Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2012 Open to Public

A	For the 2	M2 colondar year or few year beginning	no reperting requ		mapecion
		112 calendar year, or tax year beginning , and ending , and ending , bib: C Name of organization SOCIETY FOR CREATIVE ANACHRONISM,		D Emplo	yer identification number
	Check if application	· ·		D Lilipio	yer identification fidiliber
	Address chang				1.400==4
	Name change	Doing Business As			·1698556
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
H		PO BOX 360789		408	3-263-9305
	Terminated	City, town or post office, state, and ZIP code			
	Amended retur			G Gross rec	eipts\$ 5,069,016
	Application per	F Name and address of principal officer:	A La Hala a surre		affiliates? Yes X No
ш		RENEE SIGNOROTTI	H(a) Is this a g	roup return for	raffiliates? Yes X No
		PO BOX 360789	H(b) Are all aff	filiates includ	ed? Yes No
		MILPITAS CA 95035	If "No	," attach a lis	st. (see instructions)
ı	Tax-exempt s	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
	Website:	WWW.SCA.ORG	H(c) Group ex	emption num	ber▶ 5802
K	Form of organ	zation: X Corporation Trust Association Other L	Year of formation: 1		M State of legal domicile: CA
	art I	Summary		<u> </u>	J
	1	ly describe the organization's mission or most significant activities:			
ø		ECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTOR	 7		
ű	77		-		
Ë					
Governance					
တိ		ck this box ▶☐ if the organization discontinued its operations or disposed of more than	25% of its net a	1 1	_
∞ ∞		ber of voting members of the governing body (Part VI, line 1a)			7
ë	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		. 4	7
Activities		I number of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	9
Act	6 Tota	I number of volunteers (estimate if necessary)		6	0
	7a Tota	I unrelated business revenue from Part VIII, column (C), line 12		7a	4,218
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
ē	8 Con	ributions and grants (Part VIII, line 1h)	1,264		1,244,696
Revenue		ram service revenue (Part VIII, line 2g)	3,343		2,753,649
é	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		2,266	5,060
œ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130	,915	1,059,380
	12 Tota	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,751	1,327	5,062,78 <u>5</u>
	13 Gran	nts and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			0
S	4= 0 .		191	.,068	172,082
enses	16aProf	essional fundraising fees (Part IX, column (A), lines 5–10) I fundraising expenses (Part IX, column (D), line 25) 58,088			0
be	b Tota	I fundraising expenses (Part IX, column (D), line 25) ► 58,088			
Expe	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,514	1,315	5,058,394
	18 Tota	I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,705		5,230,476
		enue less expenses. Subtract line 18 from line 12		,944	-167,691
JO S			Beginning of Cur		End of Year
Net Assets or Fund Balances	20 Tota	I assets (Part X, line 16)	6,057		5,947,011
ASS	21 Tota	I liabilities (Part X, line 26)	232	2,003	289,330
Fig	22 Net	assets or fund balances. Subtract line 21 from line 20	5,825		5,657,681
P	art II	Signature Block	-		•
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	he best of r	nv knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep			,
Sig	n	Signature of officer		Date	
He		RENEE SIGNOROTTI VP			
	·~	Type or print name and title			
	Pri	nt/Type preparer's name Preparer's signature	Date	Chast	if PTIN
Pai	ا بہ			Check	□" <u></u>
	naror	M L. FREY, CPA	11/05		nployed 47 0000F13
	Only	m's name FREY & ASSOCIATES	F	irm's EIN ▶	47-0909513
USE	- 1	30 UNION AVE STE 220			400 300 0010
		n's address CAMPBELL, CA 95008-3162	P	hone no.	408-379-2010
May	y the IRS d	iscuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556	Page Z
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission:	
R	RECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTORY	
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.	
4	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.	
4a	(Code:) (Expenses \$ 92,865 including grants of \$) (Revenue \$)
	PUBLICATIONS - QUARTERLY NEWSLETTER TO OVER 20,000	/
	SIBSCRIBERS BI-MONTHIV DAMPHIETS TO OVER 5 000	
	SUBSCRIBERS, REGIONAL & LOCAL NEWSLETTERS	
	· · · · · · · · · · · · · · · · · · ·	
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	•	
	•	
4h	(Code: \() (Eypenses \(\) 3 - 873 - 844 including grants of \(\) \(\) (Revenue \(\)	1
	(Code:) (Expenses \$ 3,873,844 including grants of \$) (Revenue \$)
E	EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN)
E T	EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC PRACTICING & DEMONSTRATING ARTS & CRAFTS OF)
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4c	EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC PRACTICING & DEMONSTRATING ARTS & CRAFTS OF THE PERIOD (Code:)(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556 **Checklist of Required Schedules** Part IV

