

#### 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



.4 '
Department of the Treasury Internal Revenue Service
A For the 2012 cale
B Check if applicable.
Address change
Name change
Initial return
☐ Terminated
Amended return
Application pending
G Accounting Metho
I Website: ▶
J Tax-exempt statu
K Check ▶ ☐ if th
not more than \$50
the organization cl
L Add lines 5b, 6c, a
line 25, column (B
Part   Reve

SCANNED SEP 0 6 2013

Form 990-EZ

## Return or 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 tall assets less than \$500,000 at the end of the year may use this form.

OMB No. 1545-1150 2012

Open to Public Inspection

		ue Service	► The organization may have to use a copy of this return to satisfy state reporting requ	ilrements.		A CONTRACTOR OF THE PROPERTY O			
Α	For the	2012 calenda	r year, or tax year beginning , 2012, and ending		-	, 20			
В	Check If a	pplicable.	icable. C Name of organization D Emplo						
	Address ch	hange	SUCCESSFUL LIVING CONCEPTS INC	-0027					
	Name char	nge	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	one nu					
$\overline{\Box}$	Initial retur	n							
百	Terminated		3384 CROW MT ROAD	(4)	70156	7-4200			
ī	Amended (	-	City or town, state or country, and ZIP + 4	F Group					
Ħ	Application		RUSSELLVILLE, AR 72802	Numbe	-	JUOIT			
G		nting Method:				L			
ĭ	Websit	-	XI Cash			he organization is not			
٠,				· ·		Schedule B			
			heck only one) - 🗵 501(c) (3) 🔲 501(c)( ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527	<u> </u>		Z, or 990-PF).			
ĸ			ganization is not a section 509(a)(3) supporting organization or section 527 organizat						
			). A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard	) may be required	d (see i	nstructions). But if			
			es to file a return, be sure to file a complete return.						
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if						
	line 25, d	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶\$	90,969			
P	art i		e, Expenses, and Changes in Net Assets or Fund Balances(see						
		Check if th	e organization used Schedule O to respond to any question in this Part I			<b> x</b>			
	1		, gifts, grants, and similar amounts received		1	38,050			
	2		rice revenue including government fees and contracts		2	5,0,000			
	3		dues and assessments		3				
	4	Investment in			4	4,321			
			at from sale of assets other than inventory			7,321			
	Ь		other basis and sales expenses	<del></del>	1 1				
	1	Gain or (loss		_					
	6		5c						
	1 -	_	fundraising events e from gaming (attach Schedule G if greater than						
0	a								
Revenue	1.	•							
ě	D		e from fundraising events (not including \$ of contrib	outions					
œ			ing events reported on line 1) (attach Schedule G if the						
			gross income and contributions exceeds \$15,000) 6b						
	C	Less: direct e	expenses from gaming and fundraising events						
	d	Net income of	r (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						
	b	Less: cost of	goods sold						
	c	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenu	e (describe in Schedule O)		8	48,598			
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	90,969			
	10		milar amounts paid (list in Schedule O)	<u> </u>	10				
	11		to or for members	$\nu$	11				
	12	-			12				
ses	13		er compensation, and employee benefits fees and other payments to independent contractors  AUG. 1.9. 20	13.  6	13				
en	14		ent, utilities, and maintenance	Ś	14				
Expenses	15		,	<u></u> , ह.∤	15	<del></del>			
_	16		cations, postage, and shipping	i 7 · · · · · ·		E0 750			
	17		(2001)2011 2011 2011 2011 2011 2011 2011	<del></del>	16	52,759			
	18				17	52,759			
ş	1		efficit) for the year (Subtract line 17 from line 9)		18	38,210			
SSe	19		fund balances at beginning of year (from line 27, column (A)) (must agree with		_4				
Net Assets		-	gure reported on prior year's return)		19	57,248			
Š	20		s in net assets or fund balances (explain in Schedule O)		20	(3,247)			
_	21		fund balances at end of year. Combine lines 18 through 20	<u></u>	21	92,211			
Fo:	r Paperv	vork Reduction	on Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2012)			

