

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 6/1, 2012, and ending 5/31, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
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Name and title of officer MARCIA HAMILTON	PRESIDENT
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	102,857
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize James A Cavender, Sr., CPA to enter my PIN 01496 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56783628575
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 2/3/2014

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form 990 Comparison

2012

HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROL
56-1501496

		Prior Year	Current Year	Difference	%
Revenue	1a Federated campaigns	1a 0	0	0	0%
	b Membership dues	1b 0	0	0	0%
	c Fundraising events	1c 0	0	0	0%
	d Related organizations	1d 0	0	0	0%
	e Government grants (contributions)	1e 0	0	0	0%
	f All other contributions, gifts, grants, and similar amounts not included above	1f 31,515	31,670	155	0%
	g Total (add lines 1a through 1f)	1g 31,515	31,670	155	0%
	2 Program service revenue:				
	a _____	2a 0	0	0	0%
	b _____	2b 0	0	0	0%
	c _____	2c 0	0	0	0%
	d _____	2d 0	0	0	0%
	e _____	2e 0	0	0	0%
	f All other program service revenue	2f 0	0	0	0%
	g Total (add lines 2a through 2f)	2g 0	0	0	0%
	3 Investment income (including dividends, interest and other similar amounts)	3 42	22	-20	-48%
	4 Income from investment of tax-exempt bond proceeds	4 0	0	0	0%
	5 Royalties	5 0	0	0	0%
	6a Gross rents (real and personal)	6a 0	0	0	0%
	b Less: rental expenses	6b 0	0	0	0%
c Net rental income or (loss)	6c 0	0	0	0%	
7a Gross amount from sales of assets (other than inventory)	7a 0	0	0	0%	
b Less: cost or other basis and sales expenses	7b 0	0	0	0%	
c Net gain or (loss) from sales of assets	7c 0	0	0	0%	
8a Gross income from fundraising events	8a 71,385	72,986	1,601	2%	
b Less: direct expenses	8b 39,176	47,085	7,909	20%	
c Net income or (loss) from fundraising events	8c 32,209	25,901	-6,308	-20%	
9a Gross revenue from gaming activities	9a 13,146	11,238	-1,908	-15%	
b Less: direct expenses	9b 1,412	1,279	-133	-9%	
c Net income or (loss) from gaming activities	9c 11,734	9,959	-1,775	-15%	
10a Gross sales of inventory, less returns and allowances	10a 9,167	10,340	1,173	13%	
b Less: cost of goods sold	10b 7,193	3,955	-3,238	-45%	
c Net income or (loss) from sales of inventory	10c 1,974	6,385	4,411	223%	
Miscellaneous Revenue					
11a _____	11a 0	0	0	0%	
b _____	11b 0	0	0	0%	
c _____	11c 0	0	0	0%	
d All other revenue	11d 29,684	28,920	-764	-3%	
e Total	11e 29,684	28,920	-764	-3%	
12 Total revenue: Add lines 1g, 2g, 3, 4, 5, 6c, 7c, 8c, 9c, 10c, and 11e	12	107,158	102,857	-4,301	-4%

