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Form **990**

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 20	JIZ calen	dar year, or tax year begin	nning	, 2012, and endin	ıg			,	
В	Check if appli	icable	С				D Employ	er ident	ification Number	
	Address	change	IFE FOUNDATION				45-3	3819	689	
	Name ch	hange	P.O. BOX 755			l	E Telepho	ne numi	ber	
	X Initial re	eturn	RYE, CO 81069				719	-251	-0458	
	Termina					,			0.00	
	Amende						G Gross re	anninte !	\$ 5,915	423
	H		F Name and address of principal	al officer. JASON BULE		H(a) Is this a			1	177
	Applicati	ion pending	, ,	000 2022		H(b) Are all	• .		Yes Yes	No No
			P.O. BOX 755 RYE			If 'No,'	attach a list	(see ins	tructions)	
<u> </u>	Tax-exemp	pt status	X 501(c)(3) 501(c) () ◄ (insert no.) 4947	(a)(1) or 527	1		_		
J	Website	:: ► N/				H(c) Group (
K	Form of ore	ganization	X Corporation Trust	Association Other ►	L Year of Forma	tion 2011	L Mis	tate of I	egal domicile CC)
Pe	in S	ummar	у							
	1 Brie	fly descri	be the organization's miss	sion or most significant activitie	s: THE ORGA	NIZATI	ON HAS	BEE	N INVOLVE	:D
ø.	DU!	RING_2	012 FURTHERING I	TS_CHARITABLE_PURPO	SES BY RECE	EIVING	AND RE	VIE	WING GRAN'	
Activities & Governance				KING DONATIONS TO C						
Ĕ				(3) OF THE INTERNAL						
Ş	2 Che	ck this bo	ox 🕨 🔲 if the organization	on discontinued its operations	or disposed of mo	ore than 2	5% of its	net as	sets	
Ğ				erning body (Part VI, line 1a).				3		3
S			-	rs of the governing body (Part				4		3
ij	-			n calendar year 2012 (Part V,	line 2a)			5		0
흦			of volunteers (estimate if	- ·				6		0
Ă				Part VIII, column (C), line 12		•		7 a		0.
	b Net	unrelated	d business taxable income	from Form 990-1, line 34				7 b		0.
						Р	rior Year		Current Y	
<u>e</u>			and grants (Part VIII, line						4,999	,700.
E C	9 Prog	gram sen	rice revenue (Part VIII, lin	e 2g) 00	ď					
Revenue	10 Inve	estment ir	ncome (Part VIII, column ((A), lines 3, 4, and /d)	. 181				242	<u>,695.</u>
Œ				ines 5 6d 8c/9c/300, and [1:1	^{ዋ)} ∤⊙∦·	ļ				
_	12 Tota	al revenue	e – add lines 8 through 11	(must equal Part VIII, column IX, column (A) Innes 1, 3)	1 (A) (line 12)					,395.
	13 Gra	nts and s	ımılar amounts paid (Part	IX, column (A) (3)	7				275	<u>,000.</u>
	14 Ben	efits paid	to or for members (Part I	X, column (A), line 4).						
	15 Sala	aries, oth	er compensation, employe	ee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a Prof	fessional	fundraising fees (Part IX,	column (A), line 11e)						
Den	h Tota	al fundrai	sing expenses (Part IX, co	nlumn (D) lune 25) ►			W	$\mathcal{I}_{\mu\nu}$		
X			ses (Part IX, column (A), I			778 PROBLEM	27202			412
					, , , ,					<u>, 413.</u>
		-		equal Part IX, column (A), line	e 25)	<u> </u>				<u>, 413.</u>
× 8		enue less	s expenses. Subtract line	18 from line 12	· 					,982.
ance						Beginnin	g of Currer		End of Y	
Asse	20 1012		(Part X, line 16)			·		0.		<u>,116.</u>
3 2	21 Tota	al liabilitie	es (Part X, line 26)		•	<u> </u>		0.	1	<u>,134.</u>
ΖZ	22 Net	assets of	fund balances. Subtract	line 21 from line 20				0.	4,963	,982.
Pa	rit II. S	ignatui	e Block							
				turn, including accompanying schedules	and statements, and to	the best of m	v knowledge	and bel	ef. it is true, correc	t. and
com	olete Declara	tion of preparent	arer (other than officer) is based or	turn, including accompanying schedules a n all information of which preparer has an	ny knowledge		,			.,
							2-2	0-1	2	
Sig	ın l	Stignati	life of officer			Da	te			
He	re	ATAS	ON BULE			PRES	דאדמד			
	.		print name and title.			1100.	DENT			
		Print/Type	oreparer's name	Preparer's signature	Date		Check	X ıf	PTIN	
_	.,			lar - hia'	1 4 6	_	_			,
Pa			. PHILLIPS, CPA	Jede Helleps, CPA	2/14/1	5	self-employ	ea	P00084703	
-re	eparer	Firm's nam								
US	e Only	Firm's addr		CH LANE			Firm's EIN		<u>-1153992</u>	
				80602-5799			Phone no	720	-685-1300	·
				r shown above? (see instruction	ons)	·			X Yes	No
BA	A For Pap	perwork F	Reduction Act Notice, see	the separate instructions.	TE	EA0113L 12	/18/12		Form 99	0 (2012)