	m 990-EZ (2012) SUCCESSFUL \ ING CONCE	TS INC			26-0	<u>0276</u>	69 Page 2
P	art II Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to respond to	any question in this Par	rt II •		• • • • • • •	• • •	<u> </u>
				(A) Begi	nning of year		(B) End of year
22	Cash, savings, and investments				1,224	22	3,899
	Land and buildings				54,550	23	7,550
24	Other assets (describe in Schedule O)				2,291	24	81,862
25	Total assets				58,065	25	93,311
26	Total liabilities (describe in Schedule O)				817	26	1,100
27	Net assets or fund balances (line 27 of column (B) must agree w	ith line 21) · · ·			57,248	27	92,211
P	art III Statement of Program Service Accomplis	shments (see the in	structions for	Part III)			Expenses
	Check if the organization used Schedule O to respond to	any question in this Pa	art III 🕠			(Req	uired for section
Wh	at is the organization's primary exempt purpose? TEACHING &	PROMOTING CHRI	STIAN LI	VING		501(c	c)(3) and 501(c)(4)
as i	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title	e services provided, the		s,		4947	nizations and section (a)(1) trusts, optional hers.)
28	TEACHING AND PROMOTING CHRISTIAN LIVING.						
	(Grants \$ ) If this amount inc	dudes foreign grants, c	heck here	<u>.</u>	▶ 🔲	28a	0
29							
	(Grants \$ ) If this amount inc	dudes foreign grants, c	heck here		▶ 🔲	29a	
30							
	(Grants \$ ) If this amount inc	dudes foreign grants, c	heck here		▶ 🔲	30a	_
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here		<u>► </u>	31a	
32	Total program service expenses (add lines 28a through 31a)					32	0
	art IV List of Officers, Directors, Trustees, and Key Employ					ons fo	or Part IV)
	Check if the organization used Schedule O to respond to						<u></u>
		(b) Average	(c) Reporta	ble	(d) Health benefits,		
	(a) Name and title	hours per week	compensat		contributions to empl	0,00	(e) Estimated amount of other compensation
		devoted to position	(Form W-2/1099 (if not paid, e		benefit plans, and deferred compensation	1	
LA	RRY PYLE	-					
PR	ESIDENT	15		_0		0	0
GE:	ORGIANN PYLE						
SE	CRETARY TREASURER	15	1	4,200		0	0
					-		
			<u></u>			L	·····
			<u> </u>				
					-		
			<u></u>				
		_					
_							
EEA		L	L				Form 990-F7 (2012)

FFA

ra	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	instructions for that Vy officer in the organization used scriedule of to respond to any question in this that 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
35 a	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		
С	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	<u> </u>	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	]		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1.		¥.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		· :	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	. 4	:	<b>#</b>
b	Gross receipts, included on line 9, for public use of club facilities		[	l: :
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	13.4	<b>i</b> : :	
	section 4911 ▶; section 4912 ▶; section 4955 ▶		<b>.</b>	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	`.`		16
	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		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	:.	Į.	
	organization managers or disqualified persons during the year under sections 4912,		[	1:
	4955, and 4958		_ ^	ŀ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		l	100
	reimbursed by the organization			
е	, , , , , , , , , , , , , , , , , , , ,		ļ	1:21
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed AR			
42 a	The organization's books are in care of ▶ GEORGIANN PYLE  Telephone no. ▶ 479-5		200	
	Located at ► 3384 CROW MT ROAD RUSSELLVILLE, AR ZIP+4 ► 72802		<del></del> T	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:	, 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		- 1	,,
_	and Financial Accounts.	420		#: <u>.;</u> .
С	,	42c		<u> </u>
42	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		_	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	i · ·		` L
	and enter the amount of tax-exempt interest received or accrued during the tax year	٠	Yes	No
44.0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		res	INO
44 a	completed instead of Form 990-EZ	44a	f. ^	X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770	<del> </del>	<b> </b>
IJ	completed instead of Form 990-EZ	44b	İ	Х
_	Did the organization receive any payments for indoor tanning services during the year?	44c	<del>                                     </del>	X
ن	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	170		18.
u	explanation in Schedule O	44d	<i>:</i> :	ļ · ·
45 a		45a	$\vdash$	x
		730	<b></b>	<del>  •••••</del>
45 b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			<b>)</b>
		45b		X
_	Form 990-EZ (see instructions)	1 -100		<u> </u>