		Prior Year	Current Year	Difference	%	
Func-tional Expenses	1 Grants and other assistance - governments and organizations in the U.S.	1	0	0	0	0%
	2 Grants and other assistance - individuals in the U.S.	2	0	0	0	0%
	3 Grants and other assistance - governments, organizations, and individuals outside the United States	3	0	0	0	0%
	4 Benefits paid to or for members	4	0	0	0	0%
	5 Compensation - current officers, directors, trustees, and key employees	5	0	0	0	0%
	6 Compensation - not included above, to disqualified persons (as defined under sections 4958(f)(1) and (c)(3)(B))	6	0	0	0	0%
	7 Other salaries and wages	7	0	0	0	0%
	8 Pension plan contributions (include 401(k) and 403(b)).	8	0	0	0	0%
	9 Employee benefits	9	0	0	0	0%
	10 Payroll taxes	10	0	0	0	0%
	11 Fees for services (non-employees):					
	a Management	11a	0	0	0	0%
	b Legal fees	11b	0	0	0	0%
	c Accounting fees	11c	0	0	0	0%
	d Lobbying	11d	0	0	0	0%
	e Professional fundraising fees	11e	0	0	0	0%
	f Investment management fees	11f	0	0	0	0%
	g Other	11g	11,040	11,132	92	1%
	12 Advertising and promotion	12	0	0	0	0%
	13 Office expenses	13	1,332	2,255	923	69%
	14 Information technology	14	0	0	0	0%
	15 Royalties	15	0	0	0	0%
	16 Occupancy	16	51,836	40,583	-11,253	-22%
	17 Travel	17	0	0	0	0%
	18 Payments of travel or entertainment expenses for any federal, state, or local public officials	18	0	0	0	0%
19 Conferences, conventions, and meetings	19	0	0	0	0%	
20 Interest	20	0	0	0	0%	
21 Payments to affiliates	21	0	0	0	0%	
22 Depreciation, depletion, and amortization	22	0	0	0	0%	
23 Insurance	23	0	0	0	0%	
24 Other expenses not covered above:						
a Other expenses	24a	42,670	30,944	-11,726	-27%	
b	24b	0	0	0	0%	
c	24c	0	0	0	0%	
d	24d	0	0	0	0%	
e	24e	0	0	0	0%	
25 Total functional expenses (add lines 1 through 24e)	25	106,878	84,914	-21,964	-21%	

Balance Sheets (end of year figures)

		Prior Year	Current Year	Difference	%
Assets	1 Cash - non-interest-bearing	1 52,743	70,266	17,523	33%
	2 Savings and temporary cash investments	2 0	0	0	0%
	3 Pledges and grants receivable, net	3 0	0	0	0%
	4 Accounts receivable, net	4 0	0	0	0%
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, or other related parties	5 0	0	0	0%
	6 Loans and other receivables from other disqualified persons	6 0	0	0	0%
	7 Notes and loans receivable, net	7 0	0	0	0%
	8 Inventories for sale or use	8 0	0	0	0%
	9 Prepaid expenses and deferred charges	9 0	0	0	0%
	10 Land, buildings, and equipment, net of accum. dep.	10 372,045	372,912	867	0%
	11 Investments - publicly-traded securities	11 0	0	0	0%
	12 Investments - other securities	12 0	0	0	0%
	13 Investments - program-related	13 0	0	0	0%
	14 Intangible assets	14 0	0	0	0%
	15 Other assets	15 1,387	1,387	0	0%
	16 Total assets (add lines 1 through 15)	16 426,175	444,565	18,390	4%
Liabilities	17 Accounts payable and accrued expenses	17 0	0	0	0%
	18 Grants payable	18 0	0	0	0%
	19 Deferred revenue	19 0	0	0	0%
	20 Tax-exempt bond liabilities	20 0	0	0	0%
	21 Escrow account liability	21 0	0	0	0%
	22 Loans and other payables to current/former officers, directors, trustees, key employees, highest compensated employees, disqualified persons.	22 0	0	0	0%
	23 Secured mortgages and notes payable to unrelated 3rd parties.	23 0	0	0	0%
	24 Unsecured notes and loans payable	24 0	0	0	0%
	25 Other liabilities	25 0	0	0	0%
	26 Total liabilities (add lines 17 through 25)	26 0	0	0	0%
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958):				
	27 Unrestricted net assets	27 0	0	0	0%
	28 Temporarily restricted net assets	28 0	0	0	0%
	29 Permanently restricted net assets	29 0	0	0	0%
	Organizations that do not follow SFAS 117 (ASC 958):				
	30 Capital stock, trust principal, or current funds	30 0	0	0	0%
	31 Paid-in or capital surplus, or land, building, and equipment fund	31 0	0	0	0%
	32 Retained earnings, endowment, accum. income, or other funds.	32 0	0	0	0%
	33 Total net assets or fund balances	33 426,175	444,565	18,390	4%
	34 Total liab and net assets/fund balances (add lines 26 and 33)	34 426,175	444,565	18,390	4%

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning		6/1/2012	, and ending		5/31/2013
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.				D Employer identification number 56-1501496
	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite		E Telephone number
	P O BOX 2645				(910) 328-8663
	City or town		state or country	ZIP + 4	F Group Exemption Number ▶
TOPSAIL BEACH		NC	28445-9821		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ▶ WWW.TOPSAILMISSLESMUSEUM.ORG					
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 155,176