	m 990 (2012) IFE FOUNDATION	45-3	819689	Page 2
Par	Statement of Program Service Accomplishments	· 		ਹ
	Check if Schedule O contains a response to any question in this Part III	- · · · · - · · · - · · · · · · · ·		X
1	,			
	SEE SCHEDULE O			
	~			
	~			
2	Did the organization undertake any significant program services during the year which were not	listed on the prior		
	Form 990 or 990-EZ?	,	Yes	X No
	If 'Yes,' describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, a	any program services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O		_	
4	Describe the organization's program service accomplishments for each of its three larges Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to reported, the total expenses, and revenue, if any, for each program service reported.	st program services, as r ort the amount of grants ar	neasured by ad allocations t	expenses to
4 a	a (Code:) (Expenses \$ 275,000. including grants of \$ 2	75,000.) (Revenue	\$)
	CURRENT YEAR'S ACCOMPLISHMENTS INCLUDED MAKING CASH GRA	NTS TO CHARITAB	LE	
	ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3) AND 170(B	(1)(A)(I-VI)_O	F THE IN	TERNAL
	REVENUE CODE.			
	*	- -		
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	~	- 		
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4 t	b (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
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	·			
			<u> </u>	
4 (c (Code:) (Expenses \$ including grants of \$) (Revenue	ې	——,
	~			
	<u></u>			
40	d Other program services. (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)
	e Total program service expenses ► 275,000.		<u>-</u> -	
BAA	A TEEA0102L 08/08/12		Forn	n 990 (2012)

Form 990 (2012) IFE FOUNDATION Partily 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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	_	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
١	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.	11 Ь		Х
•	c 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	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> X</u>
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		<u> </u>
	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		X
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		174		 -
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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		Х
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		х
	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	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> </u>
١	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4

Form 990 (2012) IFE FOUNDATION

Partiv Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		X
t	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
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 entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c 29	Х	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
1	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	D. II			
3 6	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	(2012)

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Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V	•	124 1	
*		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	1	6 1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling) winnings to prize winners?	aming 	с Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	0	1 12	
b If at least one is reported on line 2a, did the organization file all required federal employment tax return		b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	i —	la	X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	<u> </u>	ь	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account.)	over, a count)?	а	Х
b If 'Yes,' enter the name of the foreign country. ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A			V
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.		a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		b	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		i c	
solicit any contributions that were not tax deductible as charitable contributions?	. 6	ia	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?		ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?		'a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	/ b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?		′с	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		'e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct? <u>7</u>	/ f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u></u>	7 g	Ĺ
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Form 1098-C?	on file a	/ h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exces holdings at any time during the year?	s business	3	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	<u> </u>	a	L
b Did the organization make a distribution to a donor, donor advisor, or related person?	. 5	b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources 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 10)417 [1:	2 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13	3 a	
Note. See the instructions for additional information the organization must report on Schedule O			1
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			
c Enter the amount of reserves on hand . 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? .	. 1,	4 a	Х
h If 'Yes' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule to		4 h	t