E	990-EZ (2012) SUCCESSFUL I	10 001000mc		(	06 000	7660	_	
Form :	990-EZ (2012) SUCCESSFUL \ IN	G CONCEPTS INC	<u> </u>	<u> </u>	26-002	7669	Yes	Page 4 No
46	Did the organization engage, directly or indirectly, in to candidates for public office? If "Yes," complete S	shadula C. Bart I				46	. 4	Х
Par	Section 501(c)(3) organizations of All Section 501(c)(3) organizations 50 and 51	only	ions 47-49b and 52,				lines	1
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			<del></del>	<u>.                                     </u>
47	Did the organization angage in labbulage activities or	have a sastian E01/h) at	antina la officia division de a	<b>A</b> mus		Γ	Yes	No
41	Did the organization engage in lobbying activities or year? If "Yes," complete Schedule C, Part II	nave a section 50 I(n) ele	<del>-</del>			47	1	
48	Is the organization a school as described in section					48		X
49a	Did the organization make any transfers to an exem	=	organization?			49a		
b	If "Yes," was the related organization a section 527	-				49b		<u> </u>
50	Complete this table for the organization's five highes employees) who each received more than \$100,000		-		•			
	(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 b contributions to benefit plans, a compens	enefits, o employee nd deferred	o) Estimate other co	ed amou mpensa	
NON	E							
				-				-
	<del></del>					· ,	·	
f 51	Total number of other employees paid over \$100,00 Complete this table for the organization's five highes \$100,000 of compensation from the organization. If	t compensated independ		received mo	re than			
(a)	Name and address of each independent contractor paid more than	\$100,000	(b) Type of service	3	(c) Co	mpensatio	n	
NON	E							
d 52	Total number of other independent contractors each Did the organization complete Schedule A? Note: A	•						
	nonexempt charitable trusts must attach a complete	d Schedule A	· · · · · · · · · · · · · · · · · · ·		▶	X Yes		No
	penalties of penjury, I declare that I have examined this return, includ		•	my knowledge ar	nd belief, it is			
true, c	orrect, and complete Declaration of preparer (other than officer) is b.	ased on all information of which	preparer has any knowledge.		×15-13		<del></del>	
Sig				Date	-13-13			
Her	e LARRY PYLE, EXECUTIVE DI	RECTOR						
	Type or pnnt name and title	<del>/</del>						
المناح	Print/Type preparer's name	ebsus a suddefine day o	Date	I .	ieux 🗀 ii	TIN 01.07.04	170	
Paid Prep		EVIN MOORE CPA	08-08-20	Firm's Ell		01078	179	
Use		CLAD LA		rim s Eli				
	RUSSELLVILLE AR	72811		Phone no	479-967	7-7636	· ·	
May	the IRS discuss this return with the preparer shown a	bove? See Instructions				X Yes		No
EEA						Form 99	0-EZ (	2012)

