## Form **990**

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

Departi Internal	ment of t I Revenu	the Treasury 18 Service	► The organiza	ation may have	to use a copy of this re	turn to satisi	ly state rep	orting requ	irements.	Inspection			
			ndar year, or tax ye				nd ending			, 20			
			de: C Name of organization Music for the Soul, Inc.										
_		change	Deing Business As 01-0707171										
= '	ame ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
= ``	itial reti	•	200 000 000										
<u> </u>	erminat	ed	City, town or post o	ffice, state, and	ZIP code								
^ ב	mandeo	muden b	Nashville, TN 3720	74					G Gross rec				
	eplicati	on pending	F Name and address	of principal offic	er: Steve Siler, Execu	tive Directo	r			or affiliates? Yes 🗹 No			
	_		3508 Robin Road	<u>Nashville, TN</u>	37204		•			cluded? Yes No			
T	ax-exer	npt status:	<b>☑</b> 501(c)(3)	☐ 501(c) (	) ◀ (insert no.) 🔲	4947(a)(1) or	□ 527	_  "`	No," attach a	list. (see instructions)			
J ¥	Vebelte	:► ww	w.musicforthesoul					H(c) Gro	p exemption				
K F	com et e	organization		ust 🔲 Associa	ation ☐ Other ▶	LYe	ar of format	ion: 1991	B M State	of legal domicile: TN			
Pa	rt I	Sumn											
$\Box$	1	Briefly d	ascribe the organi	zation's miss	sion or most significar	nt activities	:						
		Creating	music for healing l	n Christian M	linistry								
월			****************							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Activities & Governance				,				·					
§	2	Check ti	ris box ▶☐ if the	organization	discontinued its oper	rations or d							
<b>3</b>	3	Number	of voting member	rs of the gov	erning body (Part VI, I	lne 1a) .     .			. 3	1(			
ğ	4				ers of the governing b				. 4				
引	5				in calendar year 2012				. 5				
3 I	6				necessary)				·   B				
٦	7a				Part VIII, column (C),				· 78				
_	<u> </u>	Net unre	lated business ta	xable income	e from Form 990-T, lin	<u> 18 34</u>	· · ·	· · ·	. 7b	<u> </u>			
١							<u> </u>	Prior	Year	Current Year			
اع	8				e 1h)		• • •		94,513	195,20			
	9		n service revenue				• • •		0	27,71			
Revenue	10				A), lines 3, 4, and 7d)				0				
٦	11				nes 5, 6d, 8c, 9c, 10c,				11,811	13,85			
_	12				(must equal Part VIII, c				105,324	236,37			
	13				IX, column (A), lines 1		r						
	14				IX, column (A), line 4)								
g	15				benefits (Part IX, colu				79,106	84,25			
Expenses	16a		_	•	column (A), line 11e)		• • •		0				
Ā	ь				olumn (D), line 25)	••••••	0						
	17		•		nes 11a-11d, 11f-24d				14,612				
	18				it equal Part IX, colum				43,718				
	19	Revenu	e tess expenses.	Subtract line	18 from line 12		• • • •	Regionies of	12,608 Current Year				
B 8	l <u>.</u> .			4.00				ភពពិពេកនាពិ ស					
A Assets of Belon	20		ssets (Part X, line 1				• • •		16,346				
\$ B	21		bilities (Part X, lin				• • •		2,964				
	22			ces. Subtrac	l line 21 from line 20	• • •	• • •		13,382	53,2			
	ort II		ature Block										
Ųn	der pen	usities of po	jury, I declare that I ha	we examined thi	is return, including accompa ain officer) is based on all in	lnying schedu Inmation of w	ies and stat hich oxeogr	ements, and t er has any kn	lo the best of owledge.	my knowledge and belief, it			
	a, cuit	CL, AIRI CON	#:819 DOC   1011 C.						<del></del>	- ha			
o:-			produre of officer	La Carre	1				Date //	<u> </u>			
Sig	•	, s	MICHAL	E/ /	ALOR ]	Del	Buk	IED		•			
no	10	-	po or print name and ti		ALCOR-			-9/	~				
_			Type preparer's name		Preparer's signature		T	Date	Charle	CT if PTIN			
Pa									Check self-en	Tployed			
	epar		e name						Fam's EiN ▶	· <u> </u>			
US	se Or	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s name   s address						Phone no.				
Ma	v the	iRS disci	iss this return with	the prepare	er shown above? (see	instruction	s)			· · · Yes No			