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair	for nges in
Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI	X
Section A. Governing Body and Management	
1 a Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O.	Yes No
b Enter the number of voting members included in line 1a, above, who are independent	3
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 X
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 X
4 Did the organization make any significant changes to its governing documents	
since the prior Form 990 was filed?	4 X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X
6 Did the organization have members or stockholders?	6 X
7 a 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 X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a The governing body?	8a X
b Each committee with authority to act on behalf of the governing body?	8 b X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	<u>x</u> e .
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue	
10 a Did the organization have local chapters, branches, or affiliates?	Yes No
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?	10 Ь
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	10 a V
 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 	12a X 12b X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c X
13 Did the organization have a written whistleblower policy?	13 X
14 Did the organization have a written document retention and destruction policy?	. 14 X
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?	
a The organization's CEO, Executive Director, or top management official	15 a X
b Other officers of key employees of the organization SEE SCHEDULE O	15b X
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 X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed NONE	
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)	available for public
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements av	allable to
the public during the tax year. SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n.
► JASON BULE P.O. BOX 755 RYE CO 81069 719-251-0458	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) C. GARLAND GOULD	- 1 -	v						0.	0.	0.
BOARD MEMBER (2) JASON BULE	2	Х							0.	<u> </u>
PRESIDENT		х		х				0.	0.	0.
(3) BILL LEICK	1_1_									
BOARD MEMBER	0	X						0.	0.	0.
	 							i		
(5)									. =	
(6)										
										,
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
			-	_	_					

Page 8

Parit VIII Section A. Officers, Directors, Trus	tees, l	Кеу	Em	plo	ye	es, a	and	Highest Com	pensated Emp	loyees (cont)
	(B)			(C	;)					
(A) Name and title	Average hours per	I box.	Position (do not check more than one box, unless person is both an officer and a director/trustee)			ı an I	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	(list any hours	o D	JS.	옦	<u>6</u>	3 E	ᅙ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer			organization and related organizations
	organiza · tions below	al tru	뮵		Joye	e omp				O games dons
	dotted line)	stee	뚌			ensat				
			``			8				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)		<u> </u>								
(24)										
(25)		<u> </u>							***************************************	
1 b Sub-total .							▶	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A						~	0.	0.	0.
2 Total number of individuals (including but not limited to from the organization ► 0						recei	ved			
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>ındıvıdı</i>	stee, <i>ial</i>	key	em	ploy	ee, d	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of it the organization and related organizations greater such individual	eportab than \$1	le co 50,0	mpe 00?	ensa If "	atior Yes	and com	oth <i>plet</i>	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper comple	nsatio	on fr ched	om dule	any J fo	unre	late ch p	ed organization or person .	ındıvıdual	5 X
Section B. Independent Contractors						.1	11		#100 000 -4	
Complete this table for your five highest compens- compensation from the organization. Report compensi	ated ind ation for	the c	alen	it co idar	yea	r endi	ng v	with or within the o	rganization's tax yea	ır
(A) Name and business addre	ess							(B Description) of services	(C) Compensation
	·····									
								 		
2 Total number of independent contractors (including bu		nted t	o th	ose	liste	d abo	ve)	who received more	e than	
\$100,000 in compensation from the organization	0	TEEA								Form 990 (2012)