### 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

Name	of the	organization				-			Employer	Identification	number		
		SFUL LIVING CO	NCEPTS INC						26-0	027669			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	s part.) :	See instr	uctions.			
The	orgai	nization is not a private	e foundation becau	se it is: (For lines 1 thro	ugh 11, che	ck only or	ne box.)						
1		A church, convention	of churches, or as	ssociation of churches de	escribed in	section 1	70(b)(1)(A	)(i).					
2		A school described in	n section 170(b)(1	)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coope	erative hospital sen	vice organization describ	ed in secti	on 170(b)	(1)(A)(iii).						
4		A medical research of	organization operat	ed in conjunction with a	hospital de	scribed in	section 17	'0(b)(1)(A	)(iii). Enter	the			
		hospital's name, city,	, and state:										
5		An organization oper	ated for the benefit	of a college or universit	y owned or	operated	by a gover	nmental u	nit describe	ed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	ert II.)									
6		A federal, state, or lo	cal government or	governmental unit descr	ibed in sec	tion 170(t	o)(1)(A)(v).						
7		An organization that	normally receives	a substantial part of its s	upport from	a governi	mental unit	or from th	e general r	oublic			
		described in section			••	•			,				
8				170(b)(1)(A)(vi). (Comp	olete Part II	.)							
9	X	=		(1) more than 33 1/3% of		•	tributions,	membersi	hip fees, an	nd gross			
			•	empt functions - subject t					•	-			
				and unrelated business t									
				30, 1975. See section 5		•		,,					
10				d exclusively to test for p		•	•	)(4).					
11		_		d exclusively for the bend			•		rry out the				
				rted organizations descr					-	ection			
				the type of supporting of									
		a Type!	ь 🗌 Тур	_					_	-Non-funtio	nally int	egrate	d
е		By checking this box		rganization is not control							•	•	
			<del>-</del>	ner than one or more put					-				
		or section 509(a)(2).	_	·	•	_							
f			ceived a written de	termination from the IRS	that it is a	Type I, Ty	pe II, or Ty	pe III sup	porting				
		organization, check t					·						Г
g		Since August 17, 200	06, has the organiz	ation accepted any gift o	or contributi	on from an	ny of the						
_		following persons?	•	. , ,			•						
		* '	lirectly or indirectly	controls, either alone or	together w	ith persons	s described	d in (ii) and	j			Yes	No
			-	ne supported organizatio	=	-					11g(i)		
				ribed in (i) above?							11g(ii)		
			· · · · · · · · · · · · · · · · · · ·	n described in (i) or (ii) al							11g(ili)	1	
h		• •		the supported organizati							[8(	1	
	(i) Na	rne of supported	(ii) EiN	(iii) Type of organization	(iv) is the or	ganization	(v) Dld yo	u notify	(vi) t	s the	(vii) Amo	int of mo	nnetary
		organization		(described on lines 1-9	ın cot. (i) lisi	ed in your	the organi	zation in	organizati	ion in cot.		support	,
				above or IRC section (see instructions))	governing d	ocument?	col. (i) c	of your port?	(i) organiz U.:	ed in the S?			
				(000 1112 20110112)	Yes	No	Yes	No	Yes	No			
(A)				<del> </del>			1.45	111	1.55	1.11			
· -7								]		Ì			
(B)				<del></del>		<u> </u>		<b>i</b>	<b>-</b>				
(-,						1							
(C)			••		<del> </del>								
(0)								ŀ					
(D)					<del> </del>		<u> </u>	<del> </del>	1	<del>                                     </del>			
(D)													
<u>/E\</u>					+		}	<del> </del>	<del> </del>	<del>                                     </del>			
(E)													
		·		——————————————————————————————————————	<u> </u>	, , , , , , , , , , , , , , , , , , ,	<del> </del>	ļ	<del>                                     </del>				<del></del> -
Tota	ı					) · ·		· ' .		l.			

Schedule A (Form 990 or 990-EZ) 2012 SUCCES JL LIVING CONCEPTS INC 26-0027669 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Total. Add lines 1 through 3 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) . . . . . Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 . . . . . . . . . . . . . . . 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . . . 11 Total support. Add lines 7 through 10 . : 12 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 15 % 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 П 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 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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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.)

Seg	ction A. Public Sùpport						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		45,701	54,529	48,101	38,050	186,381
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		43,701	54,529	40,101	36,030	100,361
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513		8,710	6,775	9,720	8,029	33,234
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						- <b>.</b> .
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	i	54,411	61,304	57,821	46,079	219,615
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						
	Public support (Subtract line 7c from line 6.)						219,615
Sec	ction B. Total Support				<del></del>		
	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		54,411	61,304	57,821	46,079	219,615
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	<u>.</u>					
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	54,411	61,304	57,821	46,079	219,615
14	First five years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth,				<b>▶</b> □
Sec	ction C. Computation of Public Su	ipport Percen	tage			,	
15	Public support percentage for 2012 (line 8, co		• • • •				100.00 %
16	Public support percentage from 2011 Schedu			<u></u>	<u>.</u>	16	100.00 %
	ction D. Computation of Investme				- <del> </del>		
17	Investment income percentage for 2012 (line	= =				17	0.00 %
18	Investment income percentage from 2011 Sc					18	%
	33 1/3% support tests - 2012. If the organize 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qualifi	ies as a publicly su	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2011. If the organizatine 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19b,	check this box and	d see instructions		▶ 🛚

#### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
	e of organization			Employe	r identification number
St	CCESSFUL LIVING CONCEPTS IN	IC		26-002	27669
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 org	anization.
1	Provide a description of the organization's				
2	Political expenditures			▶ \$	
3	Volunteer hours				
- 200					
		ization is exempt under secti			
1	Enter the amount of any excise tax incurr	ed by the organization under section 49:	55	▶ \$	
2	Enter the amount of any excise tax incurr				
3	If the organization incurred a section 4955	-			
4a	Was a correction made?				Yes 🗌 No
b			504/ \	( ( 704/ )	(0)
E		ization is exempt under secti		cept section 501(c)	(3).
1	Enter the amount directly expended by th				
_	activities			<b>&gt; \$</b>	
2	Enter the amount of the filing organization	_			
_	527 exempt function activities			<b>&gt;</b> \$	
3	Total exempt function expenditures. Add				
	line 17b				
4	Did the filing organization file Form 1120-	· · · · · · · · · · · · · · · · · · ·			
5	Enter the names, addresses and employe				
	organization made payments. For each of	<del>-</del>			
	the amount of political contributions received	* * *		-	
	as a separate segregated fund or a politic	al action committee (PAC). If additional	space is needed, p	rovide information in Part	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					1.0.1.0, 0.1.0.
(1)				•	
					<del> </del>
(2)					
	<del></del>				
(3)					
					-
(4)					
	<del></del>				-
(5)					
	<del></del>		<del></del>		-
(6)					

	Buile C (Form 990 or 990-EZ) 2012 SUCCESSE OLL			// \/G\ =	26-002/	
Pa	complete if the organization section 501(h)).	n is exempt un	der section 50	1(c)(3) and file	ed Form 5768 (ele	ction under
^	Check ▶ ☐ if the filing organization belongs to	an official serve /s	and list in Part IV one	h offliated aroun m	ambar'a	
•	name, address, EIN, expenses, an			- ·	ieniber 5	
R (	Check  (check ) if the filing organization checked be					
		ying Expenditures		y	(a) Filling	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence public op		<del></del>		<del></del> -	<del></del>
b	Total lobbying expenditures to influence a legislat				<del></del>	<del></del>
c	Total lobbying expenditures (add lines 1a and 1b)					<del></del>
d						<u> – – – –</u>
e	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount. Enter the amount fi					<u> </u>
	columns.	on the following tab	ie iii boui			
i	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	lie ·	, , , , , , , , , , , , , , , , , , , ,	
	Not over \$500,000	20% of the amo		. 15 .	7.7	S. 6. 1
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500 000	H. 791	:
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000.	070 OF BIC CACCSS OV	ει ψι,ουσ,ουσ.		
 g	Grassroots nontaxable amount (enter 25% of line				<del></del>	
h		•				
i	Subtract line 1f from line 1c. If zero or less, enter	_				
i	If there is an amount other than zero on either line				·	
,	reporting section 4911 tax for this year?					☐ Yes ☐ No
-	reperang ecoson for the Anton and your.				· · · · · · · · · · · · · · · · · · ·	<u> </u>
		Year Averaging Pe				
	(Some organizations that i					
	columns belov	v. See the instructi	ons for lines 2a thr	ougn 21 on page 4	·-)	
	Lobby	ing Expenditures [	Ouring 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)	(4) 2000	(5) 2010	(0, 2011	(4) 2012	(6) 1044
			···			
2a	Lobbying nontaxable amount					
		· · · · · · · · · · · · · · · · · · ·		<u></u>		<del></del>
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))			· · · · · · · · · · · · · · · · · · ·		
С	Total lobbying expenditures					
		<del></del>	<del></del>			
đ	Grassroots nontaxable amount					
е		,	1/	<i>'</i> ;		
	(150% of line 2d, column (e))	<u> </u>		33 1 2	*	
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

