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SCANNED APR I 1 2013

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)

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

OMB No 1545-0047

Open to Public Inspection

Dep	artment of	f the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state repor	ting requir	ements.	Inspecti	
A			ndar year, or tax year beginning, 2012, and ending		·	, 20	
В			C Name of organization The 1040 Initiative, Inc.		D Employe	er identification nu	mber
$\bar{\Box}$	Address		Doing Business As 1040:			27-0659329	
ī	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	te E Te		ne number	
$\bar{\Box}$	Initial ret	-	PO Box 721765	i		405-919-5540	
$\bar{\Box}$	Terminat						
	Amende	d return	Norman, OK 73070-8349		G Gross re	ceipts \$	560150
	Applicati	ion pending	F Name and address of principal officer Mike Cousineau	H(a) Is this a	group return t	for affiliates? Yes	✓ No
			PO Box 721765 Norman, OK 73070-8349			cluded? Yes	_
<u> </u>	Tax-exer	mpt status	√ 501(c)(3)	If "No	o," attach a	list (see instruction	ıs)
J	Website	: ► ww	w.1040i.org	H(c) Group	exemption	number 🕨	
K	Form of o	organization	✓ Corporation Trust Association Other ▶ L Year of formation	2009	M State	of legal domicile	ОК
P	art I	Summ	ary				
	1	Briefly de	escribe the organization's mission or most significant activities: The Comp	any takes	help, ho	pe and healing t	0
e e	1	people of	the world who can't help themselves. The Company organizes teams of volur	nteers to g	o on sho	rt-term trips to a	id
ä		in medica	I, educational and community development endeavors.				
& Governance							
Š	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of n	nore than	1 1	its net assets.	
<u>م</u>	3		of voting members of the governing body (Part VI, line 1a)		3		9
es	4		of independent voting members of the governing body (Part VI, line 1b) .		4		8
Activities	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5		3
Act	6		nber of volunteers (estimate if necessary)		6		95
	7a		elated business revenue from Part VIII, column (C), Tine 12		7a		0
	Ь	Net unre	ated business taxable income from Form 990 15, line 34	 Drian Va	7b	Comment Vo	0
		0	tions and grapts (Part VIII line 19)	Prior Ye		Current Ye	
ē	8				374272		560150
Revenue	9		service revenue (Fart VIII, III e 2g)			,	
æ	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)				
	11 12		venue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 4d, and 11e)		074070		560450
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		374272		560150
	14		paid to or for members (Part IX, column (A), line 4)				
	45		other compensation, employee benefits (Part IX, column (A), lines 5–10)		87461		126199
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0/401		120199
be	b		draising expenses (Part IX, column (D), line 25) ▶	0. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 CON 10 TW	***********	1333
ă	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	193095	AC 25 WAS A STATE OF THE STATE	457057
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		280556		583256
	19	-	less expenses Subtract line 18 from line 12		93716	•	(23106)
ъ.	8			inning of Cu		End of Yea	
\$100	20	Total ass	sets (Part X, line 16)		155973		214668
Net Assets or	21	Total liat	ollities (Part X, line 26)				15235
ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20		155973		199433
Р	art II	Signa	ture Block				
U	nder pena	alties of perji	ry, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the	ne best of n	ny knowledge and	belief, it is
tn	ue, correc	t, and comp	lete Operation of Diepages (other than officer) is based on all information of which preparer ha	s any knowl	edge		
_							
	gn	Sign	nature of officer	Da	te 🤿 /	20/12	
H	ere		Mike Moran - Treasurer			29/12	
		1,	e or print name and title				
Pa	aid	Print/Ty	pe preparer's name Preparer's signature Date		Check [
	repare	er			self-emp	oloyed	
	se On	1	name ►	Firm	's EIN ▶		
			address >	Pho	ne no		
_	<u> </u>			•		Yes	
Fo	r Papen	work Redi	action Act Notice, see the separate instructions. Cat No	11282Y		Form 9	90 (2012)





