Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public . Inspection

<u>A</u>	For the	2013 calendar year, or tax year beginning , and ending			
B	Check if app	oplicable: C Name of organization		D Employ	rer (dentification number
\sqcup	Address ch	mange BRIGHTSTONE, INC.			
\Box	Name chan	nge Doing Business As			<u> 1783260 </u>
\exists	1-18-1	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number
닖	Initial return	140 SOUTHEAST PARKWAY COURT		615	-790-4888
	Terminated	d City or town, state or province, country, and ZIP or foreign postal code			
П	Amended n	relum FRANKLIN TN 37064		G Gross rece	ipts S 1,170,533
\equiv	Application	F. Name and address of principal officer			
	Афрасации	BRENDA K. HAUK, EXECUTIVE DIRECTOR	H(a) Is this a gr	oup return for su	bordinates? Yes X No
		140 SOUTHEAST PARKWAY COURT	H(b) Are all aut	ordinales Inclu	ted? Yes No
		FRANKLIN IN 37064			see instructions)
	Tay ayamı	(92)			
<u>-</u>	Tax-exem:				
	Website:		L Year of formation: 1		
	NAME OF TAXABLE PARTY.		L Year or tormation:	.999	M State of legal domicile: TN
	art I	Summary			
	1 B	Briefly describe the organization's mission or most significant activities:			
8		BRIGHTSTONE IS A RESOURCE IN THE COMMUNITY FOUNDED TO		R THE	
& Governance		MULTIPLE NEEDS OF ADULTS WHO ARE DEVELOPMENTALLY DISA	BLED.		
me					,
Š		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 2			
<u>ග</u> න	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	_14
65	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities	5 T	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	29
t	6 T	otal number of volunteers (estimate if necessary)		6	150
4	7a T	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
		Net unrelated business taxable income from Form 990-T, line 34			0
	- D.N	ter unitabled business taxable income non-rain 556-1; into 64	Prior Ye		Current Year
_	8 0	Contributions and grants (Part VIII, line 1h)	58	8,299	803,001
an.	9 P	Program service revenue (Part VIII, line 2g)		2,153	285,063
Revenue	10 Ir	nvestment Income (Part VIII, column (A), lines 3, 4, and 7d)		695	570
Re	44 0	The sevence (Part VIII, column (A), lines 5, 4, and 70)	16	7,605	-36,678
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 00	8,752	1,051,956
_		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,102	21,452
		Grents and similar amounts paid (Part IX, column (A), lines 1–3)			21,432
	1	Benefits paid to or for members (Part IX, column (A), line 4)		- FOO	634 500
S S	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	. 51	9,500	634,522
sasuada	16a P	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 174, 938			0
xpe					
ழ	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,212	219,379
	18 T	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,712	875,353
	19 F	Revenue less expenses. Subtract line 18 from line 12		3,040	176,603
5	9		Beginning of Ct		End of Year
sels	20 T	Total assets (Part X, line 16)		3,543	2,061,857
A.	21 T	Total liabilities (Part X, line 26)	40	5,295	397,006
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,48	8,248	1,664,851
	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best	of my knowle	dge and belief, It Is
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.		
		Exercise F. Stauk		6-	3-2014
Si	gn	Signature of officer		Date	
	_	BRENDA K. HAUK EXE	CUTIVE DI	RECTOR	
пе	ere	Type or print name and title	0022722 025		
_			Date	Check	if PTIN
D-	ıd	//.DF6: 1 V.	6.3.4	- 111	L-1"
Pa		MIKE DUNN, CPA MUHOT MUL, CPA	0.3.4		
	eparer	Firm's name BLANKENSHIP CPA GROUP, PLLC		Firm's EIN ▶	45-0491842
បទ	e Only	215 WARD CIRCLE			C1E 200 2001
_		Firm's address BRENTWOOD, TN 37027-2304		Phone no.	615-373-3771
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2013) BRIGHTSTONE, INC. 62-1783260	Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> <u> </u>
		mrra
	RIGHTSTONE IS A RESOURCE IN THE COMMUNITY FOUNDED TO PROVIDE FOR TULTIPLE NEEDS OF ADULTS WHO ARE DEVELOPMENTALLY DISABLED.	THE
1-1	CHILLER REDUCTO OF ADULED HITO ARE DEVELOPMENTALLED DIDADED.	
	*	
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?	Yes X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 538,314 including grants of \$ 21,452) (Revenue \$	285,063)
	ROVIDE A COMPREHENSIVE WORK, EDUCATIONAL AND SOCIAL SUPPORT COMMU	
	DULTS WITH SPECIAL NEEDS, EXPANDING THEIR POTENTIAL AND HELPING T	
ט	EVELOP MENTALLY, PHYSICALLY, EMOTIONALLY, SOCIALLY AND SPIRITUALI	4χ.
	•	• • • • • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·	
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
410	/ (Levellus #) (Levellus #) (Nevellus #)	
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	······	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	••••••	
	•	
	······	

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	•	
A 4	Other program continue (Deposits in Cabadula O.)	
40	Other program services. (Describe in Schedule O.) (Expenses \$	١
4e	Total program service expenses ► 538,314	

Form 990 (2013) BRIGHTSTONE, INC.

Part IV Checklist of Required Schedules

. F.a	Checklist of Required Scheddles			
		$\overline{}$	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	<u>x</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	B 4 8	5		x
•	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	"		
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
	"Yes," complete Schedule D, Part I	6		_X
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		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account flability; 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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1007551
• •			100	Masi
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Diame.		Services.
а	consider Orbert to D. D. (All	110	X	
	complete Schedule D, Part VI	11a		
þ	Did the organization report an amount for investments—other securitles 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		_X_
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		<u> </u>
ď	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>x</u> _
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		X
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	
ь	Was the organization included in consolidated, independent audited financial statements for the lax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	
13		-		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-21
þ	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			7.7
	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 other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Dest MIL Program As and De0 K Mars Manageriate Coloradate Or Dest M	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		19		x
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20b		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	700		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \mathbf{x} 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Itl X 22 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 X 23 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 25a X b 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? d 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 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 X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. \mathbf{x} 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? 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 or note to any line in this Part V No Yes Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 29 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 X account)? 4a 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 72 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X b Dld the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? а Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities þ 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? X 14a 14b If "Yes," has It filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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. X Check if Schedule O contains a response or note to any line in this Part VI. Section 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 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. Enter the number of voting members included in line 1a, above, who are independent 13 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? а 8a Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a 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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ TN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 140 SOUTHEAST PARKWAY COURT organization: > BRENDA HAUK, PRESIDENT TN 37064 615-790-4888 FRANKLIN

Form 990 (2013) BRIGHTSTONE, INC.

