



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)**

► 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.

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning NOVEMBER 01, 2011, and ending OCTOBER 31, 2012

B Check if applicable	C Name of organization			D Employer Identification number	
Address change	Life Pathway			27-1731172	
Name change	Number & street (or P.O. box, if mail is not delivered to street addr.)			Room/ suite	E Telephone number
Initial return	PO Box 877822			(907) 357-2186	
Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number ►	
Amended return	Wasilla AK 99687				
Application pending					
G Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►		
I Website:	► N/A				
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	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ► \$ 80,421

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.

REVENUE		1 Contributions, gifts, grants, and similar amounts received	1 80,421
		2 Program service revenue including government fees and contracts	2
		3 Membership dues and assessments	3
		4 Investment income	4
		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
		6 Gaming and fundraising events	
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
		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
		c Less direct expenses from gaming and fundraising events	6c
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
		7a Gross sales of inventory, less returns and allowances	7a
		b Less cost of goods sold	7b
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
		8 Other revenue (describe in Schedule O)	8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 80,421
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
		14 Occupancy, rent, utilities, and maintenance	14 1,250
		15 Printing, publications, postage, and shipping	15
		16 Other expenses (describe in Schedule O)	16 9,453
		17 Total expenses. Add lines 10 through 16 ►	17 10,703
NET ASSETS		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 69,718
		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
		20 Other changes in net assets or fund balances (explain in Schedule O)	20 7
		21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 69,725

For Paperwork Reduction Act Notice, see the separate Instructions.

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

Check if the organization used Schedule O to respond

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	0	22 5,485
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 64,240
25 Total assets	0	25 69,725
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 69,725

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? See attachment #1

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	_____	
29	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/> 28a
30	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/> 29a
31	Other program services (describe in Schedule O)	
31	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/> 30a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/> 32
		0

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

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

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #2				

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.

	Yes	No
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	33	X
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. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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 outstanding at the end of the tax year covered by this return?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	X
a Initiation fees and capital contributions included on line 9	39b	X
40a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	X
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 ► _____	40d	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► NONE		
42a The organization's books are in care of ► See attachment #3 Telephone no. ► _____ Located at ► _____		
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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
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 ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 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

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

- | | Yes | No |
|--|-----|----|
| 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 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | X |
| 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." | | |

(a) Name and title of each employee paid more than \$100,000	(b) Title and 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
NONE				

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

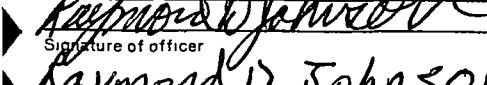
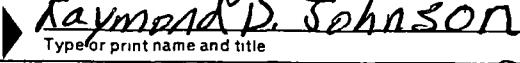
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

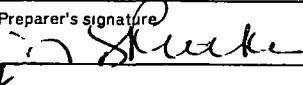
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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 ► 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  President Type or print name and title	10/22/13 Date
-----------	---	------------------

Paid Preparer Use Only	Print/Type preparer's name NANETTE RICKER	Preparer's signature 	Date 10/9/13	Check <input type="checkbox"/> if self-employed	PTIN P00032750
	Firm's name H + R Block			Firm's EIN ►	
	Firm's address 391 E PARKS STE C	WASILLA, AK 99654		Phone no.	907-376-3555

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

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

Employer identification number
27-1731172

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.)

- 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-Other
 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?
 h Provide the following information about the supported organization(s).

Yes	No
11g(I)	2
11g(II)	2
11g(III)	2

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

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

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Life Pathway

PART 1 LINE 16

Cherokee 6 Parts 969

Misc Parts 274

Licenses 50

Fees & Subscript 120

Insurance 3600

Graphics 40

Website Expense 47

Reimbursements 692

Entertainment 86

Fuel 3575

PAGE 1 LINE 20 OTHER INCOME

Rounding 7

Employer Identification number

27-1731172

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	11-01	, and ending	10-31-2012
Name of Organization Life Pathway				Employer Identification Number 27-1731172
Primary Purpose				
To provide hangar, tools and assistance for missionaries to maintain airplanes and provide temporary housing with special religious training gardens. Flying cargo and passengers to service missionaries and Bible camps including flight training.				

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	11-01	, and ending	10-31-2012
Name of Organization Life Pathway				Employer Identification Number 27-1731172
Part V - Line 42a				

Individual Name Beth Johnson
or
Business Name.

Street Address PO Box 877822

U S Address:

Zip code 99687 City Wasilla State AK
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (907) 357-2186

Fax Number

2011 FORM 4562 AMORTIZATION ATTACHMENT

Life Pathway
27-1731172

42. Amortization of costs that begins during your 2011 tax year

(a) Descriptions of Costs	(b) Date amortization begins	(c) Amortizable Amount	(d) Code Section	(e) Amortization Period or Percentage	(f) Amortization for This Year
Cessna 150	09-20-2012	3,500	0	0	
Cherokee Six #1	09-11-2012	27,200	0	0	
Cherokee Six #2	09-11-2012	24,770	0	0	
Cherokee Six #3	09-11-2012	8,770	0	0	
Total					

2011 Federal Depreciation Schedule

Life Pathway
27-1731172

10-08-2013

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 16										
Cherokee Six #2	09-11-12	AMORT	0	24,770	0	0	0	24,770	0	0
Cherokee Six #3	09-11-12	AMORT	0	8,770	0	0	0	8,770	0	0
Cherokee Six #1	09-11-12	AMORT	0	27,200	0	0	0	27,200	0	0
Cessna 150	09-20-12	AMORT	0	3,500	0	0	0	3,500	0	0
4 Assets			Totals	64,240	0	0	0	64,240	0	0
4 Assets			Grand Totals	64,240	0	0	0	64,240	0	0

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	11-01-2011, and ending	10-31-2012	
Name of Organization Life Pathway			Employer Identification Number 27-1731172	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Raymond Johnson PO Box 877822 Wasilla, AK 99687	President 7.50	0	0	0
Arlynda L Hermann 1536 Valarian Street #1 Anchorage, AK 99508	Vice President 0.25	0	0	0
Timothy Turner PO Box 521357 Big Lake, AK 99652	Treasurer 3.37	0	0	0
Michael Sidders 7362 W Parks Hwy #543 Wasilla, AK 99652	Secretary 6.00	0	0	0