	GILLIN CHECKIST OF REQUIRED SCHEDULES		Vas	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	NO
•	complete Schodule A	1	х	i I
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	21	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
-	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,			i
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		37
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			i
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		7.	i
_	"Yes," complete Schedule D, Part I	6	Х	
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		X
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 liability; serve as a			i
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			i
	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			i
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			i
	complete Schedule D, Part VI	11a	X	i
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part V. line 162 If "Ves." complete Schedule D. Part IV	11d	х	i
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		- 22
D	all the second of the second o	12b		х
12	le the exempiration a school described in costion 470/b\/4\/A\/\in\/i\/2 If #\/ea " complete Cabedyle F	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ı
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 4		v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
	organization or entity located outside the United States? 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 assistance			37
	to individuals located outside the United States? 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 fundraising 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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			i I
	If "Yes," complete Schedule G, Part III	19		X
20 a	· · · · · · · · · · · · · · · · · · ·	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	Checklist of Required Schedules (continued)	,	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule I Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0		. 23		- 72
U	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
	conservation contributions? If "Yes," complete Schedule M	30		Λ
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
_	Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
_	complete Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	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	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
8	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	38		X

Form 990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No 18 **1a** 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 ______ 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return _____ 2a **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Х 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 and services provided to the payor? 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year ______ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders _____ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes." enter the amount of tax-exempt interest received or accrued during the year..... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Form 990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI **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 7 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 ______ 7 1b 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? X 14 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). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > AZ, CA, OR, ND, SC, PA, CO, NY, KS, NC, OK, OR, WA 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. Own website Another's website X Upon request Other (explain in Schedule O) 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. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶ SOCIETY FOR CREATIVE ANACHRONISM PO BOX 360789

408-263-9305 Form **990** (2012)

MILPITAS

Form 990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556

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

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

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

- 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 Title	(B) Average hours per week (list any	box	t, unle	ss pe	ition more rson	than one is both a or/trustee	from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ERIK LANGHANS									
VP OPERATIONS	20.00	x					16,280	0	0
(2) DENISE HUNDLEY	00.00								
BOD	20.00	x					0	0	0
(3) LESLIE VAUGHN	0.00	Α						0	
PRESIDENT	20.00	x					0	0	0
(4) MARK FAULCON									
CHAIRMAN	20.00	x					0	0	0
(5) LISA MAY									
BOD	20.00	x						0	
(6) MAX NELSON	0.00	A					0	0	0
BOD	20.00	x					0	0	0
(7) HAROLD SIMON									
BOD	20.00	x					0	0	0
(8) ARTHUR DONADIO									
BOD	20.00	x					0	0	0
(9) LISA CZUDNOCHOW									
	20.00	x					0	0	0
(10) RENEE SIGNOROTT	'I								
VP & SECRETARY	35.00			X			66,772	0	0
(11)MAZELLE ATTIYA	20.00								
TREASURER DAA	0.00			X			6,350	0	Form 990 (2012)