	20 (2012)		Page 2
Part			
_	Check if Schedule O contains a response to any question in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission:		
	Creating music for healing in Christian Ministry		
		•••••	
2	Did the organization undertake any significant program services during the year which were not listed on the	the	
	prior Form 990 or 990-EZ?	· 🗌 Yes	√ No
	If "Yes," describe these new services on Schedule O.		<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am	
	services?	· 🗌 Yes	✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and at the total accomplishments.	ces, as meas allocations to	sured by others,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ \$50,394 including grants of \$ 0 ) (Revenue \$		)
	Creation of new website for Somebody's Daughter, a program intended to change men's hearts on the issue of p	ornogrpahy.	, This
	program, through the website and through the music and DVD created for Somebody's daughter, reached thousa	ands of indivi	duals
	in 2012 in church programs, speaking by the director of Music for the Soul and the use of the website.		
	•••••		
			·
		***************************************	
4b	(Code: ) (Expenses \$ 17,586 including grants of \$ 0 ) (Revenue \$		
	Completion of Drink Deep.	•••••	'
		•••••	
		•••••	
			···
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		`
	/( levelide w		'
		•••••	
			·
			· <b></b>
			·
			••••
4d	Other program services (Describe in Schedule O.)		
-, -	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses > cor and		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>\</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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, 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		<b>√</b>
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	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	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>✓</b>
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		/
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IV column (A) lines 6 and 1162 if "Yes," complete Schedule G. Part I (see instructional)	16		1
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		1
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
	If "Yes," complete Schedule G, Part III	19	ļ	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	i i	

Part	Checklist of Required Schedules (continued)		I	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		<u>✓</u>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	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		<b>✓</b>
ь С	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		
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
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person cutstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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,	37		1
38	Part VI	37	1	<b> </b>
		Fo	m 99	0 (2012

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
	Check if Scriedule 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	15						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0						
C	and any analysis of the property of the state of the stat							
	reportable gaming (gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<u> </u>				
_	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	<u> </u>					
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit			ŀ				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1				
b	If "Yes," enter the name of the foreign country: ▶	4a	AMENDO.	V Color				
D	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		<b>-</b>				
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1				
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 th							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r						
	gifts were not tax deductible?	6ь						
7	Organizations that may receive deductible contributions under section 170(c).		9,745					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s 🔛						
	and services provided to the payor?	7a		1				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		1				
	required to file Form 8282?	7c	in a many o	1				
d	If "Yes," indicate the number of Forms 8282 filed during the year		E T					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		<u> </u>	<b>✓</b>				
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<del>                                     </del>	├				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ksii	is desired				
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	100000000000000000000000000000000000000						
	organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.			275				
a	Did the organization make any taxable distributions under section 4966?	9a		##Y###				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:		57835					
а	Initiation fees and capital contributions included on Part VIII, line 12			10.00				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		14.					
11	Section 501(c)(12) organizations. Enter:		1. 3					
а	Gross income from members or shareholders		ı i					
þ	Gross income from other sources (Do not net amounts due or paid to other sources	<i>t</i>						
	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						
ь	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	 	postubili				
ь	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which							
U	the organization is licensed to issue qualified health plans			į.				
С	Enter the amount of reserves on hand	$\dashv$						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,×#431337\$	1				
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<del>'                                    </del>				