62-1783260

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 organizations compensated any current officer, director, or trustee.

(A) Name and Tille	(B) Average hours per week (list any	bo of	ix, un!e ficer a	Pos check 338 pe	नठता i तठडा	than on a both a	an.	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	ladividual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	crganizallon (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRENDA K. HAUK				_						
· · · · · · · · · · · · · · · · · · ·	55.00								_	_
PRESIDENT	0.00	X	ļ	X		\vdash		28,967	0	0
(2) DICK WELLS	1 20				l					
CHAIRMAN	1.38	x		x				o	0	0
(3) BOB SPECK	0.00				_	$\vdash \vdash$				
(3) 202 52 2020	1.40									
VICE CHAIR	0.00	x		x				0	0	0
(4) DON STINNETT	1		_							
	2.42									
TREASURER	0.00	x		X				0	0	0
(5) KEITH BRALY										
	0.35									
DIRECTOR	0.00	X				Ш		0	0	0
(6) TERRY BRIDGES										
	0.31	l								
DIRECTOR	0.00	X				\vdash		0	0	0
(7) KEVIN GABHART	1 60	l								
GISCHDISMA DIV	1.60	x		х					٥	0
SECRETARY (8) MONICA COAKLEY	0.00	Δ.						0	0	
(6) MONICA COARDEI	0.23									
DIRECTOR	0.00	x						o	0	0
(9) CATHY STALLWORTH			_			+				
	0.50									
DIRECTOR	0.00	X						0	0	0
(10) TOM SINGLETON										
	0.38									
DIRECTOR	0.00	X					_	0	0	0
(11) SCOTT GENTRY										
	1.03							_	_	_
DIRECTOR	0.00	X						0	0	0 Form 990 (2013)

(A) Name and title	(B) Average			Pos	C) illion	_		(D) Reportable	(E) Reportable		(F) Estimated	
	hours per week (list any hours for	bc of	ax, unla Roer a	nda	noan	than o is both or/bust	ลก	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	соп	imount of other inpensation from the	
	related organizations below dotted line)	Individual tru or director		Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		org ar	genization nd related genizations	
		trustee	frustee		ő	ensated						
(12) GLEN CASADA	0.14											
DIRECTOR	0.00	x		_				0	0	1		0
(13) AARON FERRELL	0.52											
DIRECTOR	0.00	x		_		_		0	0			0
(14) CANDY SULLIVAN	1.02											
DIRECTOR	0.00	X	_		<u> </u>	-	<u> </u>	0	0			0
(15)												
(16)			-			-	_					
(17)											_	
(18)												
			_		<u>L</u>			_				
(19)												
d. 0.1.4.4					_		Ĺ	28,967				
1b Sub-total							>					
d Total (add lines 1b and 1c) Total number of individuals (inc							Ve)	28,967				
reportable compensation from			Ö		113101			- India that the that the that the the the the the the the the the th			Yes	No
3 Did the organization list any fo	rmer officer, direc	ctor,	or tn	ıstee	, ke	y em	ploy	ee, or highest compensated			ER MESS	X
employee on line 1a? If "Yes," 4 For any individual listed on line	1a, is the sum of	of rep	ortat	ole c	omp	ensat	lion a	and other compensation from	n the			
organization and related organi individual											4	X
5 Did any person listed on line 1 for services rendered to the on											5	x
Section B. Independent Contracto						-1		to a that a street many than	- 6400 000 of			
1 Complete this table for your five compensation from the organization.	ation. Report con							year ending with or within t	he organizatlon's tax year.		(0)	
Name and	(A) 1 business address						_	Descript	(B) ion of services	$\overline{}$	(C) Compensation	_
												_
·												
					_							
					_							
2 Total number of Independent of	antradom finales	ling t	t	at II	olto al	In 46	0000	listed above) who				100
received more than \$100,000 c								mated above) with	_0		Form 990 (0040
DAA											Form 990 (∠013)