orm 99	0 (2012)	Page 2
Part I		
	Check if Schedule O contains a response to any question in this Part III	<u>. П</u>
1	Briefly describe the organization's mission:	
	The vision of 1040i is to transform the lives of people in need by fighting pain and suffering in the most isolated places on our gl The primary focus will be centered on health and education needs between 10 degrees and 40 degrees north of the equator span	
	across North Africa and the Middle East.	ning
	torios in an initia di ana	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?] No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7
	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by
·	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 358855 including grants of \$) (Revenue \$)	
	Projects and Trips: This is 1040i's sole program. In 2012, 1040i conducted a trip to Cote d'Ivoire which provided medical service:	s to
	the local people, with five surgeons using a mobile surgery unit. 145 surgeries were performed, including orthopedic surgeries,	
	palate repairs, removal of tumors, OBGYN procedures, and cataract surgeries. Over 1,000 pair of eyeglasses were distributed in	
	conjunction with eye testing. Additionally, a construction team renovated a local school, constructed 2 community centers, and	
	60 school desks. There were 67 team members on this trip. Another smaller trip to Cote d'Ivoire involving 9 team members resu in 2 schools being renovated, 80 school desks being built, and 300 people receiving wound care. Two trips to Morocco were made	
	2012 with 21 team members, where 2 schools were renovated, 500 eyeglasses were distributed after exams, 12 surgeries were	76 III
	performed, and 150 water filters were distributed.	
	•••••••••••••••••••••••••••••••••••••••	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	/ (Like indicating grants of \$\frac{1}{2}\)	
	·····	
	·····	
4C	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		•••
	·····	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
40	Total program service expenses	

Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	•	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. 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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ė		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u> </u>
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	•	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ť		<u> </u>
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	State Norman !	√
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		✓_
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	i	✓
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	Ė
b		- 10		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	, , .		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b	_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
4 -	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	✓	L
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		V
	If "Voo" to line 200 did the experience of the standard of the	20a		/
р	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		E	<u></u>	10010

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Form 99	90 (2012)		ı	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		/
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Ť
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		├ <u></u>
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	200		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27	Section 1	√
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	i		
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	complete Schedule N, Part II	32	ļ	✓
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Ť
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	۵5.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	-	├
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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Part				_
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	. <u> </u>
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	_		No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 **	3	#
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		945	رين
•	reportable gaming (gambling) winnings to prize winners?	1c	<u>√</u>	-32
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	15 6	130	3,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			· ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
Ь	If "Yes," enter the name of the foreign country:	<i>\$</i> ^		ź,
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
U.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			,
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	;	e e	學-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	L	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h	 -	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ι,	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11_	Section 501(c)(12) organizations. Enter:		į	
a b	Gross income from members or shareholders	1		1
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	<u></u>	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	114h	1	1

7 01111 33	o (core)		<u> </u>	<u> </u>
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	•	<u> </u>
0000	31 71 dovorning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	<i>L'</i>	\$,š*.	₹,; 1
	If there are material differences in voting rights among members of the governing body, or			//
	if the governing body delegated broad authority to an executive committee or similar		573 %,	
	committee, explain in Schedule O.	,		, 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	*	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			,
	one or more members of the governing body?	7a		 •
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, 1	2 ·	
	the year by the following:	<u> </u>	<u> </u>	1795
a	The governing body?	8a 8b	/	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	· •	
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	11	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	✓	ļ
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ĺ	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ OK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	c)(3)s	onlv
.0	available for public inspection. Indicate how you made these available. Check all that apply	. 5511	-,(-)	
40	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f into	rost -	oliov
19	and financial statements available to the public during the tax year.			JUIICY,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	THE PROPERTY OF A SAME OF A SAME OF THE SA			

p	2	^	۵	7
г	a	u	┖	

Form 990 (2012)

