

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





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SCANNED APR 1 1 2013

Form **990** 

## **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)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

A FOI L	118 ZU 1	2 Calendar year, or tax year be	girining	, 2012,	and ending				20	
B Check if	eppicable	C Name of organization				D En	nployer ident	ification r	umber	
	iress	Lifeboat, Inc.				<b>⊣</b>				
che		Doing Business As					72-14			
Nan	ne change	Number and street (or PO box if ma	all is not delivered to street address)	F	Room/suite	E Te	lephone num	ber		
Insti	al return	711 Horseshoe Blvd					318-7	52-65	18	
Ter	musted	City, town or post office, state, and Zi	P code							
Ame	ended en	Bossier City, LA 71	111			GG	ross receipts	\$	8.9	65.00
App	abcation iding	F Name and address of principal office	per				s this a group	return for	Yes	
							affiliates? Are all affiliates	included?	Yes	No
l Tax-€	exempt st	atus X 501(c)(3) 501(c	)( ) <b>◀</b> (insert no.) 49	947(a)(1) o	527	<b>┤</b> ``	If "No." attach	u slist (see in	structions)	
J Webs	site: 🕨		······································			H(c)-	Group exempte	n number	•	=
K Form	of organ	nization. X Corporation Trust	Association Other		L Year of fo			<del></del>	i domicie	7 7 7 5 5
Part I		mmary	The state of the s		12 102 5110	/, \	, <u>, , , , , , , , , , , , , , , , , , </u>			
1	L	y describe the organization's mission	a or most significant adjustice	C - h		1 6				
'	Ues	- cabaa Eatasta and a mission	on or most significant activities _	<u>Latas</u>	crobure	reller	Luna I	or be	was . Merre	G F
2		seshoe Entertainment								
Ē	rece	eave_payment_for_heal	ru or disaster type	<u> </u>	<u>ations.</u>				<b></b>	· <b></b>
Governance		All Annual Control							<b></b>	
		this box   If the organization		•				_ 1		
ය 3 ග	Numb	er of voting members of the govern	ning body (Part VI, line 1a)					3		3
Activities &	Numb	er of independent voting members	of the governing body (Part VI,	line 1b) 🚬			· · · · -   -	4		0
<u>≩</u> 5		number of individuals employed in		2a}				5		0
		number of volunteers (estimate if ne	** * * * * * * * * * * * * * * * * * * *					6		7
78	a Total	unrelated business revenue from Pa	ırt VIII, column (C), line 12 🚬 .					'a		0.00
!!	b Net u	nrelated business taxable income fr	om Form 990-T, line 34	<u> </u>	<u> </u>		<u> 7</u>	b d		0,00
					_	Pric	or Year		Current \	Year
<u>a</u> 8	Contr	ibutions and grants (Part VIII, line 11	h)		. <i>.</i> L	1	3,596.0	od	8.9	965.00
9 10		am service revenue (Part VIII, line 2g						Ţ		
<b>8</b> 10	Invest	tment income (Part VIII, column (A)	, lines 3, 4, and 7d)							
11		revenue (Part VIII, column (A), line								
12		revenue - add lines 8 through 11 (r				-	3,596.	าก	8.0	965.00
13		s and similar amounts paid (Part-IX,					<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14	Benef	its paid to or for members (Part X	column (A) line 4)		· · · · · ·		3,007.	20	10 0	919.00
مما	Salari	es, other compensation, employee	benefits (Part IX, column (A) line	se 5-10)	· · · · · ·		<u> </u>	79		<u> </u>
Expenses 18	Profes	ssional fundraising fees (Part IX, col	ump (A) line 11e)	3 3-10).	· · · · · <del> </del>					
<u>a</u>	Total	fundraising expenses (Part IX, colum								
۳ م		expenses (Partix ashran (A) fine	- 110 11(D), the 23)			·				
- 1	Takal	expenses (Part IX-column (A), line	s 11a-110: 111-24e)		• • • • •  -	<del></del>	5.6	$\neg$		₹.00
18	rotar	expenses Add lines 13-17 (must e	buai Part IX, column (A), line 25)		· · · · · -	1	3,012.			924.00
19	Rever	nue less expenses. Subtract.line.18	from line 12				584.			<u>959.00</u>
Fund Balances 70 71 72 72 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75					<u> </u>	Seginning o	of Current Ye	ar	End of Yo	ear
호를 20							6,618.	00	<u>54, 6</u>	<u> 659.00</u>
폴 21		liabilities (Part X, line 26)								
호근 22		ssets or fund balances. Subtract lin	e 21 from line 20	<u></u>	<u> </u>		6,618.	00	54,6	659.00
Part II	Sig	gnature Block								
Under pe	enalties o	of perjury, I declare that I have examine	d this return, including accompany	ng schedul	es and stateme	nts, and to	the best of	ny knowle	dge and	belief, it is
(rue, con	Tect, and	complete Declaration of preparer (other	(nan onicer) is based on all informa	tion of whic	n preparer has a	any knowlet	19e.			
		Johnny Dario	w				3/24	1201	3	
Sign	10	Signature of office					Date	-		
Here		Johnny & Sparraw	(							
		Type or print name and tyle								
	Print/	Type preparer's name	Preparer's signature		Date	- 1	Check	PTIN		
Paid	-					1	self-employed			
Preparer	∫ Firm's	name •	<del>-                                    </del>		<del>-</del>	<del>- , '</del>				
Use Onh	/						s EIN >			
May the		address  cuss this return with the preparer si	hown ahove? (see instructions)		<del> </del>	Phon	e no.	- 1	T	<del></del>
			<del></del>		· · · · · · · · ·	• • • • •	<u></u>	1	Yes	No
F <b>or Pap</b> e ISA	BIWOIK	Reduction Act Notice, see the sep	arate instructions,					•	1. om 3.8	(2012
261010 1 (	000						$\alpha$	<b>—</b>		10