Pa	rt V	Statement of Reve Check if Schedule (enue O contains	a response or	note to any line in t	this Part VIII		П
		Shock in Concodic C	CONTENTS	a rocponice of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
st st	1a	Federated campaigns	1a			A SOURCE STATE OF	THE RESIDENCE OF THE PARTY OF T	MINE PROPERTY.
Service Revenue Contributions, Giffs, Grants Service Revenue Amounts Service Service	Ь	Membership dues	1b					
e j	ြင	Fundraising events	1c	322,282				
E SE	ď	Related organizations	1d	100				
S.E	e	Government grants (contributions)	1e	7				
Sign	f	All other contributions, gifts, grants,						
bat		and similar amounts not included above	1f	480,719				
Particol Control	g	Noncash contributions included in lines 1a-	-1 <i>t</i> : \$	64,044				
<u> </u>	h	Total. Add lines 1a-1f			803,001		ETONING SECURE	
911		-		Busn. Code				
3VeF	2a	SCHOOL TUITION			258,454	258,454		
<u>8</u>	b	FEES			26,609	26,609		
Š	c							
8	d							
E,	е							
Program	f	All other program service rever						* 100 m 100 Process (100 pm)
<u>r</u>	9	Total. Add lines 2a-2f			285,063	PROPERTY OF THE PARTY OF THE PA		
	3	Investment income (including of	dividends, inte	rest,		1		
		and other similar amounts)		············ 🟲 📙	570			570
	4	income from investment of tax						
	5	Royalties	I .	100	AND REPORT OF THE PARTY OF	A SECRETARION IN CO.	HOT NOW AND THE REAL PROPERTY.	
		(i) Real		(ii) Personal				
	6a	Gross rents		- 17	ENGE THE STATE			
	b	Less: rental exps.		- 8				
	C	Rental inc. or (loss)			Processing in the Contract of the	STREET, STREET	SOUTH CONTRACTOR	A THE RESIDENCE OF
	d 7a	Net rental income or (loss)		(ii) Other	AND THE PROPERTY OF THE			
		sales of assets (1) Securities	<u> </u>	(II) Obtei				
		other than inventory			VALUE OF THE SAME SE			
	þ	Less: cost or other						
	_	basis & sales exps.						
		Gain or (loss) Net gain or (loss)			TO DESCRIPTION OF THE	ADDINES DISCUSSION OF	SOCIOLISIS CONTRACTOR DE	HOUSE STREET, S
	ı	Gross income from fundraising ever			MENDAL BRIEFING			STEVE CALLS
Пē	Da	(not including \$ 322,						
Ver		of contributions reported on line 1c)						
Other Revenue		See Part IV, line 18		79,149				
her	h	Less: direct expenses		118,577				
ŏ	ı	Net income or (loss) from fund			-39,428			
	l .	Gross income from gaming activitie	_					
	"	See Part IV, line 19						
	ь	Less: direct expenses		-		A DE LES EN LES		
		Net income or (loss) from gam		b				
	•	Gross sales of inventory, less			MARKET IN STREET	THE PERSON NAMED IN		CONTRACTOR OF THE PARTY OF THE
		returns and allowances	а					
	ь	Less: cost of goods sold						
		Net Income or (loss) from sales						
		Miscellaneous Revenue		Busn. Code	网络自己		ZOMER CINITE	
	11a	FACILITY USE RENTAL			2,750			2,750
	b	***************************************						
	C	***************************************						
	d	All other revenue						
	8	Total. Add lines 11a-11d			2,750		aug ja	
	12	Total revenue. See Instruction			1,051,956	285,063	0	3,320

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. ехральеѕ general expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 21,452 21,452 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, fines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 30,000 18,600 6,900 4,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 514,306 313,166 106,923 94,217 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 90,216 59,556 15,644 15,016 Payroll taxes Fees for services (non-employees): 11 Management 57 57 b Legal 5,500 5,500 Accounting C e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 21,668 3,290 16,512 1,866 13 Office expenses 14 Information technology 15 Royalties 27,256 31,199 2,957 986 Occupancy 16 24,120 483 24,603 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20,455 18,000 1,841 614 20 Payments to affiliates 21 41,652 35,001 4,889 1,762 Depreciation, depletion, and amortization 22 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNITY RELATIONS 47,866 47,866 LUNCHES 10,171 10,171 b 6,636 BANKING FEES 6,636 C 3,100 3,100 STUDENT ACTIVITIES 4,602 6,472 878 992 All other expenses 875,353 538,314 162,101 174,938 Total functional expanses. Add lines 1 through 24e ... 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 327,316 Cash—non-interest bearing 512,554 1 Savings and temporary cash Investments 329,331 336,601 2 9,464 16,032 Pledges and grants receivable, net 3 Accounts receivable, net 1,662 1,408 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 instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 5,280 5,312 10a Land, buildings, and equipment: cost or 1,561,693 b Less: accumulated depreciation 10b 371,743 1,220,490 1,189,950 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,893,543 2,061,857 16 16 Accounts payable and accrued expenses 17 9,651 14,692 17 Grants payable 18 18 5,367 4,706 19 Deferred revenue 19 20 Tax-exempt bond (labilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 390,277 Secured mortgages and notes payable to unrelated third parties 377,608 23 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 405,295 397,006 26 X and Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,476,198 1,490,771 Temporarily restricted net assets 12,050 174,080 28 or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1,488,248 1,664,851 33 Total liabilities and net assets/fund balances 1,893,543 2,061,857

Form 990 (2013)

Schedule O.

D1 (1)						
om	990 (2013) BRIGHTSTONE, INC.	62-1783260			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any li	ne In this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,0		
2	Total expenses (must equal Part IX, column (A), line 25)				75 , :	
3	Revenue less expenses. Subtract line 2 from line 1		3	1'	76,	60 <u>3</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33.	, column (A))	4	1,4	88 <u>,</u> 2	248
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must					
	33, column (B))	,	10	1,6	64,8	851
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any li	ne in this Part XII	<u></u>			Ш
					Yes	No
1	Accounting method used to prepare the Form 990:	Accrual Other				
	If the organization changed its method of accounting from a prior year or che	ecked "Other," explain in			极烈	
	Schedule O.			323		
2 a	Were the organization's financial statements compiled or reviewed by an inc	dependent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the	ne year were compiled or		75	應等	
	reviewed on a separate basis, consolidated basis, or both:					Box.
	Separate basis Consolidated basis Both consolidated	and separate basis		100	5	
b	Were the organization's financial statements audited by an independent acc	ountant?		_ 2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the			\$555 P	標的	Fun
	separate basis, consolidated basis, or both:			7.3.2		STD.
	X Separate basis Consolidated basis Both consolidated	and separate basis			illig	nie.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assum	es responsibility for oversight				
	of the audit, review, or compliation of its financial statements and selection	of an independent accountant?		2c	X	

If the organization changed either its oversight process or selection process during the tax year, explain in

required audit or audits, explain why In Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2013)