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	31,670
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	22
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	11,238
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	72,986
c Less: direct expenses from gaming and fundraising events	6c	48,364	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	35,860	
7a Gross sales of inventory, less returns and allowances	7a	10,340	
b Less: cost of goods sold	7b	3,955	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,385	
8 Other revenue (describe in Schedule O)	8	28,920	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	102,857	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	11,132
	14 Occupancy, rent, utilities, and maintenance	14	40,583
	15 Printing, publications, postage, and shipping	15	2,255
	16 Other expenses (describe in Schedule O)	16	30,944
17 Total expenses. Add lines 10 through 16 ▶	17	84,914	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,943
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	426,175
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	447
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	444,565

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,743	22 70,266
23 Land and buildings	372,045	23 372,912
24 Other assets (describe in Schedule O)	1,387	24 1,387
25 Total assets	426,175	25 444,565
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	426,175	27 444,565

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **MAINTAIN MUSEUM AND PROVIDE SCHOLARSHIPS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 APPROXIMATELY 8,000 VISITORS. (GENERAL PUBLIC AND SCHOOL CHILDREN) VISITED THE MUSEUM DURING THE YEAR. MONTHLY LUNCHEON MEETINGS PROVIDE EDUCATIONAL OPPORTUNITIES TO APPROXIMATELY 800 PEOPLE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	80,914
29 SCHOLARSHIPS TO LOCAL HIGH SCHOOL STUDENTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,000
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	84,914

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROSE PETERS MUSEUM DIRECTOR	Hr/WK 15.00			
MARCIA HAMILTON PRESIDENT	Hr/WK 1.00			
LYNDALL YAWN RECORDING SECRETARY	Hr/WK 1.00			
BOBBIE MORRISON TREASURER	Hr/WK 5.00			
BETH HOLDER CORRESPONDING SECRETARY	Hr/WK 2.00			
CECILE BROADHURST TRUSTEE	Hr/WK .00			
BUTCH PARRISH TRUSTEE	Hr/WK .00			
PATTI YOST TRUSTEE	Hr/WK .00			
BARRY NEWSOME DIRECTOR ASSEMBLY BUILDING	Hr/WK .00			
TIM HORNER PAST PRESIDENT	Hr/WK .00			
GWEN WARD PARLIMENTARIAN	Hr/WK .00			
EDNA SMITH EDUCATION	Hr/WK .00			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
40 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of BOBBIE MORRISON Telephone no. (910) 328-2455
Located at P O BOX 2645 City TOPSAIL BEACH ST NC ZIP + 4 28445-9821
42 b 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...
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X

b If "Yes," was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check X if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return HISTORICAL SOCIETY OF TOPSAIL ISLAND N	Business or activity to which this form relates 990EZ	Identifying number 56-1501496
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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)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	2,723
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.		12 0
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12		13 0

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	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	10,986
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	4/1/2013	5,097	39 yrs.	MM	S/L	16
	12/1/2012	4,235	39	MM	S/L	50

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life		2,723	10	HY	S/L	136
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
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	11,188
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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.)

Section A. Public Support

Calendar 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.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")	32,454	30,764	31,062	31,515	31,670	157,465
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	62,577	62,837	80,595	93,698	94,564	394,271
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	95,031	93,601	111,657	125,213	126,234	551,736
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						551,736

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	95,031	93,601	111,657	125,213	126,234	551,736
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	907	177	42	42	22	1,190
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	907	177	42	42	22	1,190
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	34,279	33,106	35,036	29,684	28,920	161,025
13 Total support. (Add lines 9, 10c, 11, and 12.)	130,217	126,884	146,735	154,939	155,176	713,951

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	77.28%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	74.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.17%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.18%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **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).

