)	+
			f a person described in (i) of		<u>-</u> 2					11g(iii)	+
h	• •	-	on about the supported or	• •						119(111)	
"	Flovide the I	ollowing information	on about the supported of	yanızanon	(3)						
40		5111		(mt) le the e	raanization	(v) Did yo	u notify the	(vi) Is	the	<u> </u>	
• •	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	(vi) ls organization	on in col	(vii) Amount of me	onetary
UI Ya	anization	}	above or IRC section		document?	_	r support?	(i) organız U.S	ea in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
						100					
		1									
			-								
							1		1 1		
				<del>                                     </del>							
				<del>                                     </del>	_			<del>                                     </del>			
									<del>  </del>		
otal											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

#### 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						
Cal	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		j				
	include any "unusual grants ")	15434.	21325.	77711.	45580.	18287.	178337.
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						
Ū	furnished by a governmental unit to		1				
	the organization without charge						
1	Total, Add lines 1 through 3	15434.	21325.	77711.	45580.	18287.	178337.
	The portion of total contributions	13434.	21323.	777220	±3300.	10207	<u> </u>
5	by each person (other than a						
	governmental unit or publicly						
	- ' -		Ì				
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,					i	
	column (f)						1 50005
	Public support. Subtract line 5 from line 4						<u>178337.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🟲 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	15434.	21325.	77711.	45580.	18287.	178337.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain				İ		
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						178337.
12	Gross receipts from related activities,	etc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here		<u></u>	<u> </u>		▶□
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2012 (lir	ne 6, column (f) dıv	ided by line 11, co	olumn (f))		14 1	L00.00 %
15	Public support percentage from 2011	Schedule A, Part II	, line 14			15	%
16a	33 1/3% support test - 2012. If the or	ganization did not	check the box on	line 13, and line 14	l is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies a	s a publicly suppo	rted organization				$\triangleright X$
b	33 1/3% support test - 2011. If the or	ganization did not	check a box on lir	ne 13 or 16a, and lii	ne 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qualif	ies as a publicly su	ipported organizat	cion			ightharpoons
17a	10% -facts-and-circumstances test	- 2012. If the orga	nization did not ch	eck a box on line 1	13, 16a, or 16b, ar	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	s-and-circumstance	es" test, check thi	s box and stop he	re. Explain in Part	IV how the organiz	zation
	meets the "facts-and-circumstances" t		-	•	·	ŭ	
b	10% -facts-and-circumstances test	_		•	-	7a, and line 15 is 1	0% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circu				•		ightharpoons
18	Private foundation. If the organization				•		
						lule A (Form 990 o	

232022 12-04-12

### 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>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, 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- ness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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.						
(	Add lines 7a and 7b		<u> </u>				
	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>			<u></u>	<u> </u>
Se	ction B. Total Support		F				,
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	<u> </u>				<u> </u>	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (I	ıne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2011					16	
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
	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	-					7 is not
	more than 33 1/3%, check this box ar						▶□
b	33 1/3% support tests - 2011. If the	_					and
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 190, check th	is dox 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

90-0074489

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts Complete if the
Pa			is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised failes	(b) i dilac and caller accounts
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		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization		Part IV, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements durin	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		► \$ ► \$
_			· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2012

▶ 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2012

#### **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

OMB No 1545-0047

Employer identification number Name of the organization 90-0074489 PARK CITY INTIATIVE CORPORATION FORM 990, PART VI, SECTION A, LINE 2: MARY GREEN, PRESIDENT AND LEONARD GREEN, SECRETARY/TREASURER ARE HUSBAND AND WIFE FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A MONTHLY MEETING BEFORE BEING FILED FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE AT THE ORGANIZATIONS OFFICE UPON REQUEST