Par	t VIII	Statement of Rev Check if Schedule O		ance to any questi	on in this Part VIII			
	•	Clieck ii Schedule O	contains a resp	onse to any questi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS! AND OTHER SIMILAR AMOUNTS	1a F b M c F d F e (Federated campaigns Membership dues Fundraising events. Related organizations . Government grants (contributions) All other contributions, gifts, g	ons) 1 e					
		similar amounts not included. Noncash contributions include Total. Add lines 1a-1f.		4,999,700. 1,999,700.	4,999,700.		-	
PROGRAM SERVICE REVENUE	2a b c d e	All other program service	ce revenue	Business Code				
	3 4	Total. Add lines 2a-2f Investment income (incother similar amounts). Income from investmen Royalties		s, interest and	221,779.			221,779.
	b l c l	Gross rents. Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(ii) Personal				20,
	7a (Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 693, 944		,			
	d (and sales expenses Gain or (loss) Net gain or (loss) Gross income from funi	673,028 20,916		20,916.			20,916.
OTHER REVENUE	b !	of contributions reporte See Part IV, line 18 Less: direct expenses Net income or (loss) fro	d on line 1c)	a b events		 		
	b	Gross income from gan See Part IV, line 19 Less: direct expenses Net income or (loss) fro		a b				
	10 a	Gross sales of inventor and allowances Less, cost of goods sol	y, less returns	a b				-
	11 a	Net income or (loss) from Miscellaneous Reven		entory Business Code				
	c d e	All other revenue Total. Add lines 11a-11			5 040 005			242.605
	12	Total revenue. See ins	uctions		5,242,395.	0.	0	. 242,695.

Part 区 Statement of Functional Expenses

Jec !!	. Check if Schedule O contains a r			implete column (A)	
		(A)	(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments	İ			
	and organizations in the United States See Part IV, line 21	275,000.	275,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	273,000.	273,000.		a ranti en ar antan a
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				entroper in a l'estre en en avaise.
	·				www.comerce.com
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees Compensation not included above, to	0.	0.	0.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees)			·	
	Management				
Ь	Legal .	1,134.		1,134.	
c	Accounting				
d	Lobbying .				 · · ·
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,458.		1,458.	
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0). Advertising and promotion				
	0#:00	001		001	
13	Information technology	821.		821.	
14	33				
15	Royalties		<u></u>		
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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.)				
_	•				<u></u>
ě					
	,				
•					
25	All other expenses	278,413.	275,000.	3,413.	0.
	•	210,413.	213,000.		
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 [In the control of the column of the colu				
	201 38.5 (H2C 328.150)		_		

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing . . . 2 Savings and temporary cash investments 377,553. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . I oans and other receivables from current and former officers, directors, 5 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)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 1,550,000. 7 2,008,032. Notes and loans receivable, net 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D $$ 10 a 10 b 10 c b Less: accumulated depreciation 11 1,029,531 11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 0 4,965,116 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable ... 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 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 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 0.l 1,134 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 R X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. PUZO 30 30 Capital stock or trust principal, or current funds 4,963,982. Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 0 4,963,982. 33 Total net assets or fund balances 34 34 Total liabilities and net assets/fund balances 0. 4,965,116.

BAA Form 990 (2012)

or	m 990 (2012) IFE FOUNDATION	45-	3819689		Pag	ge 12
Pε	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	5,24	2,3	95.
2	Total expenses (must equal Part IX, column (A), line 25)		2	27	8,4	13.
3	Revenue less expenses. Subtract line 2 from line 1		3	4,96		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		4			0.
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			
9	Other changes in net assets or fund balances (explain in Schedule O).		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	4,96	 53.9	82.
Pe	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
-	Check it octicule o contains a response to any question in this rait XII		<u> </u>	$\stackrel{\cdots}{-}$	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
•						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both	r reviewe	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				i	
	b Were the organization's financial statements audited by an independent accountant?			2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on	a separa	ate			_ =
	basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit.		2 c	_	
	If the organization changed either its oversight process or selection process during the tax year, explin Schedule O.	aın				
3	8 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired aud	lit	3 b		