	VI Covernment Management and Disclarure For each "Vee" response to lines 2 through 7h below	000 1		"Alo"
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI	ee ms	trucu	ons.
Section	on A. Governing Body and Management	<u>· · · </u>	• •	
Geotti	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 10		7	
	If there are material differences in voting rights among members of the governing body, or	. 1		
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>/</b>
6	Did the organization have members or stockholders?	6		<u> </u>
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	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		<b>V</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>/</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? 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		/
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
ь	Other officers or key employees of the organization	15b	<b>\</b>	
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a	S.W.L.	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	•	
Sect	ion C. Disclosure		**	
17	List the states with which a copy of this Form 990 is required to be filed ► TN, OK, TX and CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	s only
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;	
	organization: ► Steve Siler 3508 Robin Road Nashville, TN 35204 (615)297-8297			

Form 990 (201)	2) Page
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.

☐ Check this box if neither the organization nor	any related	d orga	aniz	atio	n c	ompei	nsa	ited any curren	t officer, director	, or trustee.		
(C)												
(A) Name and Title	(B) Average hours per	box,	unles	ieck is pe	rsen	than o is both or/truste	an	ا نے ا	(E) Reportable compensation from			
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) Steve Siler	50											
Executive Director		<b>✓</b>	_	✓				66,246	0		0	
(2) Judi Reid	2									I		
Chairman of the Board		1		_	_			0	0		0	
(3) Susan Brantley	1	,						_				
Vice Chair	_	✓	-	-				0	0		0	
(4) Michael Lalor	2	,		,				_	_			
Treasurer		✓		1			_	0	0		0	
(5) John Cozart	11	1						_			_	
Director (6) pt. 11. A.		-	├	┝				0	0		0	
(6) Philip Keveren	11	1									_	
Director			╁	├	├			2,267	0		0	
(7) Paula Schrad Director	11	1		ĺ					0		_	
(8) Brad Weeks	1	<b>                                     </b>					-	0			0	
Director	<b></b>	1							٥		0	
(9) Shelly Beach	1	<u> </u>	$\vdash$		一							
Director	<del> </del>	1		l				ا ،	0		0	
(10) Danna Civar Johnston	1	Ť	H	$\vdash$	$\vdash$						_	
(10) Donna Giver Johnston	<del> </del>	1						0	o		0	
(11)		<u> </u>						•	0			
(12)			ļ	_			-				_	
(13)			<del> </del>								_	
(14)	ļ										_	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)						
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)
	Name and title	Average hours per	box, unless person is both ar			an Reportable Reportab			Estimated amount of			
		week (list any			_	_		··	from	related	1	other
		hours for related	<u> </u>	Title:	Officer	Key	mg dighe	Former	the organization	organization (W-2/1099-M		compensation from the
		organizations	ecto	ation	1 4	夏	ist co	<b>1</b> 5	(W-2/1099-MISC)		.55,	organization
		below dotted line)	Individual trustee or director	altr		employee	age	1				and related organizations
			8	Institutional trustee			Highest compensated emptoyee					•
				°		<u> </u>	8		<u> </u>			
(15)			ļ					[		ŀ		
				_				<u> </u>				
(16)		<del> </del>						l				
(17)				-		┢	<del> </del>	├			-	
<i>y.a</i>	•••••	<del> </del>										
(18)				H				<del> </del>	-			
3		<b>†</b>										
(19)	•••••							İ				
			]						<u> </u>			
(20)		ļ				1						
			ļ	<u> </u>	<u> </u>			<b>↓</b> _			_	
(21)		ļ										
(00)		ļ	├	-	┝	-		-				
(22)		<del> </del>	-			ļ	ļ		1			
(23)		<del> </del>	<del> </del>		-	-	1	$\vdash$	<u> </u>		-	
320/		†	1				1		1			
(24)						⇈		T				
3		1	1		İ							
(25)												
			<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		ļ		
	Sub-total							<b>•</b>	68,513	1	0	0
	Total from continuation sheets to Part	-							- 0	·	0	0
	Total (add lines 1b and 1c)							<u> </u>	68,513		0	0
2	Total number of individuals (including bureportable compensation from the organ	it not limited	a to ti	nose	e IIS	tea	apov	e) v	vno receivea m	iore than \$11	טט,טטט	Of
-	reportable compensation from the organ	IZECTOTI P N	one									Yes No
3	Did the organization list any former or	fficer, direc	ctor,	or t	rust	ee,	key	emi	ployee, or high	hest compe	nsated	
	employee on line 1a? If "Yes," complete	Schedule J	l for s	uch	ina	livid	ual					3 🗸
4	For any individual listed on line 1a, is the	e sum of re	porta	ıble	cor	npe	nsati	on a	and other com	pensation fr	om the	
	organization and related organizations	greater th	nan \$	150	,00	0?	f "Ye	es, "	complete Sci	hedule J fo	r such	
	individual										· ·	4 🗸
5	Did any person listed on line 1a receive											
<u> </u>	for services rendered to the organization	rii Yes,	comp	iete	30	nea	uie J	ior	such person	<u> </u>	· ·	5   ✓
Secure 1	on B. Independent Contractors  Complete this table for your five highest	compensa	ted in	den	enc	lant	cont	raci	tore that receiv	ed more tha	n \$100	) OOO of
•	compensation from the organization. Re											
	year.	port comp.							, o o g			,
	(A)							Τ	(B)			(C)
_	Name and business ad	dress						L	Description of	services		Compensation
None								I				
								1				
								1				
								+				
	Total number of independent contract	ors (includ	ina h	ut i	not	lim	ited t	0 1	hose listed at	nove) who	tssattmax	
-	received more than \$100,000 of comper								None			To the time of the