Form 990 (2012) SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556

Part	VII Section A. Officers								s, and Highest Compens		ued)			age
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	otl compe		ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 <u>2</u> 1000 miles)		organiz	ation lated	
(12)							ĭ							
(13)														
(14)														
(15)														
(16)														
(47)														
(17)														
(18)														
(19)														
1h 9	Sub-total							<u> </u>	89,402					
сТ	otal from continuation she													
2 7	Total (add lines 1b and 1c) Total number of individuals (in eportable compensation from	ncluding but not	limi	ted t	o the	ose I	isted	abo	89,402 ove) who received more th	l an \$100,000 in				
	Did the organization list any for				r tru	ctoo	kov	, om	nlovoo ar highast compar	neated			Yes	No
ϵ	employee on line 1a? If "Yes," For any individual listed on lin	" complete Sche	edule	e J f	or su	ıch i	ndivi	dual	[]			3		X
c	organization and related orga	nizations greate	er tha	an \$	150,	0001	? If "`	Yes,	" complete Schedule J for	such		4		X
5 [ndividual Did any person listed on line or services rendered to the o	1a receive or ac	crue 'Yes	cor	nper mple	nsati ete S	on fr Sche	om a dule	any unrelated organization J for such person	or individual		5		Х
Sectio	n B. Independent Contract Complete this table for your fi	tors												
	compensation from the organ	ization. Report	com	pens	satio	n for	the	cale	endar year ending with or v	vithin the organization's ta	ıx year.		(C) ompensa	
	Name and	(A) business address							Descrip	(B) tion of services		Co	mpeńsa	ation
								1						
								-						
								-						
2 T	otal number of independent eceived more than \$100,000	contractors (incompensation	ludir on fro	ng b	ut no he o	t lim rgan	ited izati	to th on ▶	nose listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (C) Unrelated (D) Revenue (A) (B) Related or Total revenue excluded from tax exempt function **business** under sections 512, 513, or 514 revenue revenue 1a Federated campaigns 1a **b** Membership dues 939,866 1b **c** Fundraising events 1c **d** Related organizations 1d Program Service Revenue and Other Sim e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 304,830 1f g Noncash contributions included in lines 1a-1f: \$ 1,244,696 h Total. Add lines 1a-1f Busn. Code 2,747,969 2,747,969 FEES CHARGED AT EVENTS 3,061511120 3,061 NATIONAL PUBS 511120 2,619 1,462 1,157 LOCAL PUBS f All other program service revenue 2,753,649 g Total. Add lines 2a-2f Investment income (including dividends, interest, 5,060 and other similar amounts) 5,060 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss **d** Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses b **c** Net income or (loss) from fundraising events **9a** Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b **c** Net income or (loss) from gaming activities 10a Gross sales of inventory, less 22,863 returns and allowances а $6,\overline{231}$ **b** Less: cost of goods sold b 16,632 16,632 c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn. Code 962,500 962,500 11a INSURANCE PROCEEDS 76,959 76,959 b OTHER 3,289 3,289 GAIN ON SALE OF ASSETS **d** All other revenue e Total. Add lines 11a–11d 1,042,748 4,218 5,062,785 3,808,811 5,060 **12 Total revenue.** See instructions.