EEA

26-0027669

EEA

	(election under section 501(h)).	(	a)	(b)
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed	Yes	No	Amount
	cription of the lobbying activity.	163	110	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1		
	legislation, including any attempt to influence public opinion on a legislative matter or			· ,
	referendum, through the use of:			
a	Volunteers?	<u> </u>	X	ľ · · · ·
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	<b>∤</b>
С.	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	<del> </del> -
e	Publications, or published or broadcast statements?		X	<del> </del>
f	Grants to other organizations for lobbying purposes?		$\frac{\hat{x}}{x}$	
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	-	X	
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	X	<del>                                     </del>
	Other activities?			<del>                                     </del>
30 1	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
2a	If "Yes," enter the amount of any tax incurred under section 4912			
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		· .	
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ŀ	: :
	If the Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5).	or s	ection
<u> </u>	501(c)(6).	-/(-/,	<b>.</b>	
	001(0)(0).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
	int III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)			ection
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	OR (b		rt III-A, line 3, i
1	Dues, assessments and similar amounts from members		1	<u>,                                      </u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).		· "	
а	Current year		2a	
þ	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			1
	and political expenditure next year?		4	<del> </del>
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>
	art IV Supplemental Information			
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated o	group		
list);	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.			
_				
FFA		Sch	edule C	(Form 990 or 990-EZ) 20

990	Overflow Statement	<b>2012</b> Page 1
Name(s) as shown on return		FEIN
SUCCESSFUL LIVING	CONCEPTS INC	26-0027669

#### OTHER EXPENSES

Description	Amount
AUTOMOBILE EXPENSE	\$ 3,598
SERVICE CHARGE	65
CAPLAIN EXPENSE	487
CONTINUING EDUCATION	176
DUES AND SUBSCRIBTIONS	715
GIFTS	1,289
INTEREST EXPENSE	159
INTERNET	760
LICENSE AND PERMITS	26
MEDICAL	7,353
MINISTRY MATERIALS	113
OFFICE EXPENSE	1,881
PAYROLL EXPENSE	1,755
PER DIEM	2,350
PROFESSIONAL FEES	780
REPAIRS AND MAINTENANCE	369
SUPPLIES	82
TELEPHONE	2,005
WAGES	14,200
Total:	\$ 38,163

#### **TAXES**

Description	A	mount
PROPERTY TAXES	<del></del>	838
OTHER TAXES		450
То	tal: \$	1,288

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

26-0027669 SUCCESSFUL LIVING CONCEPTS INC 01. Description of other revenue (Part I, line 8) DESCRIPTION AMOUNT RENT 3,500 REFUND 208 SALE OF PROPERTY 44,890 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT TRAVEL 6,253 HELP MINISTRIES EXPENSES 1,642 OTHER OPERATING EXPENSES 38,163 CONTRIBUTIONS 4,009 1,288 TAXES RENTAL EXPENSES 1,190 HELP PROJECT EXPENSES 214 03. Other changes in net assets or fund balances (Part I, line 20) AMOUNT DESCRIPTION (3,247)PRIOR PERIOD CORRECTION 04. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR 2,291 **ADVANCES** NOTES RECEIVABLE - ROSSITER 0 80,562 0 1,300 NOTES RECEIVABLE - CLARKE

Name of the organization	<del></del>			<del></del>		Employer identification numbe	Page Z
SUCCESSFUL LIVING CONCEPTS INC					ļ	26-0027669	
		<del></del>					
•							
,							
<del></del>							
05 - 1.1							
05. Description of total liab	ilities	(Part	II,	line 2	6)	<del></del>	<del></del>
CATEGORY	DEGIN	*****			mm 0		
CAIDGORI	BEGIND	NING OF	YEAR	<del></del>	END O	F YEAR	
PAYROLL TAXES PAYABLE			817			1,100	
				<del></del>			
	<del></del>		•				
	-			<u> </u>			<del></del>
			<del></del>		•		
						<del></del>	
	<del></del>						
		<del></del>					
		<u>-</u>				<del></del>	
	<u></u>					<del></del>	