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Information about

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

lame	of the	organization	HDTGH	TSTONE,	INC.						1	yer identifi -1783	ication numb	er		
P.	irt I	Reas				All organization	e must co	molete	this na	rt) Sp						
						es 1 through 11,			uns pe	11., 00	C II IOL	uonone	<u> </u>	_		
1			•		•	urches described	-	,	Δ1/i)							
2	x					n Schedule E.)	iii secaon	170(0)(1)()(1).							
3	H			. ,, .,		on described in se	otton 170/k	.\/4\/ A\/##								
4	\vdash	-		•	•	on with a hospital	•			\/ A \/(65)	Entor	ha basal	tal'e name			
4	ш		•	ation operated	in conjunction	on with a nospital	described in	2600011	110(0)(1)(A)(III).	Litter (ne nospi	iais name,			
5		city, and state An organization	****			r university owned					escribec					
		section 170	(b)(1)(A)(iv). (Complete Part	It.)											
6	Ц	A federal, sta	te, or local go	vemment or go	overnmental	unit described in	section 170	(b)(1)(A)(\	/).							
7		An organization	on that normal	ly receives a s	ubstantial pa	art of its support fr	om a govern	mental un	it or fron	n the ge	neral p	nplic				
	_	described in	section 170(t	o)(1)(A)(vi). (Co	omplete Part	: II .)										
8	Ц	A community	trust describe	d in section 1	70(b)(1)(A)(vi). (Complete Pa	rt II.)									
9	Ш	An organization	on that normal	ly receives: (1)	more than	33 1/3% of its sup	port from ∞	ntributions	s, memb	ership fe	es, and	gross				
		receipts from	activities relate	ed to its exemp	ot functions-	-subject to certain	exceptions,	and (2) n	o more t	han 33	1/3% of	its				
		support from	gross investm	ent income and	d unrelated b	ousiness taxable i	ncome (less	section 5°	11 tax) f	rom bus	inesses					
	_	acquired by the	ne organizatior	after June 30	, 1975. See	section 509(a)(2). (Complete	Part III.)								
10		An organization	on organized a	and operated e	xclusively to	test for public saf	ety. See se	ction 509(a)(4).							
11		An organization	on organized a	ınd operated e	xclusively for	the benefit of, to	perform the	functions (of, or to	сапу оц	t the					
		purposes of o	ine or more pi	ublicly supporte	ed organizati	ons described in a	section 509(a	a)(1) or se	ction 50	9(a)(2). ३	See se	ction				
		509(a)(3). Ch	eck the box the	nat describes th	ne type of su	pporting organiza	tion and coπ	plete (Ines	11e thr	ough 11	h.					
	_	a Type	d ' 1	Type II	С	Type III–Function	onally integra	ated	d	Тур	e III–N	on-functio	onally integ	rate	eď	
е	\sqcup	By checking t	his box, I certi	fy that the orga	anization is n	ot controlled direc	ally or indirec	tly by one	or more	disqual	ified pe	rsons				
		other than for	ındation mana	gers and other	r than one o	r more publicly su	pported orga	inizations (describe	d in sec	tion 509	9(a)(1)				
		or section 50	9(a)(2).													
f		If the organiza	ation received	a written deten	mination fron	n the IRS that it is	a Type I, Ty	ype II, or T	Type III s	ирропіл	g					_
		organization,	check this box	<							. .					Ш
g		Since August	17, 2006, has	the organization	on accepted	any gift or contrib	ution from a	ny of the								
		following per	sons?											,		
		(i) A person	who directly	or indirectly co	ntrols, either	alone or together	with person	s describe	d in (ii) a	and			_		Yes	No
		(iii) belov	v, the governir	ng body of the	supported o	rganization?				<i></i>		. ,	110	(1)		
		(ii) A family	member of a	person describ	ed in (i) abov	ve?							, 11g	(11)	_	
		(iii) A 35% c	ontrolled entity	of a person d	escribed in (i) or (ii) above?							110	(lii)		<u> </u>
h		Provide the	following inform	nation about th	ne supported	organization(s).										
() Nam	e of supported	(11)	EtN	(6f) T	ype of organization	(Iv) Is the	organization	. ,,	ou notify		Is the	(vii) Amo	unt of	f monet	агу
	are	anization			,	ribed on lines 1–9 ve or IRC section	1 1	isted in your		ntzation In of your		ion in col. Ized in the	5	suppo	rt	
						e instructions))	governing	document?		ort?		S.7				
				_			Yes	No	Yes	No	Yes	No				
A)																
												<u> </u>				
B)																
												\vdash				
C)																
יח					_							 		—		
D)																
E)					_											
			Contract of		10000			17-57			1100	HITT				

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.)

Sec	tion A. Public Support											
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")											
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4.											
	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
11	Total support. Add lines 7 through 10		AND THE STREET			Meridian						
12	Gross receipts from related activities, etc.	(see instructions)				12						
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)						
	organization, check this box and stop here	,,		,		· · · · · · · · · · · · · · · · · · ·						
Sec	tion C. Computation of Public St	upport Percent	age									
14	Public support percentage for 2013 (line 6,	column (f) divided b	y line 11, column	(f))		14	%					
15	Public support percentage from 2012 Scher	dule A, Part II, line	14			15	%					
16a	33 1/3% support test-2013. If the organi	zation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, che	eck this						
	box and stop here. The organization qualit	ies as a publicly su	pported organization	n		• • • • • • • • • • • • • • • • • • • •						
d	33 1/3% support test—2012. If the organi											
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			▶					
17a	10%-facts-and-circumstances test-201											
	10% or more, and if the organization meets											
	Part IV how the organization meets the "fa	cts-and-circumstanc	es" test. The orgar	nization qualifies as	a publicly suppor	ted	. –					
	organization						▶ ∟					
b	10%-facts-and-circumstances test-201	•				line						
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.											
	Explain In Part IV how the organization me			-		-						
	supported organization						▶ 🔲					
18	Private foundation. If the organization did	not check a box on	Ilne 13, 16a, 16b,	17a, or 17b, check	this box and see		_					
	instructions						, ▶ ∟					

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.)