Form 990 (2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

open of Ruble Rollsegal

Employer identification number

<u>I</u> FE	FC	OUNDATION							45-38	19689)		
Рей		Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ır	nstructi	ions.		
he o	rgar	-		e it is (For lines 1 throi	_								
1		A church, convention	of churches or asso	ciation of churches desc	cribed in	section	170(b)((1)(A)(i).	•				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)								
3	\Box	A hospital or a coope	erative hospital service	e organization describe	d in sec	tion 170)(b)(1)(A)(iii).					
4	П	A medical research o	organization operated	in conjunction with a h	ospital c	describe	d in sec	tion 170	AX ()(d)(Xiii). En	iter the hos	pital's	
	_	name, city, and state											
5		An organization operat 170(b)(1)(A)(iv). (Cor	ted for the benefit of a mplete Part II)	college or university owner	ed or ope	erated by	a gover	nmental	unit des	cribed in	section		
6			-	overnmental unit descril									
7	X	in section 170(b)(1)(A	A)(vi). (Complete Pa				ental uni	t or from	the gen	eral publ	ic described	J	
8	\sqcup	•		70(b)(1)(A)(vi). (Complet									
9		An organization that no related to its exempt functional transfer to unrelated business taxable (Complete Part III)	ermally receives. (1) mo unctions — subject to c le income (less section 5	re than 33-1/3% of its sup ertain exceptions, and (2) I1 tax) from businesses acqu	port from I no more Jired by th	n contribu e than 33 ne organiz	itions, me 3-1/3% o ation afte	embershi f its supi r June 30	ip fees, a port from), 1975 Si	ind gross gross in ee sectio r	receipts fro ivestment in n 509(a)(2).	m activ icome a	nties and
10	\Box	An organization orga	nized and operated e	exclusively to test for pu	ıblıc safe	ety. See	section	509(a)	(4).				
11		An organization organiz supported organization supporting organizati	is described in section	sively for the benefit of, to 509(a)(1) or section 509(es 11e through 11h	perform (a)(2). Se	the funct ee sectio	n 509(a)	or carry of (3). Chec	out the po ck the bo	urposes o x that de	of one or mo scribes the	re publ type of	icly
		a Type I b		Type III - Function	ally inte	grated		1 🗌 1	Гуре III -	- Non-fi	unctionally	ıntegra	ated
е		By checking this box.	, I certify that the org managers and other th	panization is not controll an one or more publicly s	ed direct	tly or in Lorganiz	directly ations de	by one escribed	or more in sectio	dısqualı on 509(a)	ified persor (1) or	ıs	
f			eived a written determi	nation from the IRS that i	s a Type	I, Type	II or Typ	e III supį	porting o	rganızatı	on,		
g		Since August 17, 200	06, has the organizati	ion accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	;7		
		•	-									Yes	No
		(i) A person who obelow, the gove	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	together	with pe	ersons d	escribed 	d in (ii) a	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		• •		ne supported organization							,		-
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the zation in i) listed in overning	(v) Did yo the organ column (supp	zation in	(vi) l organız colun organıze U S	ation in	(vii) Amoun sur	t of mon	etary
			Ĺ		Yes	ment?	Yes	No	Yes	No No			
			 	 	165	No	162	NO	162	-NO			
(A)													
(B)		<u> </u>											
(C)											_		
(D)							<u> </u>						
(E)													
Total					1	H		2-					

(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.)