	990 (2012)		<del></del>		Pa
Pa		ent of Program Service			
1		the organization's missi			
				ertainment employees and the	
				health or disaster type	
	situations				
ļ	prior Form 990 If "Yes," describ	or 990-EZ?e these new services on		Yes	Х
;	services?		ng, or make significant changes in ho	Yes	Х
4 (	Describe the o expenses Sect	ion 501(c)(3) and 501(	service accomplishments for each of its	three largest program services, as meant the amount of grants and allocations to	sure o oth
4a (	(Code.	) (Expenses \$ 10	, 924.00 including grants of \$ 10,	919.00)(Revenue \$	)
					- · 
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4c (	Code:		including grants of \$	) (Revenue \$	_)

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_	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		X
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		<u>X</u>
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		X
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	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
_	complete Schedule D, Part III	8		<u>X</u>
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	<u>.</u>	Ì	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۱		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ł
_	VII, VIII, IX, or X as applicable.	Ì	İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
<b>h</b>	complete Schedule D, Part VI	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1 10	<del></del>	X_
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	- 10	1-	<u> </u>
_	11 11 D 131 1 100 100 1 D 1 D 1 D 1 D 1 D 1 D 1 D	11d	1	l .
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	1	X
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			<del>  ^</del>
	complete Schedule D, Parts XI and XII	12a	ł	х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			<b> </b> ^
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	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		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			Γ
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	L	х
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		<u>_x</u>
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		_x_
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	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
SA		Form	990	(2012)

Form 9	90 (2012)		F	age 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	21		<u>X</u>
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		<u>X</u> _
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? If "Yes," complete Schedule J	23		_X_
24 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, that was issued after December 31, 2002? If "Yes," answer lines 24b		,	Į.
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		-
	to defease any tax-exempt bonds?	24c		X
d as a		24d		<u> </u>
25 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		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	238	_	X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	Ì		
	If "Yes," complete Schedule L, Part I	25b	1	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		<del>                                     </del>	<del>  ^-</del>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>  ^-</del>
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-	<del>-</del>	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		j	}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			T
	Schedule L, Part N	28b		L <sub>X</sub> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	<b>₹</b>	$\Box$	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	ļ	ļ
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31	<b> </b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ļ	
	complete Schedule N, Part II	32	-	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	<del>  X</del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١.,	1	}
	or IV, and Part V, line 1	34	├	X
35 a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	-X
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254	}	,,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	<del> </del>	<del>  x                                   </del>
3 <del>0</del>	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	130	$\vdash$	X
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ì	1	
	Part VI	37	ſ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٣	<u> </u>	<del>  ^</del> -
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		£	000	(0040)