Sec	tion A. Public Support	<u> </u>			•		
Caler	dar year (or fiscal year beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 business under section 513						
4	Tax revenues levied for the organization'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						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b Public support (Subtract line 7c from					単形型に	
Sec	line 6.) tion B. Total Support		PERCENTAGE VIEW	17 Sales of 17 Sales	COMPAND.	ALIENS AND THE	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2005	(1) 2010	(6) 2011	(4) 2012	(e) 2013	(i) Total
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is 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, check this box and stop here	-			` '	. ,	
Sec	tion C. Computation of Public Su				<u></u>		
15	Public support percentage for 2013 (line 8,			·ft)		15	
16	Public support percentage from 2012 Sched	lule A, Part III, line	15			16	%
	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2013 (lin	e 10c, column (f) o	divided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2012 S	Schedule A, Part III	, line 17			18	- %
19a	33 1/3% support tests—2013. If the organ						_
	17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2012. If the organ						. —
00	line 18 is not more than 33 1/3%, check this	-	-	•	-		▶∟
<u>20</u>	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	ib, check this box a	nd see instructions	3	

Schedule A (Fo	rm 990 or 990-EZ) 2	013 BRIGH	TSTONE,	INC.			62-1783260	Page 4
Part IV	Supplemental Part III, line 12	Information.	Provide the	explanations r	required by Part	II, line 10; I	Part II, line 17a o	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

BRIGHTSTONE, 62-1783260 INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization Inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) С 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art; historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

ra	LL A1	Land, Buildings, and Equipi	ment.			
		Complete if the organization a	nswered "Yes" to For	m 990, Part IV, line 11	la. See Form 990, Pa	rt X, line 10.
		Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
			(investment)	(olher)	depreciation	
1a	Land			315,000		315,000
b	Buildings					
C	Leasehol	d improvements				
		nt		1,246,693	371,743	874,950
otal.	. Add line	s 1a through 1e. (Column (d) must equa	al Form 990, Part X, column	n (B), line 10(c).)	.	1,189,950

Part VII	Investments—Other Securities.		62-1783260 Page
T CALL THE	Complete if the organization answered "Yes" to For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
/d) Eineneiel (Coat of and-on-year market value
(1) Financial (derivatives		
	d equity interests		<u> </u>
			-
Total (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		STATE STATE OF THE
Part VIII	Investments—Program Related.		Arra
Ture Time	Complete if the organization answered "Yes" to For	m 990. Part IV. line	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	., .		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	•		
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" to For	m 990, Part IV, lind	e 11e or 11f. See Form 990, Part X,
	line 25.		
1	(a) Description of liability	(b) Book value	
(1) Federal i	ncome taxes		
(2)			
_(3)			
(4)			从我们是是现在是一个人的,不是是不是
_(5)	·		
(6)			
(7)			
(8)		-	
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		MANAGEMENT STATES
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's fin	ancial statements that reports the

	le D (Form 980) 2013 BRIGHTSTONE, INC.		62-1783260	Page 4
Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 99		-	n.
1 T	otal revenue, gains, and other support per audited financial statements			1,071,718
	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
	let unrealized gains on investments	2a		
	onated services and use of facilities	2b	1,660	
c F	ecoveries of prior year grants	2c	10 100	
	ther (Describe in Part XIII.)		18,102	10 760
	dd lines 2a through 2d			
	ubtract line 2e from line 1			1,051,956
	envestment expenses not included on Form 990, Part VIII, line 7b	4a	5	
	Other (Describe in Part XIII.)			
	dd lines 4a and 4b		4	с
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,051,956
Part	XII Reconciliation of Expenses per Audited Financial S			urn.
	Complete if the organization answered "Yes" to Form 99			005 115
	otal expenses and losses per audited financial statements			895,115
	mounts included on line 1 but not on Form 990, Part IX, line 25:	2a	1,660	
	onated services and use of facilities frior year adjustments	· · · · · · · · · · · · · · · · · · ·		
	Other losses		1	
	Other (Describe in Part XIII.)		18,102	
	dd lines 2a through 2d		2	e 19,762
	subtract line 2e from line 1			875,353
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	vestment expenses not included on Form 990, Part VIII, line 7b		_	
	Other (Describe in Part XIII.)	4b		
	udd lines 4a and 4b otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			875,353
	XIII Supplemental Information			0757555
2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove XI XI, LINE 2D - REVENUE AMOUNTS INCLUI	vide any additional info	ormation.	
FUI			\$	18,102
PAI	RT XII, LINE 2D - EXPENSE AMOUNTS INCLU	UDED IN FIN	ANCIALS - O	THER
FUI	ND RAISING EXPENSES NETTED AGAINST REV	ENUE	\$	18,102
			.,.,.	
•••••				
	······································			

Schedule D (Fo	m 990) 2013	BRIGHTSTONE,	INC.		62	-1783260	Page 5
Part XIII	Supplementa	Information (conti	nued)				
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SCHEDULE E

(Form 990 or 990-EZ)

Schools

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE POLICY IS PUBLISHED IN A LOCAL NEWSPAPER (ANNUALLY), IN THE ORGANIZATION'S NEWSLETTER AND POSTED ON THE ORGANIZATION'S WEBSITE.		X	NO
bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE POLICY IS PUBLISHED IN A LOCAL NEWSPAPER (ANNUALLY), IN THE ORGANIZATION'S NEWSLETTER AND POSTED ON THE ORGANIZATION'S		x	を
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE POLICY IS PUBLISHED IN A LOCAL NEWSPAPER (ANNUALLY), IN THE ORGANIZATION'S NEWSLETTER AND POSTED ON THE ORGANIZATION'S			
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE POLICY IS PUBLISHED IN A LOCAL NEWSPAPER (ANNUALLY), IN THE ORGANIZATION'S NEWSLETTER AND POSTED ON THE ORGANIZATION'S		x	
		100	
4 Does the organization maintain the following?	-	35.0	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	H I	x	The same
b Records documenting that scholarships and other financial assistance are awarded on a racially		x	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	С	x	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	d	X	
		581	
5 Does the organization discriminate by race in any way with respect to:			
	а		х
b Admissions policies?	b		X
	Т		
c Employment of faculty or administrative staff?	<u>c</u>		X
d Scholarships or other financial assistance?	d	_	х
e Educational policies?	е	_	x
f Use of facilities?	f		x
g Athletic programs?	g		<u>X</u>
h Other extracurricular activities?	h		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			553
	3		
		9	
6a Does the organization receive any financial aid or assistance from a governmental agency?			x
3	b	7.7	X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.			71
7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		x	161