Sact	ion A. Public Support										
		Т		<u> </u>							
begir	dar year (or fiscal year ning 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.')					4,999,700.	4,999,700.				
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						0.				
_	The value of services or facilities furnished by a governmental unit to the organization without charge .						0.				
4	Total. Add lines 1 through 3	0.	0.	0.	0.	4,999,700.	4,999,700.				
	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).						0.				
6	Public support. Subtract line 5 from line 4						4,999,700.				
Sec	tion B. Total Support										
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	0.	0.	0.	0.	4,999,700.	4,999,700.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					242,695.	242,695.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.				
11	Total support. Add lines 7 through 10						5,242,395.				
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here.	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🕱				
	tion C. Computation of Pu										
	Public support percentage for 20			ne 11, column (f)		. 14	%				
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	%				
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a rganization	and the line 14 is	33-1/3% or more,	check this box ▶				
t	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	17 a 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 — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization										
-18	rivate foundation. If the organ	ization did not che	eck a box on line	13, 104, 100, 178			200 or 990 EZ) 2012				

45-3819689

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)

Sect	ion A. Public Support					-					
Calend	lar year (or fiscal yr 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.).										
	Gross receipts from admis-										
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513.										
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or										
	facilities furnished by a governmental unit to the organization without charge										
	Total. Add lines 1 through 5						<u></u>				
7 a	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										
С	Add lines 7a and 7b .										
8	Public support (Subtract line 7c from line 6)										
Sec	tion B. Total Support					····					
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
-	Amounts from line 6										
_	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b										
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support. (Add Ins 9, 10c, 11, and 12)										
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3). ▶ □				
	tion C. Computation of Pu										
	Public support percentage for 20	•	•	ne 13, column (f)).	15	*				
	Public support percentage from			· ·		16	*				
	tion D. Computation of Inv										
17	Investment income percentage t	-		=	ımn (f)).	17	*				
18	Investment income percentage to					18	<u></u>				
		k this box and sto	p here . The orga	nization qualifies	as a publicly supp	orted organization	on ▶ 📋				
	is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization										
20	Private foundation. If the organ	ization did not chi	eck a box on line	14, 19a, or 19b, o	neck this box an	See instructions	<u> </u>				

BAA

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2	
ろ	

OMB No 1545-0047

≗ □

Name of the organization	
TEE FOLINDATION	45-3819689
Pai的 Seneral Information on Grants and Assistance	
and a second sec	
I Does the organization maintain records to substantiate the amount of the grants of assistance? The selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States]

Partilla Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

-	ce assistance	CHARITABLE AND	RELIGIOUS	CHARITABLE	RELIGIOUS	CHARITABLE	AND									M	0	Schedule I (Form 990) (2012)
5	(g) Description on that													_		 		Š
motorifor to be the W	(book, FMV, appraisal, other)																	11/30/12
	(e) Amount of non-cash assistance		0		0		C											TEEA3901L 11/30/12
	(d) Amount of cash grant		25,000.		170,000		000							•		In the line 1 table	:	
תומר וכככואכם יו	(c) IRC section if applicable		501 (C) (3)		501 (C) (3)		(5) (3)	101 101								 Inganizations listed	j table	is for Form 990.
or any recipient	(9)		36-4406559 <mark>5</mark> 01(C)(58-1488329501 (C) ((6) (0) (0) (0)	001010-06								and government o	ons listed in the line	see the Instruction
FOILI 990, Faitiv, life 21 for any recipion that rece	1 (a) Name and address of organization or government	(1) CALVARY MINISTRIES-CAPRO	LAUREL. MD 20707	(2) GLOBAL TEAMS INTL. INC.	<u>212_21ST_STSUITE_2</u> 	.I		(4)		(5)	9		<u>e</u>		(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice, see the Instructions for Form

Page 2

(e) Method of valuation (book, Fig. 1) Pescription of non-cash assistance FMV, appraisal, other)								to provide the information required in Part I, line 2, Part III, column (b), and any other										!	
(e) Method of FMV, app								rt I, line 2,		ODICALLY			1 1 1 1		 	 	: 	1 1 1 1	
(d) Amount of non-cash assistance								tion required in Pa	IDS IN U.S.	REPORTS ARE REVIEWED WHEN PERIODICALLY			; { } ! ! ! ! !		! 	 	 		
(c) Amount of cash grant								rovide the informa	OF GRANTS FUN	EPORTS ARE REVI			 	 	 	 	 	 	
(b) Number of recipients								plete this part to p	MONITORING USE		ı U		 	! ! ! ! ! ! !	 	1	 	 	
(a) Type of grant or assistance	-	2	က	4	S	9	7	PartilVal Supplemental Information. Complete this part to	PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.		1	 							