Form **4562** 

# (Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service (99)

➤ See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

	s) shown on return			Business or act	ivity to whic	h this form relates			Identifying number
SUC	CCESSFUL LIVING CO	NCEPTS I	NC	FORM	990	- 1			26-0027669
Par	ti Election To Expens							-	
	Note: If you have any list					: <b>f.</b>			
1	Maximum amount (see instructions							1	
2	Total cost of section 179 property							2	
3	Threshold cost of section 179 prop							3	
4	Reduction in limitation. Subtract lin							4	
5	Dollar limitation for tax year. Subtra								
	separately, see instructions							5	
6	(a) Description of p			(b) Cost (busine			cted cost		
		<del></del>		<u>, , , , , , , , , , , , , , , , , , , </u>					4 , 2 4 2,
		·			· · · · · · · · · · · · · · · · · · ·		-		
7	Listed property. Enter the amount t	from line 29 .			. 7	,			
8	Total elected cost of section 179 p							8	, , , , , , , ,
9	Tentative deduction. Enter the small							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter t							11	
12	Section 179 expense deduction. A							12	
13	Carryover of disallowed deduction				1:				, ·
Note:	Do not use Part II or Part III below				<del></del>				<u> </u>
Par	til Special Depreciation				tion (D	o not include li	sted pro	ertv.)	(See instructions.)
14	Special depreciation allowance for								(COO MOLECULO)
	during the tax year (see instruction		·		•			14	
15	Property subject to section 168(f)(1	•						15	
16	Other depreciation (including ACR							16	2,308
Par	t III MACRS Depreciati								
	-			ction A					
17	MACRS deductions for assets place	ed in service in t	ax years beginn	ing before 20	012 .			17	
18	If you are electing to group any ass					ore general			• • • • • • • • • • • • • • • • • • • •
	asset accounts, check here	<u></u>						. ,	·
	Section B - Assets						eciation	Syste	em
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depri (business/investm only-see instruc	ent use (d)	Recovery	(e) Convention			
19a	3-year property	service	01117 000 1110000	,	period	`,	(f) Meth	od	(g) Depreciation deduction
b	3-year property	service	only coombine		period		(f) Meth	od	(g) Depreciation deduction
	5-year property	service	City CCC made		period		(f) Meth	od	(g) Depreciation deduction
<u> </u>	5-year property 7-year property	service	0.1.7 000 11.000		period		(f) Meth	od	(g) Depreciation deduction
	5-year property				period		(f) Meth	nod	(g) Depreciation deduction
ď	5-year property 7-year property	service	,		period		(f) Meth	nod	(g) Depreciation deduction
d e	5-year property 7-year property 10-year property				period		(f) Meth	nod	(g) Depreciation deduction
d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property				period  25 yrs.		(f) Meth		(g) Depreciation deduction
d e f	5-year property 7-year property 10-year property 15-year property 20-year property					MM			(g) Depreciation deduction
d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property			2	25 yrs.		S/L		(g) Depreciation deduction
d e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental			2 2 2	25 yrs. 27.5 yrs.	MM	S/L S/L		(g) Depreciation deduction
d e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property			2 2 2	25 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L S/L		(g) Depreciation deduction
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real			2 2	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L		
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property			2 2	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	on Sy	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	Placed in Service		Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L preciati	on Sy	
d e f g h i	5-year property 7-year property 10-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	Placed in Service		2 2 2 Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the	MM MM MM	S/L S/L S/L S/L S/L S/L	on Sy	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	Placed in Service		2 2 2 Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the	MM MM MM MM Alternative De	S/L S/L S/L S/L S/L S/L preciation	on Sy	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	Placed in Servic		2 2 2 Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the	MM MM MM MM Alternative De	S/L S/L S/L S/L S/L S/L preciation	on Sy	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year  LIV   Summary (See instru	Placed in Servic	ee During 2012	Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the a 12 yrs. 40 yrs.	MM MM MM Alternative De	S/L S/L S/L S/L S/L S/L preciation	on Sy:	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year  KIV   Summary (See instru Listed property. Enter amount from Total. Add amounts from line 12, line	Placed in Service ctions.) In line 28	ce During 2012	Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the a 12 yrs. 40 yrs.	MM MM MM Alternative De	S/L S/L S/L S/L S/L S/L preciation	on Sy:	stem
d e f g h i c Par 21 22	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year  IV   Summary (See instru	Placed in Service ctions.) In line 28 Inces 14 through 17 fyour return. Par	ce During 2012	Tax Year Use	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 40 yrs. (g), and list see ins	MM MM MM Alternative De	S/L S/L S/L S/L S/L S/L	on Sy	