	•	,	
Part V		Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	d
		Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor	any relate	d orga	anız	atıo	n co	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	ot ch unles	s pe	ition more	than o	an		(E) Reportable compensation from related organizations (W-2/1099-MISC)	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
(1) Matt Blair - Board Member		✓								
(2) Perry Brooks - Board Member		1								
(3) Casey Carıker - Board Member		1								
(4) James Cox - Board Member		1								
(5) Lee Horst, Jr Board Member		1								
(6) Cameron Lane - Board Member		1								
(7) Gregory Pittman - Board Member		1		_	-					
(8) Jimmy Holbrook - Vice President		1		1						
(9) Mike Moran - Treasurer (Non-voting)				1						
(10) Sabrina Yaw - Secretary (Non-voting)	40+			1				35600		
(11) Mike Cousineau - President	40+	/		1	1	1		70400		
(12)										
(13)		-								
(14)	<u> </u>		T				T			

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or dire	ot ch	Pos eck s pe	tion more	than of the state	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatio (W-2/1099-A	(F) le Estimated in from amount o other ons compensati		imated ount of other pensation om the inization related	1
(15)				ě			ated							
(16)														
(17)												····		
(18)							_	ļ <u></u>				<u> </u>		
(19)						_		_						
			_				_							
(20)			-					_					_	
(21)														
(22)														
(23)														
(24)								-				_		
(25)						_					-			
1b c d	Sub-total	VII, Sectio		•		 <u></u>	· ·	▶ ▶ •) w	106000 106000 ho received mo	ore than \$1	00,000) of		
3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	 ee.	kev e	emp	lovee, or high	est compe	nsated	٦ .	Yes	No
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch i	ındı	vidu	ıal					3		1
4	For any individual listed on line 1a, is the organization and related organizations											י 🗀		-
5	Individual									ation or inc	 Jividua			/
Section	on B. Independent Contractors									· · · · ·	<u> </u>	5	ļ	✓
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compen		
								_						
						_								
								-						
2	Total number of independent contractor received more than \$100,000 of compens	ers (includir sation from	ng bu the o	t no rgan	ot l	ımit tıon	ed to	th	ose listed abo	ove) who	` .	**		

Par	t VIII			<u></u>				Page
-	-	Check if Schedule O contains a respo	onse to any quest	tion in this Part V (A) Total revenue	/III	(C) Unrelated business	(D) Rever	[
X. 1.		the state of the s	er 25.		function revenue	revenue	under se 512, 513,	ctions
nts	1a			v,	/ ₁ ''	*'60,	*	0.014
ira our	b	Membership dues 1b						
S, C	С	Fundraising events 1c						
ia Gi	d	Related organizations 1d			,	3	3.5	
JS,	е	Government grants (contributions) 1e		:08	, * * ₅	Car Bear	300	3:
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	560150	्रे र		15 17	1	
달	g	Noncash contributions included in lines 1a-1f. \$	39081					
a င	h	Total. Add lines 1a-1f		560150			1	
e			Business Code	, , , , , , , , , , , , , , , , , , ,	, July	nie jui	11.38%	· · · · //
Ven	2a							
æ	b							
Program Service Revenue	С							
	d							
	е							
ğ	f	All other program service revenue.						
<u> </u>	9	Total. Add lines 2a-2f						,
	3	Investment income (including divide			-	T		
	1	and other similar amounts)						
	4	Income from investment of tax-exempt bo	· ·					
	5	Royalties	▶	_				
		(i) Real	(ii) Personal			1 2	,	
	6a	Gross rents .				,		1
	þ	Less: rental expenses		4 A	~.š\.	5		
	C	Rental income or (loss)	L		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>		
	d	Net rental income or (loss) Gross amount from sales of (i) Securities						
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other					
	b	Less cost or other basis and sales expenses		Ÿ	94.) 1,	¥,	4.	* :
	С	Gain or (loss) .						
	d	Net gain or (loss)	<u>.</u> >					
ø								
Other Revenue	8a	Gross income from fundraising events (not including \$		<i>i</i> •				* ?
er Re		of contributions reported on line 1c). See Part IV, line 18 a						
¥	b	Less: direct expenses b			,			
	С	Net income or (loss) from fundraising	events . ►					
	9a	Gross income from gaming activities. See Part IV, line 19 a			, - <u>, - ,</u>			<u>.</u>
	ь	Less direct expenses b						
		Net income or (loss) from gaming activ			· · · · · · · · · · · · · · · · · · ·			
		Gross sales of inventory, less				<u> </u>	 	_
		returns and allowances a						
	ь	Less: cost of goods sold b						
	c	Net income or (loss) from sales of inve	entory ►					
		Miscellaneous Revenue	Business Code				1	
	11a							
	b							
	l c						T	

