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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**S M C L FOUNDATION & ASSOCIATES**

Number and street (or P.O. box, if mail is not delivered to street address)

2910 SEINE STREET

City or town, state or country, and ZIP + 4

NEW ORLEANS, LA 70114-6524**D** Employer identification number**22-3934553****E** Telephone number**(504) 450-4014****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **samaritanactsnorleans.org****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 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 ▶ \$**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 ☒

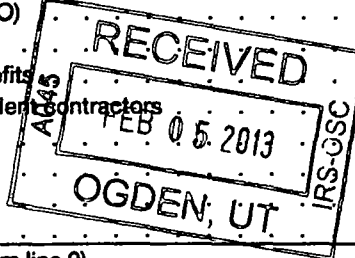
1	Contributions, gifts, grants, and similar amounts received	1	31,434
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	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	31,434
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	3,300
14	Occupancy, rent, utilities, and maintenance	14	30
15	Printing, publications, postage, and shipping	15	166
16	Other expenses (describe in Schedule O)	16	27,262
17	Total expenses. Add lines 10 through 16	17	30,759
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	675
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	(20,290)
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	(19,615)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)

SCANNED FEB 25 2013



P15

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	1,447	22 7,849
23 Land and buildings	31,112	23 30,907
24 Other assets (describe in Schedule O)	2,514	24 0
25 Total assets	35,073	25 38,756
26 Total liabilities (describe in Schedule O)	55,363	26 58,371
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(20,290)	27 (19,615)

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? **PROVIDE HEALTHY LIFESTYLES FOR THE DISABLE**

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 SEE ATTACHMENTS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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	

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
JULIUS LEE 2910 SEINE STREET NEW ORLEANS LA 70114	PRESIDENT	0	0	0
DALE VANCOURT 1116 SOLON STREET GRETN LA 70053	VICE PRESIDENT	0	0	0
ABEL RASMUSSEN 792 MORNINGSIDE DR TERRYTOWN LA 70056	1ST VICE PRESIDENT	0	0	0
CINDY VANCOURT 1116 SOLON STREET GRETN LA 70053	SECRETARY	0	0	0
JEROME DABON 713 GARDEN ST MARRERO LA 70072	TREASURER	0	0	0
EDDIE HOLTON 6318 OXFORD PLACE NEW ORLEANS LA 70114	BOARD DIRECTOR	0	0	0
WALTER JONES 7071 BUNKER HILL ST NEW ORLEANS LA 70128	BOARD DIRECTOR	0	0	0
MALCOLM COLLINS 2133 ALVAR ST NEW ORLEANS LA 70117	BOARD DIRECTOR	0	0	0
MYRON LEE 1900 VAN ARPEL DRIVE LAPLACE LA 70068	BOARD DIRECTOR	0	0	0

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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 29,644.00	
39 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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	40b	✓
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		0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
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	40e	✓
41 List the states with which a copy of this return is filed ▶ LOUISIANA		
42a The organization's books are in care of ▶ JULIUS LEE Telephone no. ▶ (504) 450-4014		
Located at ▶ 2910 SEINE STREET NEW ORLEANS LA ZIP + 4 ▶ 70114-6524		
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)?	42b	✓
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.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>	43	
	Yes	No
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

- 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		<input checked="" type="checkbox"/>

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

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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) 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."

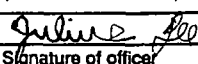
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- 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		1-30-13
	Signature of officer	Date
	JULIUS LEE, PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

S M C L FOUNDATION & ASSOCIATES, INC.

22-3934553

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)		✓

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

(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									

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.")	9,635	12,803	14,406	27,683	31,434	95,961
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,635	12,803	14,406	27,683	31,434	95,961
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.						95,961

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	9,635	12,803	14,406	27,683	31,434	95,961
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						95,961
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	100.00 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	100.00 %
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 checked="" 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization'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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 $\frac{1}{3}$ % support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 $\frac{1}{3}$ % support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

Employer identification number

S M C L FOUNDATION & ASSOCIATES, INC.

22-3934553

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JULIUS LEE	PRESIDENT	GENERAL	✓		24,951.00	29,644.00		✓	✓			✓
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						29,644.00						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

2012

Open to Public
Inspection

Name of the organization

S M C L FOUNDATION & ASSOCIATES, INC.