Schedule E (Fo	ım 990 or 990-EZ)	(2013)	BRIGHTSTON	E,	INC.	62-1783260	Page 2
Part II	Supplemental	Information.	Provide the explan	ations	required by Part I, lines 3, 4d, 5h, 6b, and 7		
	applicable. Also	complete thi	s part to provide a	ny oth	er additional information (see instructions).		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treesury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Name of the organization Employer Identification number BRIGHTSTONE, INC. 62-1783260 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (Ili) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (I) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions? col. (i) Yes No 10 Þ Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gro	ss receipts greater than \$5,0	000		
			(a) Event #1	(b) Event #2	(c) Other events	ı
			22222	CDAFF BATO	MONTE	(d) Total events
			BENEFITS (ovent type)	CRAFT FAIRS (event type)	NONE (total number)	(add col. (a) through col. (c))
re			(GVBIIL 1990)	(GVEIII TYPO)	hom tottom)	
Revenue	1	Gross receipts	352 <u>,</u> 494	48,937		401,431
		Less: Contributions	322,282			322,282
	3	Gross income (line 1 minus line 2)	30,212	48,937		79,149
	4	Cash prizes -				
	5	Noncash prizes	15,018			15,018
Ses	6	Rent/facility costs	17 <u>,</u> 229			17,229
Direct Expenses	7	Food and beverages	48,639			48,639
Direct	8	Entertainment				
	9	Other direct expenses	<u>16,</u> 700	20,991		37,691
	10	Direct expense summary.	Add lines 4 through 9 in column (d)		•	118,577
		Net Income summary. Sub	tract line 10 from line 3, column (d)		•	-39,428
P	art		olete if the organization answ n Form 990-EZ, line 6a	vered "Yes" to Form 990, Pa	rt IV, line 19, or reporte	ed more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
_	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)	,	>	
	8	Net gaming income summ	ary. Subtract line 7 from line 1, colu	mn (d)	>	_
c		to the state (a) to color a		lt-o.		
	ls t		organization operates gaming activi operate gaming activities in each of			
				,		
		ere any of the organization's Yes," explain:	gaming licenses revoked, suspende	ed or terminated during the tax year	7	

Sche	dule G (Form 990 or 990-EZ) 2013	BRIGHTSTONE,		<u>62-178</u> 3260	<u></u>	Page 3
11	Does the organization operate gaming	activities with nonmembers?			Yes	No No
12	Is the organization a grantor, beneficiary	y or trustee of a trust or a mea	ember of a partnership or other entity			
	formed to administer charitable gaming	?			Yes	No No
13	Indicate the percentage of gaming activ				_	_
а				13a		%
b						%
14	Enter the name and address of the ner	rson who prepares the organiz	zation's gaming/special events books and			
1-7	records:					
15a	Does the organization have a contract	with a third party from whom t	the organization receives gaming			
	•	, ,			Yes	No No
h			zation ▶ \$		ш	
	amount of gaming revenue retained by					
	If "Yes," enter name and address of the		*******************			
C	ii fes, enter hame and address of the	e tind party.				
	Manua N					
	Name >					
	Address •					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer En	nployee Indep	pendent contractor			
17	Mandatory distributions:					
а	is the organization required under state	e law to make charitable distrib	butions from the gaming proceeds to			_
	retain the state gaming license?				Yes	s No
b	Enter the amount of distributions require	ed under state law to be distri	ibuted to other exempt organizations or			
	spent in the organization's own exempt	activities during the tax year l	\$			
Par		, 15b, 15c, 16, and 17b	nations required by Part I, line 2b o, as applicable. Also complete thi		and	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				Schedule G (Form 99	0 or 990-	EZ) 2013

SCHEDULE I

(Form 990)

Department of the Treasury Internet Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

■ Attach to Form 990.

www.irs.gov/form990.
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is.
! (Form 990) and its instructions is at www
ij
and
990)
(Form
Schedule 1
about
Information

Open to Public Inspection OMB No. 1545-0047 Employer Identification number

% ⊠ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Yes 62-1783260 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisa), other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section If applicable General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? HNC Name and address of organization BRICHTSTONE, or government Part II Part Ξ ₹ 9 2 3 <u>(2</u>) 0 8

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Part III

Page 2

n 990) (2013) BRIGHTSTONE, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(e) Method of valuation (book, F) Description of non-cash assistance (b) FMV, appraisal, other)								nformation.
(e) Method of valuation (book, FMV, appraisal, other)	CASH							required in Part I, line 2, Part III, column (b), and any other additional information.
(d) Amount of non-cash assistance								, Part III, column (b),
(c) Amount of cash grant	21,452							quired in Part I, line 2
(b) Number of recipients	9							
(a) Type of grant or assistance (b) Number of recipients	1 EDUCATIONAL SCHOLARSHIPS	2	3	7	ıs	9	7	Part IV Supplemental Information. Provide the information