Par		-		
	Check if Schedule O contains a response to any question in this Part V	• • •		لياز
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b			i	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 . 2a			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	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?	3a		X
	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.	_	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country. ▶		l	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		l	1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	├	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	<u> </u>
рa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۔ ا		
<b>b</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del>├</del>	X
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.	İ	
7	gifts were not tax deductible?	6b	<del> </del>	+
	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		x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			† - ·
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7⊕		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8	↓	X
9	Sponsoring organizations maintaining donor advised funds.		1	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	—	X
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	X
10	Section 501(c)(7) organizations. Enter:		1	1
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	1	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	ł		
	Cross many from month or an electrical or			1
	Gross income from other sources (Do not net amounts due or paid to other sources	i	1	1
_	against amounts due or received from them.)	}		}
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		† –	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		ì
	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.			$T^-$
b	Enter the amount of reserves the organization is required to maintain by the states in which	:	1	1
	the organization is licensed to issue qualified health plans		ſ	1
C	Enter the amount of reserves on hand	<u> </u>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

	90 (2012)	and		age 6
SEIA	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instances.	structi	ons	-No
	Check if Schedule O contains a response to any question in this Part VI	• • •	<u>.                                    </u>	
<u>sect</u>	ion A. Governing Body and Management			
	1.		Yes	No
1a	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			
þ	Enter the number of voting members included in line 1a, above, who are independent Lib			
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		<u> X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		١
	one or more members of the governing body?	7a	<del>                                     </del>	X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١
	stockholders, or persons other than the governing body?	7b	<b></b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		ļ	[
	the year by the following:	١.		۱.,
а	The governing body?	8a	├—	X
b	Each committee with authority to act on behalf of the governing body?	8b	├	<del>  X</del>
3	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		ļ	۱.,
41	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> 9</u>	1	1 X
ecu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cone	Yes	No
	The ballion of the second of t	10a	1.00	X
	Did the organization have local chapters, branches, or affiliates?	IVa	<del>                                     </del>	<del>  ^</del>
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405	ŀ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110	+	╁
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		١,,
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	<del> </del>	<del>  X</del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	405		١.,
	rise to conflicts?	12b	+	<del>∤ ×</del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-	1	
_	describe in Schedule O how this was done	12c	<del>                                     </del>	╁
3	Did the organization have a written whistleblower policy?	13	-	<del>  X</del>
4	Did the organization have a written document retention and destruction policy?	14	<del> </del>	<del>  ×</del>
5	Did the process for determining compensation of the following persons include a review and approval by	}	1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	1	
а	The organization's CEO, Executive Director, or top management official	15a		+
b	Other officers or key employees of the organization	15b		+
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	1
ва	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	1.
	with a taxable entity during the year?	16a	+	<del>  ×</del>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1	1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	1
4	organization's exempt status with respect to such arrangements?	160	1	
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ►NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section section 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 1024 if applicable), 990-T (Section 10	501(c	)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	1 1 Outro tradicità i I Amathanda tradicita I tra I tra I tra I I ori i dell'illori i dell'illori i dell'illori			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	erest	poli
9			erest	poli