Part	VIII	Statement of Reve	nue						
		Check if Schedule O	contains a	respo	onse to any ques			<u></u>	<u> </u>
	1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a	Federated campaigns		1a	0			1000	
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues .		1b	0				45.0
S, C	С	<u></u>		0					
혈	d	Related organizations		1d	0				2.0
i iš	е	Government grants (con		1e	0		u.	17	
育	f	All other contributions, gi						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1000
결동		and similar amounts not inc			195,208				P Zeitz Fra
ad to	9	Noncash contributions includ							
	h	Total. Add lines 1a-1	<u> </u>	<u>· · · </u>		195,208		2 A	84
an e					Business Code				
eve	2a	Music and DVD Sales		•••••	512210	27,710	27,710		
贸	b								
Ξ̈́	C								
Š	d								
Jran (	e	All other program sen	ico roveni						
Program Service Revenue	g	Total. Add lines 2a-2				27,710			
	3	Investment income	(includina	divid	ends, interest.	27,710	[		
		and other similar amo							1
	4	Income from investment	t of tax-exe	mpt b	ond proceeds ►	0			
	5	O14!			>	2,293	2,293		
		•	(i) Rea	1	(ii) Personal				
	6a	Gross rents							
	ь	Less: rental expenses				5			
	С	Rental income or (loss)				.,		7.4	
	d	Net rental income or			>	0			
	7a	Gross amount from sales of	(i) Securit	ties	(ii) Other	more measured and			
	1	assets other than inventory				preticing	1)		
	Ь	Less: cost or other basis					7, 1, -		
		and sales expenses .					) ***		
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> •</u>	О			
•								7. 4	facility and the second
venue	8a	Gross income from fu	ındraising					1	
		events (not including \$							
æ		of contributions reporte	ed on line 1	c).		199		u - Start (	
Other Re		See Part IV, line 18 .		· a	10,000			311,19	ka sa Sparke sa a
ᅙ	b	Less: direct expenses		. ь	0,200				
	C	Net income or (loss) f			events . ►	8,394		Heriotoposto del constello sociale	8,394
	9a	Gross income from ga	aming activ			le e 4		4.	
	١.	See Part IV, line 19 .		. а	`	li je sa i k		1,4	The second secon
	b	Less: direct expenses		. b				i	
	100	Net income or (loss) f	_	_	ivities ▶	C			N 1955 Salvidas Salvidas Maria Review of Salvidas
	IUa	Gross sales of in returns and allowance				Egire, jak			
	_			· a	1.			1 4 4 2 5 25	
	Ь	Less: cost of goods s Net income or (loss) f				n x y zeti .			
	<b>—</b>	Miscellaneous P		J. 111V	Business Code	O D		legak program SV Pras	
	11a	Honorariums and othe	<del> </del>		624110	2,772	2,772		
	b	i ionorariums and Offic	1		024110	2,112	2,112	<b> </b>	
	C						-		
	d	All other revenue .				<del> </del>	2,772		
	e	Total. Add lines 11a-	11d		▶	2,772			
	12	Total revenue. See in		š		236.377			8,394