Employer identification number

22-3934553

FORM 990-EZ

PART 1 - LINE 16: OTHER EXPENSES

BANK FEES \$ 280.00

BOARD MEETINGS 728.00

ASSET DEPRECIATION EXPENSE 2,719.00

FIELD OF HOPE EVENT EXPENSE 3,903.00

GRANT AND CONTRACT EXPENSE 35.00

INSURANCE EXPENSE 2,479.00

INTEREST EXPENSE 603.00

MISCELLANEOUS EXPENSE 90.00

NEIGHBORHOOD EVENT EXPENSE 300.00

PARALYMPIC SPORT SUPPLIES 8,371.00

PROFESSIONAL SERVICE EXPENSE 1,114.00

REAL ESTATE EXPENSE 2,254.00

REIMBURSEMENTS/CREDITS 1,200.00

SPORTS & RECREATION FOOD EXPENSE 214.00

SUPPLIES & MATERIALS 1,833.00

TRAVEL EXPENSE 964.00

WHEELCHAIR BASKETBALL EVENT EXPENSE 175.00

TOTAL 27,262.00

Name of the organization

Employer identification number

S M C L FOUNDATION & ASSOCIATES, INC.**22-3934553****FORM 990-EZ PART II - LINE 26 TOTAL LIABILITIES****SUPERIOR FINANCIAL GROUP \$ 7,081.00****CAPITAL ONE LINE OF CREDIT 21,646.00****LOAN PAYABLE (PRESIDENT) 29,644.00****TOTAL \$ 58,371.00**

S.M.C.L. Foundation & Associates, Inc
2910 Seine Street
New Orleans, La 70114
E.I.N. 22-3934553

Attachment:

Form 990 EZ 2012

Part III Statement of Program Service Accomplishments

Date(s): All year round on Thursday nights

Time(s): (7:00 PM to 9:00 PM)

Event(s): Wheelchair Basketball Athletes Training and Practice

Location: Delgado Community College

615 City Park Avenue

New Orleans, La 701119

Number of Individuals Benefited: 17 wheelchair athletes

Activities:

- Athletes received instructions on the fundamentals of wheelchair basketball
- Skills training
- Team practice
- Supplies Provided

Expense: \$ 175.00

Date(s): April, 2012

Time(s): 9:00 AM to 3:00 PM

Event(s) Wheelchair Softball Exhibition and Durability Awareness Fair (Annual)

Location: Dillard University

New Orleans, La

Number of Individual Benefited: 300 participants and attendees

Activities:

- Engage individuals with disabilities, youth and other citizens in recreational wheelchair basketball exhibition
- Educate citizens in the community on various adaptive sport activities for individuals with disabilities at Dillard University Health Fair

Expenses(s): \$ 90.00

Dates(s): January 5, 2012 - December 31, 2012

Time(s): Different Time Frames Each Day.

Activity(s) Housing & Community Development Assistance

Location: Greater New Orleans Metropolitan Area

Number of Individual and Businesses Benefited 30 Plus (+)

Activities: [See next page]

S.M.C.L. Foundation Associates, Inc.

Attachment Part III (continued)

Page 2

- **Through S.M.C.L. community outreach and charitable trustee assistance three families were connected with reportable contractors and handymen for the restoration and reconstruction of their homes. With S.M.C.L. having a nonprofit Community Housing Development Organization Certification, the families were provide with a trusted liaison between them and construction contractor that resulted in the families saving altogether, an estimated Thirty Thousand Dollars (\$30,000.00) in restoration and reconstruction cost for their homes.**
- **Assisted Christian Baptist Church by getting affordable contractors and handymen as well as providing and managing over 15 volunteer skilled and unskilled laborers in the restoration of the church sanctuary building, the church save an estimated Sixty Thousand Dollars (\$60,000.00).**
- **Through S.M.C.L. community outreach thirty or more churches and faith base groups of different denomination, including S.M.C.L. Foundation & Associates have formed a coalition that is planning the development of a new Community Development State Credit Union to aid and assist the low and moderate income families and churches rebuild and revitalize their neighborhoods.**

Expenses: \$627.94

Date(s): October 1, 2012 – December 31, 2012

Time(s): 5 Weekends (Oct. 2 weekend/Nov. 2 Weekends/ Dec. 1 Weekend) - 8:00 am to 6:30 pm on Saturdays and 8:00 to 1:00 pm on Sundays