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

complete it the organizations answered Tes Off Form 500, I are in

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRICHTSTONE INC

Employer identification number

Pa	BRIGHTSTO.	ME' T	.NC.		02-17632	00		
<u> </u>	rt Types of Property			(a)				
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining	-		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncesh contribution arr	iounts		
1	Art — Works of art							
2	Art Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		STATE OF THE PARTY OF THE					
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	x	1	4,755	NYSE/SALES PRICE	:		
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,				_			
••	or trust interests							
12	Securities — Miscellaneous				_			
13	Qualified conservation							
13	contribution — Historic							
	structures						_	
14	Qualified conservation							
	contribution — Other		_					
15	Real estate Residential							
16	Real estate — Commercial		<u> </u>					
17	Real estate — Other							
18	Collectibles							
19	Food inventory				_ _			
20	Drugs and medical supplies						_	
21	Taxidemy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (PRIZES, FEES, MAT)	X	44	40,895	FMV			
26	Other ▶(SUPPLIES)	X	21	18,394	FMV			
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year f	or contributions for				
	which the organization completed For	_			29			
			•		· · · · · · · · · · · · · · · · · · ·		Yes	No
30a	During the year, did the organization r	eceive hv	contribution any property	reported in Part I, lines 1 - 2	28. that	1112		177
004	it must hold for at least three years fro						250	
	used for exempt purposes for the enti-					30a		x
			benon		• • • • • • • • • • • • • • • • • • • •	500	.7 1	vedê:n
b	If "Yes," describe the arrangement in		allow that requires the resul	ow of any non standard		0.23	2 1	
31	Does the organization have a gift acc		•	-		24		v
	contributions?					31		X
32a	Does the organization hire or use thin	-						*0"
	contributions?	<i></i>				32a		X
b	If "Yes," describe in Part II.						501	
33	If the organization did not report an ar	mount in a	olumn (c) for a type of pro	pperty for which column (a) i	s checked,			344
	describe in Part II.						1	100

Schedule M (Form 9	90) (2013) <u>F</u>	RIGHTSTONE,	INC.	62-1783260 Page 2
Part II	Supplement the organization	tal Information. Fation is reporting in	rovide the Part I, colu	information required by Part I, lines 30b, 32b, and 33, and whether umn (b), the number of contributions, the number of items received, his part for any additional information.
				no pare to any additional finantial
	• • • • • • • • • • • • • • • • • • • •			
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SCHEDULE O

(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Department of the Treasury

BRIGHTSTONE, INC.

Employer Identification number 62-1783260

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 WILL BE PRESENTED ELECTRONICALLY TO EACH BOARD DIRECTOR AT

LEAST TWO (2) WEEKS PRIOR TO THE NEXT REGULAR BOARD MEETING. IT WILL BE

REVIEWED BY THE DIRECTORS VIA ONE OF THE FOLLOWING: AT THE NEXT REGULAR

MEETING, AT A SPECIAL CALLED MEETING, BY E-MAIL OR BY CONFERENCE CALL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AFTER ACCEPTANCE BY THE BOARD, EACH NEW BOARD MEMBER IS GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY. THE BOARD MEMBER IS ASKED TO SIGN THE POLICY STATEMENT ACKNOWLEDGING AGREEMENT TO ITS DISCLOSURE TERMS. THIS DOCUMENT IS RETAINED BY THE BOARD SECRETARY. WHEN VOTING IS REQUIRED ON A POTENTIAL CONFLICT OF INTEREST ISSUE, THE POLICY IS READ TO THE DIRECTORS AND THEY ARE ASKED TO DISCLOSE ANY CONFLICT ANDADHERE ${f TO}$ THETERMS OF

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION OF THE PRESIDENT/EXECUTIVE DIRECTOR OF BRIGHTSTONE HAS BEEN

DETERMINED FOLLOWING A REVIEW OF COMPENSATION OF OTHER SIMILAR POSITIONS IN

THE AREA AND REVIEW, SUBSTANTIATION, AND DECISION BY THE BOARD OF DIRECTORS

AT THE NOVEMBER MEETING EACH YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF THE MANAGEMENT TEAM OF BRIGHTSTONE (DIRECTOR OF

OPERATIONS, DIRECTOR OF FUND DEVELOPMENT, AND PROGRAM COORDINATOR) HAS BEEN

DETERMINED FOLLOWING A REVIEW OF COMPENSATION OF OTHER SIMILAR POSITIONS IN

THE AREA AND REVIEW, SUBSTANTIATION, AND DECISION BY THE EXECUTIVE

Page 2

Name of the organization BRIGHTSTONE, INC.	Employer identification number 62-1783260
DIRECTOR UPON REVIEW AND APPROVAL OF THE BUDGET BY	THE BOARD OF DIRECTORS
AT THE NOVEMBER MEETING EACH YEAR.	
,	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
THE ORGANIZATION'S POLICIES, POLICY MANUAL, CURRENT	AND PRIOR YEAR AUDITED
FINANCIAL STATEMENTS, TAX RETURNS AND BUDGETS ARE A	VAILABLE AT
WWW.GIVINGMATTERS.COM . A LINK TO THIS WEBSITE IS	LOCATED ON THE
ORGANIZATION'S WEBSITE (WWW.BRIGHTSTONE.ORG) AND IT	IS NOTED IN THE
ORGANIZATION'S QUARTERLY NEWSLETTER. GOVERNING DOC	UMENTS ARE RETAINED BY
THE ORGANIZATION AND COPIES ARE AVAILABLE UPON REQU	est.
FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANG	ES - OTHER
FUND RAISING EXPENSES NETTED AGAINST REVENUE	\$ 18,102
FUND RAISING EXPENSES NETTED AGAINST REVENUE	\$ -18,102
·	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

179

Department of the Treasury

(99)

See separate instructions.

Attach to your tax return.

MM

MM

MM

S/L

S/L

SA

27.5 yrs.

39 yrs.

Internal Revenue Service Name(s) shown on return Identifying number BRIGHTSTONE, INC. 62-1783260 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: if you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 5 - (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 5,556 Property subject to section 168(f)(1) election 15 1,048 Other depreciation (including ACRS). 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 17 34,078 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property b 2,891 5.0 ΗY 200DB 578 5-year property 7-year property d 10-year property 2,665 HY 150DB 15.0 133 15-year property 20-year property g 25-year property S/I 25 yrs. h Residential rental S/L MM 27.5 yrs.