Part VII	Compensation of Officers	Directors,	Trustees,	Key Empl	loyees,	Highest	Compensated	Employees,	and
	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 employees."
- 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	orga	niza	tion	cor	npen	sate	ed any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted fine)	10 =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Johny Sparrow										
President	1		ļ	Х	<u> </u>	<u> </u>	ļ	0.00	0.00	0.00
(2) Charlean Antwine Vice-President	1			x				0.60	0.00	ბ.ნი
(3) Sanela Tomic				X	-		$\vdash$	0.00	0.00	<u> </u>
	1	1		x		İ		0.00	0.00	0.00
(4)										
(5)					-					
(6)										
<u>(U)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	(B)				) }		·	poiloat		1	<i>=1</i>	
(A)	Average			Pos	•			(D)	(E)		(F)	
Name and title	hours per	(do not check more than one box, unless person is both as						Reportable	Reportable	Es	timated	
i	week (list any hours for			dad	irect	or/trust		compensation	compensation from	1	ount o	f
	related	아 Ind	ns	110	Key	Hig	Former	from the	related organizations	1	other pensati	on
	organizations below dotted	Individual trustee or director	Institutional trustee	Officer	ĝ	ploy	mer	organization	(W-2/1099-MISC)	fre	om the	
	line)	ğ <u>=</u>	ดาล		ğ	8 2		(W-2/1099-MISC)	1	-	anızatıc İ relate	
		l sie	ğ	'	8	130				1	nizatio	
		8	stee			Highest compensated employee						
15)			-								····	
16)				-								
17)			-							<del> </del>		
18)		-	-			}	$\vdash$			<del> </del>	<u>-</u>	
19)			<del> -</del>	-			_			-		
20)		-		-			-			<del> </del>		
21)		-	$\vdash$							-		
22)			-	_	_	ļ	-			+	<del></del>	
		ļ	<u> </u>	_		ļ						
23)		<u> </u>									_	
24)												
25)												
1b Sub-total		<u> </u>	<u> </u>		.1		<u>,                                    </u>					
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .								-			
2 Total number of individuals (including but not reportable compensation from the organization	limited to t							eceived more than	\$100,000 of			
		-									Yes	N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedi	er, directo ule J for su	or, oi ch inc	r tri <i>livid</i>	uste lual	:е,	key (	em þ	oloyee, or highes	t compensated	3		,
4 For any individual listed on line 1a, is the												Г
organization and related organizations gro	eater thar	\$15	50,0	0003	? //	"Ye	s, "	complete Schedu	ule J for such	1	1	}
ındividual										4		1
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mper te Sci	isat hedi	ion ule .	fror I foi	n any such	un per	related organizat	lon or individual	5		
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated i compensati	ndepo ion fo	end r the	ent e ca	con	tracto dar ye	ear e	that received mor ending with or wit	e than \$100,000 hin the organizal	of tion's tax	:	
(A) Name and business add	fress						T	(B) Description of s	ervices	(C) Comper		
	-				-			i				
							+	-				
							+					
2 Total number of independent contractors						ted	to	those listed abo	ove) who			
received more than \$100,000 of compensation	n from the	orga	nıza	tion	<b>&gt;</b>	<del></del>				F0~	990	(2)
E1050 1 000										1 (111)		١.

Form 990 (2012	<u> </u>
Part VIII	Statement of Revenue
	Check if Schedule O contains a response to any question in this Part VIII

				(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 b c d e	Federated campaigns	8,965.00				
	g h	Noncash contributions included in lines 1a-1f \$ _ Total. Add lines 1a-1f	Business Code	8,965.00			
Program Service Revenue	2a b c		Dusiness Code				
Progra	f g	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (Including dividends, interestment income (Including dividends, interestment of tax-exempt bond Royalties	proceeds ▶				
	6a b	Gross rents	(iı) Personal				
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(ii) Other		-		
•	c d	and sales expenses Gain or (toss)					
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18	b				
		Gross income from gaming activities See Part IV, line 19	a				
	b b	Less direct expenses					
	ь	Gross sales of inventory, less returns and allowances	ь				
		Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code			ļ	
	11a b c						
	d e 12	All other revenue					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, 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		· <u> </u>							
	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,		İ							
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members	10,919.00	10,919,00							
5	Compensation of current officers, directors,									
	trustees, and key employees	<del></del>								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages				<del></del>					
8	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes				<del></del>					
11	Fees for services (non-employees).									
	Management									
	Legal									
	Accounting									
	Lobbying									
	Professional fundraising services. See Part IV, line 17 Investment management fees									
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
12	(A) amount, list line 11g expenses on Schedule O} Advertising and promotion			<del></del>						
13	Office expenses		<del></del>							
14	Information technology		<del></del>							
15	Royalties									
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.)									
a	Licenses & Fees	5.00		5.00						
b										
¢			·							
đ			<u> </u>	<u> </u>						
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	10,924.00	10,919.00	5.00						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		ļ							
	from a combined educational campaign and									
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	ļ								
	1011044119 SOF 30-2 (ASC 330-120)	<u></u>								