Part IX Statement of Functional Expenses

0000	ion 501(c)(3) and 501(c)(4) organizations must on the contains a responsible of contains a responsible of the contains and contains a responsible of the contai		•		X
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,		8		
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	147,751		147,751	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,986	407	9,579	
9	Other employee benefits				
10	Payroll taxes	14,345		14,345	
11	Fees for services (non-employees):				
	Management	420 655	200 040	40 700	
b	Legal	439,657 49,485	389,948	49,709 49,485	
۲ C	Accounting	43,403		49,400	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12		623	546	77	
13	Office expenses	444,607	251,959	176,916	15,732
14	Information technology				
15	Royalties				
16	Occupancy	966,738	794,846	169,700	2,192
17	Travel	257,162	125,040	132,122	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to offiliates				
22	Payments to affiliates Depreciation, depletion, and amortization	79,603	56,755	22,848	
23	Insurance	201,976	54,218	147,758	
24	Other expenses. Itemize expenses not covered		0-70	,	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	LAWSUIT SETTLEMENT	850,000	850,000		
b	EQUIPMENT RENTAL	586,509	497,643	61,373	27,493
С	FOOD	335,491	319,814	4,674	11,003
d	DONATIONS OTHER NON-PROFI	318,677	318,677	010 040	1 (()
e	All other expenses	527,866	306,856	219,342	1,668
25 26	Total functional expenses. Add lines 1 through 24e	5,230,476	3,966,709	1,205,679	58,088
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Pa	ırt)	Malance Sheet					
		Check if Schedule O contains a response to an	y question	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			2,750,656	1	3,340,549
	2	Savings and temporary cash investments			2,500,513		1,851,119
	3	Pledges and grants receivable, net			, ,	3	, ,
	4	Accounts receivable, net			40,662	4	31,503
	5	Loans and other receivables from current and former			==,==	-	==/===
		trustees, key employees, and highest compensated e	•	·			
		Complete Part II of Schedule I				5	
	6	Loans and other receivables from other disqualified p					
		4958(f)(1)), persons described in section 4958(c)(3)(I	,		ł		
		sponsoring organizations of section 501(c)(9) volunta					
S		organizations (see instructions). Complete Part II of S		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			187,919	8	185,914
	9	Prepaid expenses and deferred charges				9	
	-	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,228,590			
	h	Less: accumulated depreciation	10b	1,062,302	211,155	10c	166,288
	11	Investments—publicly traded securities	.00			11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14					14	
	15	Other assets. See Part IV, line 11			366,463		371,638
	16	Total assets. Add lines 1 through 15 (must equal line	 - 34)		6,057,368		5,947,011
-	17	Accounts payable and accrued expenses			76,971	17	79,705
	18	Grants payable			,	18	,
	19	Deferred revenue			145,434		172,482
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	dule D		21		
	22	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated employees					
abil		disqualified persons. Complete Part II of Schedule L	-			22	
Ë	23	Secured mortgages and notes payable to unrelated the	hird parties	 3		23	
	24	Unsecured notes and loans payable to unrelated third	d parties			24	
	25	Other liabilities (including federal income tax, payable	s to relate	d third			
		parties, and other liabilities not included on lines 17-2					
		of Schedule D			9,598	25	37,143
	26	Total liabilities. Add lines 17 through 25			232,003		37,143 289,330
"		Organizations that follow SFAS 117 (ASC 958), c	heck here	and			,
Š		complete lines 27 through 29, and lines 33 and 3					
lau	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
pur	29	Permanently restricted net assets		29			
Net Assets or Fund Balances		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	958), che	ck here ▶ X and			
S O		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
Ę	32	Retained earnings, endowment, accumulated income			5,825,365	32	5,657,681
-	33				5,825,365		5,657,681
	34	Total liabilities and net assets/fund balances			6,057,368	34	5,947,011

Form **990** (2012)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,00	52 , 7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,2		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	57,6	91
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,82	25,3	365
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			7
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,6	57,6	81
Pa	art XII Financial Statements and Reporting		_		
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 **2012**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOCIETY FOR CREATIVE ANACHRONISM,