Part III Line 12 MISCELLANEOUS INCOME 2008 \$2,101; BUILDING USE FEES 2008 \$32,178

Part III Line 12 MISCELLANEOUS INCOME 2009 \$1,563; BUILDING USE FEES 2009 \$31,543

Part III Line 12 MISCELLANEOUS INCOME 2010 \$2,402; BUILDING USE FEES 2010 \$32,634

Part III Line 12 MISCELLANEOUS INCOME 2011 \$439; BUILDING USE FEES 2011 \$29,245

Part III Line 12 MISCELLANEOUS INCOME 2012 \$170; BUILDING USE FEES 2012 \$28,750

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.	Employer identification number 56-1501496
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FESTIVAL (event type)	JINGLE BELL BALL (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	61,913	11,073	0	72,986
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	61,913	11,073	0	72,986
Direct Expenses	4	Cash prizes	675		0	675
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages	6,028	4,085	0	10,113
	8	Entertainment	12,238	500	0	12,738
	9	Other direct expenses	22,861	698	0	23,559
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(47,085)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				25,901

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue	11,238		
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses	1,279			1,279
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(1,279)	
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				9,959	

9 Enter the state(s) in which the organization operates gaming activities: NC

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.

56-1501496

Form 990-EZ, Part I, Line 8, Other Revenue: BUILDING USE FEES: 28,750

Form 990-EZ, Part I, Line 8, Other Revenue: MISCELLANEOUS REVENUE: 85

Form 990-EZ, Part I, Line 8, Other Revenue: N C AQUARIUM OUTREACH: 85

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 11,188

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,522

Form 990-EZ, Part I, Line 16, Other Expenses: ADMINISTRATIVE EXPENSES: 1,840

Form 990-EZ, Part I, Line 16, Other Expenses: COMPUTER EXPENSES: 1,551

Form 990-EZ, Part I, Line 16, Other Expenses: EXHIBITS: 1,474

Form 990-EZ, Part I, Line 16, Other Expenses: INSUANCE: 5,811

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCHEON EXPENSE: 2,236

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS EXPENSES: 81

Form 990-EZ, Part I, Line 16, Other Expenses: OPERATING EXPENSES: 1,056

Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSES: 35

Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION - OUTREACH: 150

Form 990-EZ, Part I, Line 16, Other Expenses: SCHOLARSHIPS: 4,000

Form 990-EZ, Part I, Line 20, Net Assets: PRIOR JINGLE BELL BALL NOT RECORDED: 447

Form 990-EZ, Part II, Line 24, Other Assets: NC COMMUNITY FOUNDATION: Beginning of year:

1,387, End of year: 1,387

Name of the organization

Employer identification number

HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC.

56-1501496

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Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	18,785
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	12,885
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	31,670

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	22
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	22

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Assets by Classification - 990EZ

5/31/2013 HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC. 56-1501496

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2012 Deprec.	2012 Accum. Deprec.
<u>7-yr Genl purp tools, mach, equip</u>																
7	OFFICE EQUIPMENT	1/1/1995	F-10	100.00%	2,816	0	0	0	0	2,816	7	200DB	HY	2,816	0	2,816
8	FURNITURE & FIXTURE	1/1/1995	F-10	100.00%	28,883	0	0	0	0	28,883	7	200DB	HY	28,883	0	28,883
	AED	8/1/2012	F-10	100.00%	1,659	0	0	0	0	1,659	10	SL/ADS	HY	0	83	83
Total: 7-yr General purpose tools, machinery, and equipme					33,358	0	0	0	0	33,358				31,699	83	31,782
<u>7-yr Office furn, fixtures, equip</u>																
	SHELL CABINETS	5/1/2013	F-11	100.00%	1,064	0	0	0	0	1,064	10	SL/ADS	HY	0	53	53
Total: 7-yr Office furniture, fixtures and equipment					1,064	0	0	0	0	1,064				0	53	53
<u>7-yr 1245 pers prop w/o class life</u>																
6	HEAT & AIR	5/31/2009	F-14	100.00%	21,275	0	0	0	0	21,275	7	200DB	HY	13,716	1,900	15,616
Total: 7-yr Section 1245 personal property with no class life					21,275	0	0	0	0	21,275				13,716	1,900	15,616
<u>Land</u>																
1	LAND	1/1/1995	N-1	100.00%	250,000	0	0	0	0	250,000	0			0	0	0
Total: Land					250,000	0	0	0	0	250,000				0	0	0
<u>15-yr Land improvements</u>																
2	LANDSCAPING	5/31/2009	R-2	100.00%	30,162	0	0	0	0	30,162	15	150DB	HY	13,798	2,090	15,888
Total: 15-yr Land improvements					30,162	0	0	0	0	30,162				13,798	2,090	15,888
<u>39-yr Nonresidential real estate</u>																
3	BUILDING	1/1/1995	R-5	100.00%	134,660	0	0	0	0	134,660	39	SL/GDS	MM	58,804	3,453	62,257
5	BUILDING IMPROVEME	1/1/1995	R-5	100.00%	124,010	0	0	0	0	124,010	39	SL/GDS	MM	113,402	3,180	116,582
4	NEW ROOF	5/31/2009	R-5	100.00%	14,163	0	0	0	0	14,163	39	SL/GDS	MM	2,505	363	2,868
	ATTIC FLOORING	12/1/2012	R-5	100.00%	4,235	0	0	0	0	4,235	39	SL/GDS	MM	0	50	50
	SECURITY SYSTEM	4/1/2013	R-5	100.00%	5,097	0	0	0	0	5,097	39	SL/GDS	MM	0	16	16
Total: 39-yr Nonresidential and commercial real estate					282,165	0	0	0	0	282,165				174,711	7,062	181,773
SubTotals					618,024	0	0	0	0	618,024				233,924	11,188	245,112
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals					618,024	0	0	0	0	618,024				233,924	11,188	245,112