560150

d All other revenue e Total. Add lines 11a-11d . . . Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se to any question		· · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	376936	376936	y is a sure of the second of	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	106000	44100	44300	17600
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	183933	77100	77300	17000
7 8	Other salaries and wages	20199	5050	5050	10099
9	Other employee benefits				
10	Payroll taxes	23817	9289	9288	5240
11	Fees for services (non-employees):		1		
a b	Management	7000			7000
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		THE BOOK AND SOME SECTION OF THE SEC	· 400042.000	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	17565			17565
13	Office expenses	12163		12163	
14	Information technology				
15	Royalties				
16	Occupancy		40.4		
17 18	Travel	4348	434	1088	2826
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14126	14126		
23	Insurance				
24	Other expenses. Itemize expenses not covered		·	.,,	
	above (List miscellaneous expenses in line 24e. If		,	*	, , ,
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,		, ,	· · ·
•					
a b		<u> </u>			
c				-	
d					
e	All other expenses	1102		1102	
25	Total functional expenses. Add lines 1 through 24e	583256	449935	72991	60330
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 1 Cash—non-interest-bearing 155973 129126 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. . 6 Assets 7 Inventories for sale or use 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c 24803 85542 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets, See Part IV, line 11 15 214668 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 17 15235 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 15235 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances ٠, complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . 107668 142636 28 28 48305 56797 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 155973 33 199433 34 Total liabilities and net assets/fund balances . 155973 214668

Page 12	Page	1	2
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0					, ug	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					Ø
1	Total revenue (must equal Part VIII, column (A), line 12)	1			560	0150
2	Total expenses (must equal Part IX, column (A), line 25)	2			583	<u>3256</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(23	106)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			159	<u>5973</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7		_		
8	Prior period adjustments	8			6	6566
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			199	9433
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					V
	<u> </u>		_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	2/2 1/2		1100
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın 🎇			
	Schedule O.		2		1	للبية
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	2 mm/~ 15	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or 🎇			
	reviewed on a separate basis, consolidated basis, or both:		3			
	Separate basis Consolidated basis Both consolidated and separate basis		1.0			
b	Were the organization's financial statements audited by an independent accountant?	• . •		2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a p			貕.]
	separate basis, consolidated basis, or both:					477
	Separate basis Consolidated basis Both consolidated and separate basis		. 4	394 J	<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	int	.		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			2 c	2.685	(20)
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	ın 🚉			
	Schedule O.	- المدينة	-	- 175	<u> </u>	<u> Ž</u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	τοπη				,
	the Single Audit Act and OMB Circular A-133?	• •		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo ti				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits		3b	<u> </u>	
				Form S	1 90 ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

4947(a)(1) nonexempt charitable trust.