Employer identification number 94–1698556

			T11/C						71	<u> </u>	000			
P	art I	Reas	on for Public Charity	y Status (All organization	ns must	comple	ete thi	s part.)	See	instru	ctions	3.		
The	orga	nization is no	a private foundation becau	use it is: (For lines 1 through 11	, check o	nly one b	oox.)							
1		A church, co	nvention of churches, or as	sociation of churches describe	d in secti	on 170(b)(1)(A)	(i).						
2	П			(A)(ii). (Attach Schedule E.)		,								
3	П			vice organization described in s	ection 17	70(b)(1)(A)(iii).							
4	Ħ	-		ed in conjunction with a hospita)(b)(1)(A	V(iii). E	nter th	e hosp	ital's na	ame.	
-	ш	city, and stat	,					(-/(-/(-/(-	-/(/-				,	
5		•		of a college or university owner	d or oper	ated by a	a novern	mental	unit des	crihed	in			
Ŭ	Ш	=	(b)(1)(A)(iv). (Complete Pa	= -	or oper	alou by t	a govon	montar	ariit act	Jonboa				
6				•	cootion	170/b\/1\	\(A \(\(\(\) \)							
6	\mathbb{H}		=	governmental unit described in						ريم لمسم	h li n			
7	Ш	-		a substantial part of its support	nom a go	verninen	ıtaı uriit (or morn t	ne gen	erai pu	DIIC			
			section 170(b)(1)(A)(vi).	• •										
8	37	-		170(b)(1)(A)(vi). (Complete Pa										
9	X	-		(1) more than 33 1/3% of its su					-		-			
		-		mpt functions—subject to certa	-						its			
			=	and unrelated business taxable				tax) fron	n busin	esses				
		-	=	30, 1975. See section 509(a)(
10	Ц	•	•	exclusively to test for public s	•									
11		_	-	I exclusively for the benefit of, t	-				-					
		-		rted organizations described in							ion			
		509(a)(3). Cl	neck the box that describes	the type of supporting organize	ation and	complete	e lines 1	1e throu	ıgh 11h					
		a Type	I b Type II	c Type III–Function	ally integ	rated	d	Тур	e III–No	on-func	tionally	integr	ated	
е		By checking	this box, I certify that the or	ganization is not controlled dire	ectly or in	directly by	y one oi	more d	isqualif	ied per	sons			
		other than fo	undation managers and oth	ner than one or more publicly so	upported	organizat	ions de	scribed i	n section	on 509((a)(1)			
		or section 50	9(a)(2).											
f		If the organiz	ation received a written det	ermination from the IRS that it	is a Type	I, Type I	I, or Typ	oe III sup	porting	J				
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contr	ibution fro	om any o	f the							
		following pe	rsons?											
		(i) A person	n who directly or indirectly o	controls, either alone or togethe	r with per	sons des	scribed i	n (ii) and	b				Yes	No
		(iii) belo	w, the governing body of the	e supported organization?								11g(i)		
			member of a person descri									11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h				the supported organization(s).								,		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amount o	of mone	tary
		ganization	, ,	(described on lines 1–9	in col. (i) lis	sted in your			organizat		` '	supp	ort	•
				above or IRC section	governing	document?		of your port?	(i) organi. U.S					
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)														
,														
(B)														
(2)														
(C)														
ω,														
(D)														
,														
(E)														
, –,				1	•									

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556

Page 2

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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	Total. Add lines 1 through 3						_
5	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						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	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						
12	Gross receipts from related activities, etc	. (see instructions)			12	
13	First five years. If the Form 990 is for th	e organization's fi					
	organization, check this box and stop he	ere					
Sec	tion C. Computation of Public S						
14	Public support percentage for 2012 (line	6, column (f) divid	ed by line 11, colu	ımn (f))		14	%
15	Public support percentage from 2011 Scl	hedule A, Part II, I	ine 14			15	%
16a	33 1/3% support test—2012. If the orga	nization did not ch	neck the box on lir	ne 13, and line 14	is 33 1/3% or mor	e, check this	
	box and stop here. The organization qua	alifies as a publicly	supported organ	zation			
b	33 1/3% support test—2011. If the orga	nization did not ch	neck a box on line	13 or 16a, and lin	ne 15 is 33 1/3% o	r more,	
	check this box and stop here. The organ						▶ ∐
17a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization mee				-		
	Part IV how the organization meets the "I	facts-and-circumst	tances" test. The o	organization qualif	ies as a publicly s	upported	
	organization						▶ ∐
b	10%-facts-and-circumstances test—2	•					
	15 is 10% or more, and if the organizatio				-		
	Explain in Part IV how the organization m			_			. —
	supported organization						▶ ∐
18	Private foundation. If the organization of	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box and	d 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.)