Schedule I (Form 990) (2012)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

প্ৰাক্তন তে দিয়াবাহি ভিন্ন হৈছেবাহে

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization IFE FOUNDATION Employer identification number

45-3819689

Parill	Excess Ben	efit Transaction	s (section	501(c)(3)	and section	on 501(c)(4)	organization	s only).
		organization answered						

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

- Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

►\$

Partill Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fro organ	oan to or m the nzation?	(e) Original principal amount	(f) Balance due	due (g) In defaul		(h) Ap by bo comm	proved ard or uttee?	(i) Wi agreei	ritten ment?
	1		То	From			Yes	No	Yes	No	Yes	No
(1) FAITHFUL FIR	ANCE CO,	LLC										
(2)	SUPLMTL.	INVEST.		X	1,550,000.	1,550,000.		X	X		Х	
(3)												
(4)												
(5)_												
(6)												
(7)												
(8)												
(9)												
(10)												
Γotal						1,550,000.			<u> </u>			

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2012

	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Shari organiza	ation's
	organization			Yes	No
(1)				1	-
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)		<u> </u>	<u> </u>		
Complete this part to provide addition	onal information for responsi	es to questions on Sche	dule L (see instructions).		
SUPPLEMENTAL INFORMATIO	<u>N</u>				
THE_IFE_FOUNDATION_LOANED	<u>) \$1,550,000 TO FA</u>	<u>ITHFUL FINANCE</u>	COMPANY, LLC WHICH I	S_100%	
OWNED BY JASON BULE A MEN	MBER OF THE FOUNDA	TION'S BOARD O	F DIRECTORS. THE LOA	N, MADE	<u> </u>
BY WRITTEN LOAN AGREEMENT	r, BEARS INTERST A	T FAIR MARKET	VALUE, IS SECURED, AN	D_WAS_	
APPROVAL BY DISINTERESTEI	D BOARD MEMBERS.				
				·	
			·		
					·

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2012

প্ৰচলন টিত বিগামীত টিভাইনৰ বিগামীত

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Employer identification number

IFE FOUNDATION 45-3819689

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art - Fractional interests				
4	Books and publications .				
5	Clothing and household goods				
6	Cars and other vehicles .				
7	Boats and planes				
8	Intellectual property .				
9	Securities - Publicly traded.				
10	Securities - Closely held stock .				
11	Securities - Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial		<u> </u>		
17	Real estate – Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy .				
22	Historical artifacts .				
23	Scientific specimens				
24	Archeological artifacts	· -	1	1 000 700	COST BASIS
25 26	Other MORTCACE NOTES		1	_1,999,700.	CUST BASIS
27	Other (MORTGAGE NOTES) Other ()	<u> </u>			
28	Other ()				
	Number of Forms 8283 received by the organization of	luring the tax	vear for contributions for	or which the	
23	organization completed Form 8283, Part IV, Done	e Acknowle	dgement .	• •	29
					Yes No
30a	During the year, did the organization receive by chold for at least three years from the date of the initial	ontribution a	any property reported in and which is not requir	n Part I, lines 1-28 that red to be used for exemp	
	purposes for the entire holding period?		••	• • • •	30 a X
	of Yes,' describe the arrangement in Part II		uraa tha rawwa af saac	non standard contribute	one? 21 V
31					ons? 31 X
	Does the organization hire or use third parties or noncash contributions?	related orga	inizations to solicit, pro	ocess, or sell	32 a X
	If 'Yes,' describe in Part II			and the same day and the same	
33	If the organization did not report an amount in column describe in Part II.	n (c) for a typ	be of property for which o	column (a) is checked,	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2012