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

OMB № 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number The 1040 Initiative, Inc. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 331/3% 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 331/3% 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. **c** Type III–Functionally integrated **d** ☐ Type III–Non-functionally integrated **b** Type II 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting 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 Yes Nο 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? (see instructions)) Yes Yes (A) (B) (C) (D)

(E)

Total

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	I			1		
	dar 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	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				4 (6)		
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						l
	shown on line 11, column (f)					Marie Contract	
6	Public support. Subtract line 5 from line 4.	4.4	KARATA	o Da Maria	al Martin Pa	en de sitte sitte en de	
	on B. Total Support		1	•			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	c. (see instructi	ons)	, , , , , , , , , , , , , , , , , , ,	The state of the state of	12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere			n, or fifth tax y		n 501(c)(3) ► □
Secti	on C. Computation of Public Suppo	×				· · · · · ·	
14	Public support percentage for 2012 (line		-			14	<u>%</u>
15 16a	Public support percentage from 2011 Sc					15	heck this
	box and stop here. The organization qualifies as a publicly supported organization						
b	check this box and stop here . The organ					15 IS 33'/3% 	
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						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization is supported organization	ition meets the neets the	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check th The organization	nis box and st in qualifies as a	, and line op here. a publicly
18	Private foundation. If the organization d						

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.)

	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	l.)	
Section	on A. Public Support						
Calen	dar 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 ")		67180	205852	374272	560150	1207454
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities	,		i	ĺ		
	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	1			1		
	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		67180	205852	374272	560150	1207454
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						<u></u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified					ł	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	77, 12 M 47-13	77. 57.	Walter Street	120000000000000000000000000000000000000	7.35 A. 1888	
	line 6.)						1207454
Secti	on B. Total Support	th . we know	44		2700 7000 000 0		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) = 33	67180	205852	374272	560150	1207454
-	Gross income from interest, dividends,		07100	100001			
100	payments received on securities loans, rents,						
	royalties and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses					i	
	acquired after June 30, 1975						
	·		<u></u>			_	
_	Add lines 10a and 10b						
11	Net income from unrelated business			l			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1			ł	
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		[
	and 12.)	<u></u>	67180		374272	560150	1207454
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he			<u>· · · · · · </u>	· · · · ·		<u> ▶ </u>
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2012 (line						%
16	Public support percentage from 2011 Sc			<u> </u>	<u></u>	16	%
<u>Sect</u>	ion D. Computation of Investment Ir					T := T	
17	Investment income percentage for 2012					17	%
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	<u>%</u>
19a	331/3% support tests - 2012. If the organ	nization did not	t check the box	x on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	ctions 🕨 🔲

Schedule A (F	Offi 990 of 990-E2) 2012	Page 4
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).	
••••••		
		-
		•••••

		•••••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

_	040 Initiative, Inc.	27-0659329
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	
	funds are the organization's property, subject to the organization's exclusive legal cont	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
_	conferring impermissible private benefit?	
	Conservation Easements. Complete if the organization answered "Yes"	' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut easement on the last day of the tax year.	ion in the form of a conservation
	easement on the last day of the tax year.	Control of the contro
_	Total number of concentation concents	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not	
u	historic structure listed in the National Register	, I
3	Number of conservation easements modified, transferred, released, extinguished, or teleased	=
•	tax year	inimated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	spection handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservatio	
	>	sassine deinig alle year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	sements during the year
	> \$,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, o	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in if	
	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide, in Part XIII, the text of the footnote to its financial statements th	at describes these items.
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · ▶ \$
_	(ii) Assets included in Form 990, Part X	· · · · ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SEAS 116 (ASC 059) relative to these	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
a	Revenues included in Form 990, Part VIII, line 1	· · · · • \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990)	2012	
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Da	<u>م</u> م	2