_	1 the organization rane to	quality arraor	tilo tooto notot	bolow, ploade	oomploto i d		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	973,488	956,848	1,135,595	1,264,663	1,244,696	5,575,290
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	3,261,828	3,490,751	3,392,732	3,486,513	3,815,042	17,446,866
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	4,235,316	4,447,599	4,528,327	4,751,176	5,059,738	23,022,156
7a	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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						23,022,156
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	4,235,316	4,447,599	4,528,327	4,751,176	5,059,738	23,022,156
	Gross income from interest, dividends, payments received on securities loans, rents,	1/233/310	1,11,,333	1,320,327	17/31/1/0	3,033,730	2370227130
	royalties and income from similar sources	35,496	124,726	45,371	12,266	5,060	222,919
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	35,496	124,726	45,371	12,266	5,060	222,919
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.)	4,270,812	4,572,325	4,573,698	4,763,442	5,064,798	23,245,075
14	First five years. If the Form 990 is for the	•	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop he	•		•			▶ □
Sec	tion C. Computation of Public S						<u> </u>
15	Public support percentage for 2012 (line			mn (f))		15	99.04%
16	Public support percentage from 2011 Sch	andula A Part III li	ne 15	(')/		16	
	etion D. Computation of Investm						98.85%
				2		47	7 0/
17	Investment income percentage for 2012 (40	1%
18	Investment income percentage from 2011						1%_
19a	33 1/3% support tests—2012. If the org						<u> </u>
_	17 is not more than 33 1/3%, check this b		=				> X
b	33 1/3% support tests—2011. If the org						,
	line 18 is not more than 33 1/3%, check t		_	•			
20	Private foundation. If the organization d	lid not check a box	on line 14 19a d	or 19h, check this b	oox and see instru	ections	•

Part IV	Form 990 or 990-EZ) 2012 SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556 Page Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	4
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	OCIETY FOR CREATIVE ANACHRONISM, NC		94-1698556
	art I Organizations Maintaining Donor Advised F	unde or Othor Similar Funde	
	organizations maintaining bollor Advised F		or Accounts. Complete if the
	organization answered Tes to Form 990, Fait		/L\ Cda and ather accounts
4	Total growth as at and of cons	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	32,919	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the		_ v _ v
_	funds are the organization's property, subject to the organization's ex		Yes X No
6	Did the organization inform all grantees, donors, and donor advisors i		
	only for charitable purposes and not for the benefit of the donor or don		Yes X No
-	conferring impermissible private benefit?	vanisation analyses d "Vas" to Es	
	art II Conservation Easements. Complete if the org		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (e.g., recreation or education)		•
	Protection of natural habitat	Preservation of a certified histor	ic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a col	nservation
	easement on the last day of the tax year.		I ald at the Field of the Tan Van
			Held at the End of the Tax Year
a			2a
b			2b
С			2c
d	(1)	7/06, and not on a	
_			2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ	lization during the
	tax year ▶	1 IN	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		□ vaa □ Na
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	rcing conservation easements during th	e year
_	Assessment of a superior in a superior discovered by a second to the superior of the superior		
7	1 0, 1 0,	conservation easements during the year	ar
_	Share the second	. the amount of a still a 470/b/(4)//	D)
8	Does each conservation easement reported on line 2(d) above satisfy		
^	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easer		
9	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	e organization s illiancial statements the	at describes trie
P	art III Organizations Maintaining Collections of Ar	t Historical Treasures or Oth	ner Similar Assets
	Complete if the organization answered "Yes" to		.o. o
12	If the organization elected, as permitted under SFAS 116 (ASC 958),		nd halance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its finance		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	works of art, historical treasures, or other similar assets held for public	-	
	public service, provide the following amounts relating to these items:	,, ,	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(!!) A t - in-alcolation Farms 000 Dept V		▶ ♠
2	If the organization received or held works of art, historical treasures, or		
	following amounts required to be reported under SFAS 116 (ASC 958	_	•
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		> \$

Schedule D (Form 990) 2012 SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556