Part X E Balance Sheet

Part X				
	Check if Schedule O contains a response to any question in this Part		• • •	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	56,618.00	1	54,659.00
2		, , , , , , , , , , , , , , , , , , , ,	2	
3	Pledges and grants receivable, net		3	
4			4	
5	Loans and other receivables from current and former officers, directors,			
- 1	trustees, key employees, and highest compensated employees.		- 1	
6	Complete Part II of Schedule L		5	
\$ 7			7	·
Assets 2			8	
4 9			9	
1 -	a Land, buildings, and equipment: cost or			
'	other basis. Complete Part VI of Schedule D			
1	b Less: accumulated depreciation		10c	
111	Investments - publicly traded securities		11	<del></del>
12			12	
13	Investments - program-related. See Part IV, line 11		13	<del></del>
14	Intangible assets		14	<del></del>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	56,618,00		54,659.00
17	Accounts payable and accrued expenses	50,040,00	17	3.11032.00
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
<u>ب</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 52				
١	trustees, key employees, highest compensated employees, and			
∣ڌ	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	· <del>- · · · · · · · · · · · · · · · · · ·</del>	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	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	
26	Total liabilities. Add lines 17 through 25		26	
88	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
∑ 27	Unrestricted net assets		27	
물 28	Temporarily restricted net assets		28	
<b>2</b> 29	Permanently restricted net assets	<del></del> .	29	
Net Assets or Fund Balances 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here XX and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds	56,618.00		54,659.00
33	Total net assets or fund balances	56,618.00		54,659.00
34	Total liabilities and net assets/fund balances	56,618.00		54,659.00
		30,010.0	1 1	Form <b>990</b> (2012)

orm 99	0 (2012)			Pag	e 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	. 965	5.00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,420	1.00		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5.6	.618	3.00		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Pnor period adjustments	8					
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	5 4	, 65	<u>9.00</u>		
Part							
	Check if Schedule O contains a response to any question in this Part XII		• • • •	لمل			
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in	ĺ				
	Schedule O.		-				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled or	]				
	reviewed on a separate basis, consolidated basis, or both:		1	}			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	<b>\</b>	1		
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	ļ	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a					
	separate basis, consolidated basis, or both:		- [	1			
	Separate basis Consolidated basis Both consolidated and separate basis		1	Ì	1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight					
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	<b>-</b>			
	If the organization changed either its oversight process or selection process during the tax year, or	explain in					
	Schedule O.			l			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se						
	the Single Audit Act and OMB Circular A-133?		3a	├	<u>  X </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the	1	Į			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	dits	3b	1	<u> </u>		