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures, o	r Other S	Similar Ass	ets (co	ntinuec	<u>d)</u>
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	ords, chec	k any of the f	ollowing t	hat are a si	gnificant	use of	its
а	☐ Public exhibition		d	Loan	or exchange	orograms				
b	☐ Scholarly research		е	☐ Other	r					
C	☐ Preservation for future generations									
4	Provide a description of the organization	on's collections	and expl	aın how t	hey further the	e organiza	tion's exem	pt purpo	se in Pa	art
	XIII.									
5	During the year, did the organization									
	assets to be sold to raise funds rather								s N	
Part		-	•	_	janization an	swered "	Yes" to For	m 990,	Part IV	,
	line 9, or reported an amount							<u> </u>		
1a	Is the organization an agent, trustee, included on Form 990, Part X?									
	If "Yes," explain the arrangement in Pa							∐ Y€	es 🗌 N	10
р	ii res, explain the arrangement in Pa	iri Alli and compi	ete the i	ollowing to	able:		Δn	nount	,	—
С	Beginning balance					1c		Tourit		—
d	Additions during the year			• • •		1d				_
e	Distributions during the year					1e		· · · · · ·		_
f	Ending balance					1f				_
2a	Did the organization include an amoun							□ Ye	s \square N	<u></u>
	If "Yes," explain the arrangement in Pa							_	_	
	V Endowment Funds. Comple									_
		(a) Current year		or year	(c) Two years b		ree years back		years bac	k
1a	Beginning of year balance [_
b	Contributions [
C	Net investment earnings, gains, and									
	losses		<u> </u>							
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs							ļ		
f	Administrative expenses		ļ							
9	End of year balance			// 4 .				<u> </u>		
2	Provide the estimated percentage of the		na balani	ce (line 1g	j, column (a)) r	ieid as:				
a b	Board designated or quasi-endowment Permanent endowment ▶	%	70							
C	Temporarily restricted endowment ▶	⁷⁰								
·	The percentages in lines 2a, 2b, and 2		20%							
За		•		ization the	at are held an	d adminis	tered for the	;		
	organization by:	•	J					_	Yes N	0
	(i) unrelated organizations							3a(i)		_
	(ii) related organizations							3a(ii)		_
b	If "Yes" to 3a(ii), are the related organi.							3b		
4	Describe in Part XIII the intended uses									_
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, F	art X, lin	e 10.					
	Description of property	(a) Cost or o (investre			or other basis other)	(c) Accum deprecia		(d) Boo	k value	
1a	Land									_
b	Buildings									_
С	Leasehold improvements									
d	Equipment		110345	<u> </u>			(24803)		855	<u> 142</u>
e	Other			1						
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	190, Part	X, çolumi	n (B), line 10(c)	.)	. , ▶		855	i42

Part VII	Investments - Other Securities	. See Form 990, Part X	, line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ie
	il derivatives			
	held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)		··· -·· ··	 	
(E)	•••••			
(F)				
(G)				
(H)	•••••			
(1)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- "Next 22" #5457
	(b) must equal Form 990, Part X, col. (B) line 12)	1 Con Forms 000 Don't	/ Page 40	
Part VIII	Investments - Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ie
(1)				
(2)				
(3)			-	
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
(10)			20 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -	and William Address on the Astronomy
	(b) must equal Form 990, Part X, col (B) line 13)		The state of the s	K. A. A. W. W.
Part IX	Other Assets. See Form 990, Pa	a) Description	(t) Book value
(1)			,-	,
(2)		<u>-</u>		
(3)				
(4)				
(5)				
(6)				
(7)		-	. — . — . — . — . — . — . — . — . — . —	
(8)				·
(10)				
	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · ·
	I income taxes			Jane 19 Marie 19
(3)			┥	•
(4)			- 	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
(10)				
(11)	Al			
	(b) must equal Form 990, Part X, col. (B) line 25)	Aput of the feet-state to the co		Aba arranitt-
			rganization's financial statements that reports of the footnote has been provided in Part XIII.	

