

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Rainbow History Project		D Employer identification number 31 : 1777636
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O Box 11013	City or town, state or country, and ZIP + 4 Washington, DC 20008	E Telephone number (202) 9079007
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				F Group Exemption Number . . . ▶

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.rainbowhistory.org

J Organization type (check only one)— 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10977.50
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	670.00
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ _____)	8	0	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	11647.50	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	250.00
	14	Occupancy, rent, utilities, and maintenance	14	1709.00
	15	Printing, publications, postage, and shipping	15	4198.62
	16	Other expenses (describe ▶ collections, preservation, archival supplies, office supplies e)	16	7175.27
17	Total expenses (add lines 10 through 16) ▶	17	13332.89	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	(1685.39)
	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	5111.39
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	3426.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5111.39	3426.00
23 Land and buildings	0	0
24 Other assets (describe ▶ _____)		
25 Total assets		
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3426.00

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? collect, preserve & promote GLBT history		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Wrote and published four walking tour brochures detailing local GLBT history, distributed through local historical organizations and convention center to the general public. (Grants \$ 600.00)	28a	3998.62
29	Added to historical periodicals collections for research base with purchase of Blacklight magazines, Furies newspapers, and began preservation of Friends Radio broadcast tapes, continued recording of oral histories (Grants \$ 3200.00)	29a	5458.38
30	Participated in local Pride events, historical conferences, and presented free public programs about local GLBT history (Grants \$)	30a	487.27
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	9944.27

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Mark Meinke 6300 Stevenson Ave, #506, Alexandria VA 22304	Chair, 40 hrs/wk	0	0	0
John Olinger 1244 Duncan Pl, NE, Washington, DC 20002	Vice Chair, 10 hrs/wk	0	0	0
James Crutchfield 1414 17th St NW, #413, Washington, DC 20036	Treasurer, 10 hrs/wk	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b _____		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <u>0</u>		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ <u>0</u>		
41	List the states with which a copy of this return is filed. ▶ DC		
42	The books are in care of ▶ James Crutchfield Telephone no. ▶ (202) 2323141 Located at ▶ 1414 17th St NW, #413, Washington, DC ZIP + 4 ▶ 20036		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 _____		

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.

Please Sign Here

Signature of officer: **Mark Meinke** Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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PART IV continued

Name/Address	Title/Hrs	Compensation	Contributions	Expenses
Jeff Donahoe 1801 Calvert St NW, # 405 Washington, DC 20008	Director, 10 hrs/wk	0	0	0
Ric Mendoza-Gleason 1650 Harvard St NW, #418 Washington, DC 20008	Director, 15 hrs/wk	0	0	0
Cheryl Spector 1577 Colonial Terrace Arlington, VA 22203	Director, 10 hrs/wk	0	0	0
Peter Share 1330 Massachusetts Ave SE Washington, DC 20003	Director, 10 hrs/wk	0	0	0