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

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Lı	<u>febo</u>	oat, Inc.								<u>-1461</u>	140	
	rt I			(All organizations mus						ıctions		
Γhe	orga	inization is not a priva	ate foundation bed	ause it is (For lines 1 thr	ough 1	l1, che	ck 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	эE)							
3		A hospital or a coop	perative hospital so	ervice organization descri	bed in :	sectio	n 170(b	)(1)(A)(	iii).			
4	П	A medical research	n organization ope	erated in conjunction wit	th a h	ospital	descri	bed in	section	n 170(b	)(1)(A)(iii). Enter the	
		hospital's name, city	y, and state									
5		An organization op	erated for the ber	nefit of a college or unive	ersity o	wned	or ope	rated b	y a gov	vernme	ntal unit described in	
	ш	section 170(b)(1)(A		-	•		•					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	x		•	es a substantial part of its						it or fro	m the general public	
•		described in section	-	· · · · · · · · · · · · · · · · · · ·			90				tire general passe	
8				on 170(b)(1)(A)(vi). (Com	niete F	Part II \						
9	$\vdash$			s (1) more than 331/3%			rt from	contrib	utions	membe	archin fees and arnes	
9		-	· ·	exempt functions - subj							-	
		•		me and unrelated busing								
		• •								1 311	tax) from businesses	
4.0				e 30, 1975 See section			-		•			
10	$\vdash$	-		ted exclusively to test for								
11	Ш	-	-	ated exclusively for the								
		•	•	pported organizations de					-			
		<u> </u>		es the type of supporting	-							
	<del></del>	a Type I	b Type II	c Type III-Function	-	-					inctionally integrated	
е	· L			the organization is not								
				gers and other than one	or mo	re pub	licly su	pportec	organ	izations	described in section	
		509(a)(1) or section					_			_	•••	
f		=		n determination from the	e IRS	that it	is a Ty	pe I, T	ype II,	or Type	e III supporting	
		organization, check										
g	l	Since August 17, 2	006, has the orgar	nization accepted any gift	or cor	ntributi	on from	any of	the			
		following persons?										
		• • •	•	ctly controls, either alon		-	er with	person	s desci	ribed in		
		and (III) below,	the governing boo	ly of the supported organ	ization'	?					11g(ı)	
		(ii) A family memb		• • •							11g(ii)	
		(iii) A 35% controll	ed entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)	
t	1	Provide the following	ng information abo	ut the supported organiza	ation(s)	).						
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization		ls the		ou notify		s the	(vii) Amount of monetary	
		organization		(described on lines 1-9 above or IRC section	col (i)	zation in listed in		inization (i) of		zation in rganized	support	
				(see instructions))		overning ment?	your support?			US?		
					Yes	No	Yes	No	Yes	No		
(A)												
<u></u> -						_						
(B)												
						<u> </u>			· · ·	1		
(C)						•						
					<del>                                     </del>	<del>                                     </del>			<u> </u>			
(D)												
		_							-			
(E)												
Tot	al	ı										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gfts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36,415 00	15,362 00	22,194 00	13,596.00	8,965.00	96,532.00			
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	36,415 00	15,362 00	22,194 00	13,596 00	8,965.00	96,532.00			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						96,532.00			
Sec	tion B. Total Support					-				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	36,415 00	15,362.00	22,194.00	13,596 00	8,965.00	96,532.00			
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)						<del></del> .			
11	Total support. Add lines 7 through 10			l	<del></del>		96,532.00			
12	Gross receipts from related activities, etc. (s	•				12	<del> </del>			
13	First five years. If the Form 990 is f organization, check this box and stop here									
Sec	tion C. Computation of Public Sup	port Percenta	ge							
14	Public support percentage for 2012 (li	ne 6, column (f)	divided by line	11, column (f))		14	100.0000%			
15	Public support percentage from 2011	Schedule A, Pa	rt II, line 14			15	100.0000%			
16a	331/3% support test - 2012. If the o						e, check			
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatioi	n		▶ X			
b	331/3% support test - 2011. If the c	organization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3 %	or more,			
	check this box and stop here. The orga	anızatıon qualıfı	es as a publicly s	supported orgai	nization		▶ 🖳			
17a	10%-facts-and-circumstances test - 2	<b>2012</b> . If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 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 t	he "facts-and-c	ircumstances" te	est The organiz	zation qualifies	as a publicly s	upported			
	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				_	•	publicly			
	supported organization						▶ 📖			
18	Private foundation. If the organization									
	instructions	<u> </u>				· · · · · · · · · · · · · · · · · · ·	▶ 🔲			

### 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)

Sec	tion A. Public Support						
Cale	ndar 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")	_					0.00
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities						
	furnished in any activity that is related to the			}			
	organization's tax-exempt purpose		}			[	0.00
3	Gross receipts from activities that are not an						0.5
	unrelated trade or business under section 513					1	0.00
4	Tax revenues levied for the						<u></u>
	organization's benefit and either paid						
	to or expended on its behalf						0.00
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.00
6	Total. Add lines 1 through 5	-					0.00
7 a	Amounts included on lines 1, 2, and 3						0.00
	received from disqualified persons						0.00
b	Amounts included on lines 2 and 3				1	1	0.00
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.00
•	Add lines 7a and 7b						0.00
8	Public support (Subtract line 7c from						0.00
·	line 6)						0.00
Sec	tion B. Total Support	L		J			0.00
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6,						0.00
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.00
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		·				_0.00
С	Add lines 10a and 10b						0.00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on				<del> </del>	-	0.00
12	Other income Do not include gain or		İ				
	loss from the sale of capital assets						
40	(Explain in Part IV)						0.00
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)		<u> </u>	454	f.fit. 1	504	0.00
14	First five years. If the Form 990 is for						
Sec	organization, check this box and stop here tion C. Computation of Public Sur						
15	Public support percentage for 2012 (line 8			mn (f))		15	0%
16	Public support percentage from 2011 Scho						
	tion D. Computation of Investmen					1 10 1	
17	Investment income percentage for 2012 (li			13 column (f))		17	0%
18	Investment income percentage from 2011					18	<u> </u>
	331/3% support tests - 2012. If the or						
a	17 is not more than 331/3%, check th						
h	331/3% support tests - 2011. If the orga						
IJ	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization						
JSA	The organization	TIO TIOL OHOOK	2 DOX OII IIIIE	· ·, · · · · · · · · · · · · · · · · ·	, check this bt	A and See 1115th	uctions -