Schedu	le D (Form 990) 2012		Page 4
Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	The state of the s
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)	5
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b	. Also complete this part to	provide any additional
intorn	nation.		
			•••••
			•••••
			•••••

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
•		

••••		
•		
	•••••••••••••••••••••••••••••••••••••••	
••••		
	······································	
		•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

	040 Initiative, Inc.						-0659329
Par	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	olete if the organ	ization ansv	vered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as				□Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use o	of its grants	s and other
3	Activities per Region. (The fo	llowing Part I	l, line 3 table o	an be duplicated if addition	nal space is need	led.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity liste a program se describe specifi service(s) in i	ervice, ic type of	(f) Total expenditures for and investments in region
(1)							
(2)							
(3)				ţ			
(4)			_				
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)	-						
(12)			•				
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total	 	_				
b	Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part II Grants au

1 (a) Name of (b organization sec (f) (1) (4)	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash clasbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance
(5) (6) (7)							
(9) (10) (11)							
(12) (13)	`						
(15)	~ ·						

Enter total number of recipient organizations listed above that are recognized as charities by the f by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part III Grants an

(g) Description valuation (hon-cash assistance of non-cash assistanc	iving Suppli Cost	Cost																
(f) Amount of non-cash of non-cash	39324 Health & Living Suppli	216348 Health																
(e) Manner of cash disbursement	In-person	ln-person																
(d) Amount of cash grant																		
(c) Number of recipients	Communitie	Communitie																
(b) Region	West Africa	West Africa																
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1) Supply Containers	(2) Medical and Construction	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	

P	ar	16	4

Part l	IV 🗀	Foreign Forms	· <u> </u>	-
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	✓ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing 6. (see Instructions for Form 8621)	☐ Yes	☑ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865)	Yes	 ✓ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713)	☐ Yes	☑ No

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part III: 1040i purchases supplies and equipment to be used and or distributed during short-term trips. Examples of these items are medical
supplies, personal mobility aids, school supplies, building supplies, and a mobile surgical unit to be used on each trip. 1040i records
these disbursements at their cost. 1040i personnel and representatives control all purchasing and distribution of these items.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The 1040 Initiative, Inc.

Employer identification number 27-0659329

Part IV Item 12a: 1040i engages the independent accounting firm of HoganTaylor to audit its financial statements. 2011 was the first period
audited, and a clean audit opinion was issued. 1040i's audits are completed after the current year Form 990 is completed, so this question
was answered "no" even though audits are completed on an annual basis.
Part IV Item 14a: 1040i maintains certain fixed assets, such as the mobile surgical unit and vehicles, in Cote d'Ivoire. These fixed assets
are kept in a locked facility, and a local individual is in charge of overseeing the safety of these items.
Part VI Item 11b: This Schedule 990 and all related schedules were completed and distributed by email to all board members for review prior
to filing.
Part VI Item 12c: 1040i has a written policy regarding conflicts of interest, and it is distributed to all board members annually. At that time
the board members disclose any conflicts of interest they have, or that they have none.
Part VI Item 15b: The 1040i board evaluates and sets salaries for the President, Secretary, and the Media Specialist, which currently are the
only three compensated individuals in the organization. The salaries are evaluated based upon duties, workload and performance, as well
as consideration of compensation of similar positions at other not for profit entities.
Part VI Item 19: 1040i maintains their records to be available to the public. Records are made available upon written request to 1040i.
Part XI Item 8: The prior period adjustments of \$66,566 were related to the initial independent audit, which was performed on the 2011
financial statements.
Part XII Item 1: The box "Other" was checked because 1040; changed from a cash presentation in 2011 to an accrual presentation in 2012.
The accrual accounting method will be used on all future returns as well.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
The 1040 Initiative, Inc.	27-0659329
Part XII Item 2b: The answer for this item was "no" because the audit of the 2012 financial statem	ents has not been conducted yet. An audit
was completed on the 2011 financial statements after the 2011 Form 990 was submitted, garner	ng a clean opinion. 1040i intends for all
futre periods to be audited, but these audits will consistently be completed after submission of t	the current year Form 990.
Part XII Item 2c: This Item was left blank because of the "no" answer on Part XII Item 2b (see abov	e explanation). 1040i utilizes its entire
board of directors as its audit committee. The board selects the independent auditor after consi	idering such things as firm qualifications
and experience with not for profit audits, and has the auditing firm report directly to them should	d any problems or gregularities arise
	3.
during the course of the audit.	·
	·····
	•
	·····