Schedule	e M (Form 990) 201	2 IFE	FOUND.	ATION_							_	<u>45-38</u>	19689		Page 2
Partl	Supplements and 33, and number of its	al Inform whether tems received	ation. Cother organized or	Complete anization a combi	this part is report	t to prov ting in f	vide Part Also	the inforn I, column complete	natio (b), this	n req the n	ured umbe	by Parer of co	t I, line ntributional in	s 30b, ons, the	32b, e
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SCHEDULE O (Form 990.or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

गीराष्ट्री व्यवस्त्राणि वर्गाष्ट्रसम्बर्गी

Name of the organization	Employer identification number
IFE FOUNDATION	45-3819689
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
1. TO FURTHER CHARITABLE PURPOSES BY CHARITABLE GRANT MAKING;	PROVIDED THAT ALL
SUCH GRANTS SHALL BE MADE TO ORGANIZATIONS OR ENTITIES EXEMPT	FROM_FEDERAL_INCOME
TAX UNDER SECTION 501(C)(3) OF THE CODE.	
2. TO ACCEPT, HOLD, INVEST, REINVEST AND ADMINISTER ANY GIFTS	, BEQUESTS, DEVISES,
BENEFIT OF TRUSTS AND PROPERTY OF ANY KIND AND NATURE WHATSOEV	ER, WITHOUT LIMITATION
AS TO THE NATURE OR VALUE THEREOF AND TO USE, DISBURSE OR DONA	TE THE INCOME OR
PRINCIPAL THEREOF FOR CHARITABLE PURPOSES.	
3. TO ACQUIRE, OWN, MANAGE, DEVELOP, REHABILITATE, SELL, LEAS	E, ENCUMBER, OR
TRANSFER REAL OR PERSONAL PROPERTY IN CONNECTION WITH OR INCID	ENTAL TO CHARITABLE
PURPOSES.	
4. TO PARTICIPATE IN CHARITABLE ARRANGEMENTS OF ALL KINDS TO	THE EXTENT PERMITTED
BY LAW AND TO ACT AS TRUSTEE, OR IN ANY OTHER CAPACITY, WITH R	ESPECT TO ANY SUCH
ARRANGEMENT.	
5. TO DO EVERYTHING NECESSARY OR INCIDENTAL FOR CHARITABLE PU	RPOSES NOT FORBIDDEN
BY THE COLORADO REVISED NONPROFIT CORPORATION ACT AND TO BE IR	REVOCABLY DEDICATED TO
AND_OPERATED_EXCLUSIVELY_FOR_CHARITABLE_AND_NONPROFIT_PURPOSES	<u>.</u>
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FORM 990 IS PRESENTED TO BOARD MEMBERS AND ORGANIZATION'S ATTO	RNEY FOR REVIEW PRIOR
TO SIGNATURE BY THE PRESIDENT.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF CONFLICTS
PRESIDENT REVIEWS CONFLICT POLICY INDIVIDUALLY WITH BOARD MEME	BERS AT PERIODIC
INTERVALS.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S - OFFICERS & KEY EMPLOYEES
DIRECTORS AND OFFICERS ARE NOT COMPENSATED; THE ORGANIZATION F	AS NO EMPLOYEES.
ADMINISTRATIVE AND ACCOUNTING ASSISTANCE IS PROVIDED BY CONTRA	ACTORS WHOSE FEES ARE

Schedule 0 (Form 990 or 990-EZ) 2012	Page 2
Name of the organization IFE FOUNDATION	Employer identification number 45-3819689
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	
APPROVED BY THE BOARD OF DIRECTORS, ALL OF WHOM ARE INDEPENDED	NI AND DISINIERESIED
PERSONS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
PUBLIC AVAILABILITY:	
FORM 990, FORM 1023, AND IRS DETERMINATION LETTER ARE PUBLICLY	Y_AVAILABLEOTHER
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE N	OT AVAILABLE TO THE
PUBLIC.	