Page 2

Pa	rt III Organizations Maintain	ing Collections	of Art, Historica	al Treasur	es, or Other S	Similar As	sets (co	ntinı	ued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of the	e following tha	at are a significant	use of its			
а	Public exhibition	d 🗌	Loan or exchange p						
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	s collections and exp	lain how they further	the organizati	on's exempt purp	ose in Part			
	XIII.								
5	During the year, did the organization solic								7
	assets to be sold to raise funds rather tha						Ye		No
Pa	ert IV Escrow and Custodial				n answered "Y	es" to Forn	า 990, F	'art l	IV,
	line 9, or reported an amo		· · · · · · · · · · · · · · · · · · ·						
1a	Is the organization an agent, trustee, cust		•						٦
_	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:						
							Amount		
C	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
1	Ending balance					1f			<u> </u>
	Did the organization include an amount of						Ye	·s	No
	If "Yes," explain the arrangement in Part X Endowment Funds. Cor					art IV line	10		
	Liidowinent i diids. Coi	(a) Current year	(b) Prior year	(c) Two ye		ree years back	(e) Four	vears	hack
12	Beginning of year balance	(a) Current your	(b) i noi your	(0) 1110 ye	are back (a) II	noc yours back	(6) 1 001	youro	buok
	Contributions						+		
c	Net investment earnings, gains, and						+		
Ŭ	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the o	current year end bala	nce (line 1g, column	(a)) held as:	•		•		
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ► %)							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c s	hould equal 100%.							
3a	Are there endowment funds not in the pos	ssession of the organ	ization that are held	and administe	ered for the		F		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of								
Pa	irt VI Land, Buildings, and Ed				T				
	Description of property	(a) Cost or other	` '	r other basis	(c) Accumulat		(d) Book	value	
		(investment	(0	ther)	depreciation	1			
	Land								
	Buildings								
	Leasehold improvements		1 1	20 500	1 060	303	1 6		200
	Equipment		<u> </u>	228,590	1,062	,302		0,4	288
	Other		Part X column (R) lin	ne 10(c))	l	•	16	6 -	288

Part VII	Investments—Other Securities. See Fo	orm 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
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
<u>(I)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	Part V line 12	
Part VIII	Investments—Program Related. See F		
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4)			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8) (9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•	
Part IX	Other Assets. See Form 990, Part X, lin		
	(a) Descript		(b) Book value
(1)	REGALIA		255,823
(2)	OTHER		115,815
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶ 371,638
Part X	Other Liabilities. See Form 990, Part X,	line 25.	
<u>1. </u>	(a) Description of liability	(b) Book value	
_ ` '	income taxes	25.142	
(2) OTHE	R	37,143	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	n (h) must equal Form 000. Part V and (P) line 25	▶ 37,143	
	in (b) must equal Form 990, Part X, col. (B) line 25.)		etatements that reports the organization's

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Ro	evenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	
Pa	Int XII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per Return	
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d		2d		
е	Add lines 2a through 2d	·····	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
_	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.			
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	
Part infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. mation.	Also complete this part to	provide any additional	

Schedule D (F	Form 990) 2012	SOCIETY	FOR CREA	TIVE AN	ACHRONISM	1 , 94-1698556	Page 5
Part XIII	Suppleme	ntal Informat	ion (continued	1)	ACHRONISM		•
			`	,			
• • • • • • • • • • • • • • • • • • • •							
•							

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.

2012 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY FOR CREATIVE ANACHRONISM, INC