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con		All other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	nse to any question			
Do no 8b, 9l	nt include amounts reported on lines 6b, 7b, o, 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	0			
2	Grants and other assistance to individuals in				
_	the United States, See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
		0			
4 5	Benefits paid to or for members Compensation of current officers, directors,	0			
•	trustees, and key employees				
6	Compensation not included above, to disqualified	63,466	21,156	21,155	21,155
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	22,265	7,422	7,422	7,421
10	Payroll taxes	5,047	1,682	1,682	1,683
11	Fees for services (non-employees):	3,0 11	.,,,,,,,	1,002	1,003
а	Management	0			
ь	Legal	775		775	
C	Accounting	0			· · ·
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses				<del></del> -
14	Information technology				
15	Royalties				
16	Occupancy	1,946	649	649	648
17 18	Travel	10,244	3,415	3,415	3,414
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0			
20	, and meeting				
21	Interest	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0	-		·
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	14			
	line 24e amount exceeds 10% of line 25, column	1			Biggreen and the second
	(A) amount, list line 24e expenses on Schedule O.)				
а	Website development	16,964	8,482	1 1000000	8,482
b	Somebody's Daughter website and material	50,394	50,394		
C	Drink Deep development	17,586	17,586		
đ	Dignity completion	5,620	5,620		
е	All other expenses	2,238	1,119		1,119
25	Total functional expenses. Add lines 1 through 24e	196,545	117,525	35,098	43,922
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 following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			1 290 11
		Check if Schedule O contains a response to any question in this Part	х <u></u>	•	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	15,110	1	54,942
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	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	0
	6	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			
6		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Asi	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	1236	9	820
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	ō
	14	Intangible assets	<del></del>	14	0
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,346	16	55,672
	17	Accounts payable and accrued expenses	117,711	17	2,458
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		 22	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,964	26	2,458
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			2,456
Į.	27	Unrestricted net assets		27	
d Bala	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
¥	32	Retained earnings, endowment, accumulated income, cr other funds .	0	32	0
Ne	33	Total net assets or fund balances	13,382	33	53,214
_	34	Total liabilities and net assets/fund balances		34	55,672
					Form <b>990</b> (2012)

Par	T XI Reconciliation of Net Assets			Page 1
1	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.</u>	$\square$
2	The first added to the column (A), III (C 12)	1	-	236,37
3	Total expenses (must equal Part IX, column (A), line 25)	2		196,54
4	Revenue less expenses. Subtract line 2 from line 1	3		39,83
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,38
6	Net unrealized gains (losses) on investments	5		
7	Donated services and use of facilities	6		
8	Investment expenses .	7		
9	Prior period adjustments	8		
10	Other changes in net assets or fund balances (explain in Schedule O)	9		
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1 1		
Par	33, column (B))	10		53,214
	Check if Schedule O contains a reconstruction of the contains a re			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>	<u> </u>
1				Yes No
•	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," ex	plain in		
2a				
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2a	1
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or		
h	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 audit separate basis, consolidated basis, or both:	ed on a		
_	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 o	versight		
	of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its augmentation of the organization changed either its augmentation of the organization changed either its augmentation of the organization changed either its augmentation of the organization of the organizat	intant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in		
30				
34	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in		
b	If "Voe " did the exemination underse the great tool of "the state"		3a	<b>/</b>
IJ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits or audits explain why in Separate O and describe a second and the organization did not undergo.	rgo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	
			Form 9	90 (2012)