Detail Report

5/31/2013 HISTORICAL SOCIETY OF TOPSAIL ISLAND NORTH CAROLINA, INC. 56-1501496

990EZ															
					618,024	0	0	0	0	618,024					233,924
Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus
1	LAND	1/1/1995	N-1	100.00%	250,000	0	0	0	0	250,000		0			0
2	LANDSCAPING	5/31/2009	R-2	100.00%	30,162	0	0	0	0	30,162		15	150DB	HY	13,798
3	BUILDING	1/1/1995	R-5	100.00%	134,660	0	0	0	0	134,660		39	SL/GDS	MM	58,804
4	NEW ROOF	5/31/2009	R-5	100.00%	14,163	0	0	0	0	14,163		39	SL/GDS	MM	2,505
5	BUILDING IMPROVEMENTS	1/1/1995	R-5	100.00%	124,010	0	0	0	0	124,010		39	SL/GDS	MM	113,402
6	HEAT & AIR	5/31/2009	F-14	100.00%	21,275	0	0	0	0	21,275		7	200DB	HY	13,716
7	OFFICE EQUIPMENT	1/1/1995	F-10	100.00%	2,816	0	0	0	0	2,816		7	200DB	HY	2,816
8	FURNITURE & FIXTURES	1/1/1995	F-10	100.00%	28,883	0	0	0	0	28,883		7	200DB	HY	28,883
	SECURITY SYSTEM	4/1/2013	R-5	100.00%	5,097	0	0	0	0	5,097		39	SL/GDS	MM	0
	ATTIC FLOORING	12/1/2012	R-5	100.00%	4,235	0	0	0	0	4,235		39	SL/GDS	MM	0
	AED	8/1/2012	F-10	100.00%	1,659	0	0	0	0	1,659		10	SL/ADS	HY	0
	SHELL CABINETS	5/1/2013	F-11	100.00%	1,064	0	0	0	0	1,064		10	SL/ADS	HY	0
SubTotals					618,024	0	0	0	0	618,024					233,924
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)					(0)
Ending Totals					<u>618,024</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>618,024</u>					<u>233,924</u>

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Detail Report

990EZ			11,188	245,112
Item No.	Description of Property "***" indicates DISPOSED	Date Placed in Service	2012 Current Deprec.	2012 Accum. Deprec.
1	LAND	1/1/1995	0	0
2	LANDSCAPING	5/31/2009	2,090	15,888
3	BUILDING	1/1/1995	3,453	62,257
4	NEW ROOF	5/31/2009	363	2,868
5	BUILDING IMPROVEMENTS	1/1/1995	3,180	116,582
6	HEAT & AIR	5/31/2009	1,900	15,616
7	OFFICE EQUIPMENT	1/1/1995	0	2,816
8	FURNITURE & FIXTURES	1/1/1995	0	28,883
	SECURITY SYSTEM	4/1/2013	16	16
	ATTIC FLOORING	12/1/2012	50	50
	AED	8/1/2012	83	83
	SHELL CABINETS	5/1/2013	53	53
	SubTotals		11,188	245,112
	Less: Disposed Assets		(0)	(0)
	Ending Totals		<u>11,188</u>	<u>245,112</u>

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