Section C—As	sets Placed in Serv	rice During 2013 Ta	ax Year Using the	Alternative Dep	reciation System)

20a	Class life				S/L	
b	12-year	School Services	12 yrs.		S/L	
С	40-year		 40 vrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	25
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here		
	and on the appropriate lines of your return. Partnerships and S corporations—see Instructions	22	41,652
23	For assets shown above and placed in service during the current year, enter the		
	portion of the basis attributable to section 263A costs		

property

property

Nonresidential real

DAA

Form 4	1582 (2013)	_											_			Page 2		
Pa	art V	Listed Prope				in oth	her veh	nicles, c	ertain	compu	iters, a	ind pro	perty ι	used fo	r			
		entertainment Note: For any ve	, recreation,	or amuse	ment.)	dond no	iloaga m	to as dad	uotina lo	ממה הצחי		mpleto c	mly 24a					
		24b, columns (a)	through (c) of S	ou are using action A, all	ine stant of Section	B, and	iteage ra d Section	te or ded t C if app	licable.	ase exp	ense, co	mplete c	лпу 24а,					
			-Depreciation							for limi	its for pa	assenger	automo	biles.)				
24a	Do you har	ve evidence to support the	e business/investment	use claimed?		7	Yes	No	24b	If "Yes,"	is the e	vidence	written?		X Yes	No		
	(a)	(b)	(c)	(d))		(e)		(f)		(g)		(h)		(1)			
	of property	Date placed	Business/ investment use	Cost or oti	ner basis		sis for depr		Recovery		Aethod/		Depreciati			ection 179 est		
(IISC V	ehicles first)	In service	percentage			(DL	evnikssines (co esu		period	Co	notrantion		deductio	n				
25	Special	depreclation allowa	nce for qualified	listed proper	ty placed	in serv	ice durin	ng							Total Par	5 0/		
	the tax y	ear and used more	than 50% in a c	ualified busi	ness use	(see in	struction	s)			2	5			4 Tab			
26		used more than 50				_												
1.5	999 C	HEVY VAN																
		03/25/10	100.00%		2,250)	2	,250	5.0	0 20	ODBH	Y		259	59			
		<u> </u>																
		-	%															
27	Property	used 50% or less	in a qualified bus	iness use:	_													
																SEQUIL		
			%							S/L					W355			
			70											<u> </u>	1000			
			%							S/L	<u>.</u> -					1233		
28	Add ami	ounts in column (h),		27 Enter h	ere and o	n line 2	od nane	1	_			8		259				
29		ounts in column (i),												29				
25	Auu aiii	ourits in Column (1),	inte 20. Liner ne		o 7, paye tion B—I									. 25				
Ca	mlata tisia	section for vehicles	unad bu a anla i								omon li	. vou pro	nidad va	hiclos				
	-	ees, first answer th												iiides				
to yo	ur employ	ees, iirst answer ui	ie questions in Si	BCHOIL C 10 S	(a)			(b)	(c			(q)		(e)	- (f)		
20	Tatal be	-:			Vehicl		1	ide 2	Vehic			ilcle 4	1	ilcle 5		cle 6		
30		siness/investment		_														
0.4	•	(do not include co					_	_			1		1		_			
31		mmuting miles drive		ar			-							_				
32		ner personal (nonco	ommuting)															
	miles dr						-	_			-							
33		otal miles driven during the year. Add																
								T	-		-	T	 	Ι				
34		vehicle available f	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		ng off-duty hours?		, ,			-						_					
35		vehicle used prima																
		owner or related p					├	-				ļ. —		_				
36	is anoth	er vehicle available																
			Section C—Qu							•								
		questions to determ	-	•	to comple	eting S	ection B	for vehic	les used	by emp	loyees v	vho are r	not					
more		owners or related							_									
37	Do you	maintain a written p	policy statement t	hat prohibits	all persor	nal use	of vehic	des, inclu	ding com	muting,	by				Yes	No		
	-	playees?																
38	Do you	maintain a written p	oollcy statement t	hat prohibits	personal	use of	vehicles	, except	commutir	ıg, by yı	оиг							
	employe	es? See the instru	ctions for vehicles	s used by co	rporate of	fficers,	directors	s, or 1% o	or more o	wners .								
39	Do you	treat all use of vehi	cles by employee	es as persona	al use?													
40	Do you	provide more than	five vehicles to y	our employee	es, obtain	Inform	ation froi	m your e	mployees	about 1	he							
	use of the	ne vehicles, and re	tain the information	on received?						<i>.</i>								
41	Do you	meet the requireme	ents concerning of	qualified auto	mobile de													
	Note: If	your answer to 37,	38, 39, 40, or 41	l is "Yes," do	not com	olete S	ection B	for the co	overed ve	hicles.								
Pa	art VI	Amortization																
								(c)		(d)	,	(e)			(f)			
		(a)		(b) Date amo			Amortiz	xble amoun	ıt	Code s		Amortiza period		Amortiz	ation for thi	s year		
		Description of costs		begi								percent						
42	Amortiza	ation of costs that b	egins durina vou	r 2013 tax v	ear (see i	nstructi	lons):											
				,										_				
43	Amortiza	ation of costs that b	egan before vou	· 2013 tax ve	ear								43		_			
44		dd amounts in colu											44					
DAA			.,												Form 45	62 (2013)		

BRIGSTO BRIGHTSTONE, INC.

62-1783260

Federal Statements

FYE: 12/31/2013

Taxable Interest on Investments

Description								
			Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
BANK	INTEREST	EARNED						
		\$	570		14			
	TOTAL	\$	570					

375 617 992 Fund Raising ٠Ω-Management & General 878 878 ₹**7**-Form 990, Part IX, Line 24e - All Other Expenses 3,062 540 4,602 1,000 Program Service Federal Statements Ð. 3,062 1,793 1,000 6,472 617 Expenses Total ωļ ٠ BRIGSTO BRIGHTSTONE, INC. Description SUPPLIES TRAINING BAD DEBT CAPITAL CAMPAIGN FYE: 12/31/2013 TOTAL 62-1783260 TEACHING