Event(s): New Orleans Rollin Hornets Wheelchair Basketball Tournaments

Location: Local Universities and Delgado Community College Gymnasiums

Number of Individuals Benefited: Approximately 300 to 500 participants /spectators /volunteers

Activities:

- **Rollin' Rinos Wheelchair Athletic Association & S.M.C.L. Hosted and traveled to Wheelchair Basketball Games where many wheelchair athletes participated at a highly competitive level.**
- **The tournaments also provided a venue for individuals with disabilities to showcase their physical abilities, rather than their disabilities, as well as heighten the awareness of wheelchair basketball in the metropolitan New Orleans area.**
- **Over three hundred participants, volunteers and spectators enjoyed plenty of free food and beverages while attending the wheelchair basketball tournaments.**

Expenses: \$1,200.00

S.M.C.L. Foundation Associates, Inc.
Attachment Part III (continued)
Page 3

Date(s): September 15, 2012
Times(s): 8:00 AM to 4:30 PM
Event(s) Paralympic Experience
Location: Delgado Community College
615 City Park Ave.
New Orleans, La 70119

Number of Individuals Benefited: Approximately 150 citizens

Activities:

- Citizens were provided information and made aware of Paralympic Sports through interaction with trainers and coaches.
- Many veterans and youth with disabilities as well as other citizens gained a valuable experience by participating in wheelchair basketball, softball, boccia ball and several outdoor field activities and games for the first time in their lives.
- Many local college therapy intern students, practicing physical therapists, occupational therapists, nurses, and medical doctors from the local VA Medical Facility and other local medical facilities joined in the experience and assisted, as well as participated and learned more about adaptive and Paralympic sports activities for individuals with disabilities.
- All participants and volunteers were provided food and refreshments at no cost to them.

Expenses: \$ 514.00

Date(s): Dec. 14 – 16, 2012
Time(s): Friday, Dec. 14th, 6:00 PM to 9:00 PM – Saturday Dec. 15th, 9:00 AM to 6:00 PM – Sunday, Dec. 16th, 9:00 AM to 1:30 PM.
Event(s): Annual Field of Hope/Mini Paralympic Experience & Christmas Basketball Tournament and Recreational Community Event
Location: University of New Orleans, Human Performance Center
2002 Lakeshore Drive
New Orleans, La. 70122

Number of Individuals Benefited: Over 300 participants, volunteer and spectators

Activities:

- Individuals who've never were not aware of adaptive and Paralympic sports got to experience what it is like to participate in wheelchair basketball and boccia ball having a physical disability.

- **There were several physical therapy students from Louisiana State University Health & Science Center volunteering and participating in the event, as well as the local VA Medical Center Physical Therapists, Occupational Therapists, Medical Doctor, along with Touro Medical Center Nursing Staff members. Having their support made for an even more successful event.**
- **Many citizens and wheelchair athletes got to meet the US Olympic Committee (USOC) Paralympic Sports Clubs Manager during the Mini-Experience that was conducted at the Field of Hope Event hosted by S.M.C.L. and the Rollin' Rinos Wheelchair Athletic Association. They learned a lot from the US Olympic Committee Representative about Paralympic Sports and its origin, as well as learned that the USOC are establishing Paralympic Sports Clubs all across the United States, with S.M.C.L. being one of five that was designated in June, 2012 by the USOC along the gulf coasts states of Louisiana, Mississippi and Alabama Games and activities**
- **S.M.C.L. working closely with the Marine Corp Toys for Tots, toy give away over fifty kids was given a toy at the Field of Hope Event. The USOC Paralympic designation enabled S.M.C.L. with an opportunity to purchase needed supplies to support the training and adaptive sports activities for the Field of Hope Event Mini-Paralympic Experience and S.M.C.L. Paralympic Sport Club operation.**
- **The Annual Field of Hope and Christmas Classic Wheelchair Basketball Tournament had eight wheelchair basketball teams from the southern states of Louisiana, Mississippi, Alabama and Tennessee to compete in the tournament. There were many family and friends supported these teams with their attendance and cheering them on.**
- **S.M.C.L. provided food for every team's participant, volunteers, spectators and kids who were there for the toy being given away. The Field of Hope is such a wonderful event that New Orleans disabled community, out of state visitors, spectators, families and friends ask us to continue doing this every year.**

Expenses: \$ 13,238.00