Employer identification number 94–1698556

FORM 990, PA	RT VI,	LINE 11B -	- ORGANIZ <i>A</i>	TION'S PRO	CESS TO RE	VIEW FO	RM 990
NO REVIEW WA	S OR W	ILL BE CONI	OUCTED.				
FORM 990, PA	RT VI,	LINE 15A -	- COMPENSA	TION PROCE	SS FOR TOP	, OLLICI	AL
THE BOARD OF	DIREC	TORS REVIEW	AND DETE	RMINE THE	PAY OF THE	TOP EX	ECUTIVIE
FORM 990, PA	RT VI,	LINE 15B -	- COMPENSA	TION PROCE	SS FOR OFF	'ICERS	
THE BOARD OF	DIREC	TORS REVIEW	AND DETE	RMINE THE	PAY OF THE	TOP EX	ECUTIVIE
FORM 990, PA	RT VI,	LINE 17 -	OTHER STA	TES WHERE	COPY OF RE	TURN IS	FILED
TENNESSEE							
EODM 000 DA		10	COVERNITA		DI GGI OGUI		NA TITON
FORM 990, PA GOVERNING DO							
SUBSCRIPTION		S ARE SOLD	THROUGH 1	HE STOCK C.	DERK AND A	, vythwon	<u> </u>
FORM 990, PA	RT IX,	LINE 24E -	· OTHER EX	PENSES			
DESCRIPTION				AMOUNT			
FEES							
	\$	108,215	\$	10,46	9	\$	100
MISCELLANEOU	ıs						
	\$	38,880	\$	52,99	9	\$	0
HONORARIUMS							
	\$	7,800	\$	65,27	8	\$	0
PRINTING & P	UBLICA	TIONS					

Name of the organization SOCIETY FOR CREATIVE ANACHRONISM,					Employer identification number 94–1698556		
	\$	27,654	\$	40,885	\$	1,164	
POSTAGE							
	\$	39,728	\$	0	\$	0	
POSTAGE							
	\$	2,391	\$	31,337	\$	35	
BANK CHAR	GES						
	\$	12,266	\$	13,899	\$	70	
PRINTING	& PUBLIC	ATIONS					
	\$	23,948	\$	0	\$	0	
PRINTING	& PUBLIC	ATIONS					
	\$	16,136	\$	0	\$	0	
LOSS ON A	SSET DIS	POSALS					
	\$	8,208	\$	2,726	\$	299	
BAD CHECK	S						
	\$	7,777	\$	1,527	\$	0	
POSTAGE							
	\$	5,635	\$	0	\$	0	
SUPPLIES							
	\$	2,664	\$	0	\$	0	
LOSS ON S	ALE OF A	SSETS					
	\$	1,807	\$	0	\$	0	
TRAVEL							
	\$	1,116	\$	0	\$	0	
OTHER							
	\$	834	\$	0	\$	0	
TELEPHONE	-OTHER						
	\$	800	\$	33	\$	0	

Name of the organization	SOCIETY	FOR CREATIVE	ANACHRONIS	М,	Employer identification no 94–1698556	umber
EQUIPMENT	RENTAL					
	\$	327	\$	0	\$	0
BANK CHAR	RGES					
	\$	318	\$	0	\$	0
DEPRECIAT	CION					
	\$	227	\$	0	\$	0
INVESTMEN	IT FEES					
	\$	0	\$	189	\$	0
FEES						
	\$	90	\$	0	\$	0
DONATIONS	OTHER NON	I PROF				
	\$	35	\$	0	\$	0
FORM 990,	PART XI,	LINE 9 - OTH	ER CHANGES	IN NET ASS	ETS EXPLANATION	ON
ROUNDING					\$	7
				•••••		

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

► Attach to your tax return.

SOCIETY FOR CREATIVE ANACHRONISM, Name(s) shown on return Identifying number 94-1698556 Business or activity to which this form relates 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. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 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 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . (a) Description of property (b) Cost (business use only) 6 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 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 Carryover of disallowed deduction to 2013. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 70,792 17 MACRS deductions for assets placed in service in tax years beginning before 2012 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 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property placed in (business/investment use (g) Depreciation deduction period only-see instructions) 19a 3-year property 27,027 200DB 6,159 5.0 HY b 5-year property 7.0 18,559 200DB 7-year property HY C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/I property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L

portion of the basis attributable to section 263A costs

Summary (See instructions.) Listed property. Enter amount from line 28

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

For assets shown above and placed in service during the current year, enter the

84,030

40 yrs.

S/L

21

23

40-year

Part IV