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Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning, 2012, and ending

Form 990 header section containing organization name (CF Solutions, Inc.), EIN (73-1530931), address (7471 E. 46th Pl., Tulsa, OK 74145), and principal officer (Linda Jensen).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (Total: 632,903), expenses (Total: 674,890), and net assets (Total: 1,025,122).

Part II Signature Block

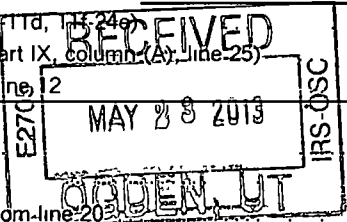
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Linda Jensen, President, dated 5-15-13.

Preparer information for Raymond Gardner, dated 5-15-13, with firm name RAYMOND GARDNER and address in Tulsa, OK.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED JUN 21 2013



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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

The primary exempt purpose is to provide medications, enteral formulas and equipment to treat cystic fibrosis patients and other chronically ill patients that suffer from respiratory, gastrointestinal, and immunologic diseases regardless of their ability to pay. See Form 990, Page 2, Part III, Line 1 (continued)

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 No X

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 77,452. including grants of \$) (Revenue \$)

See Line 2 Part IX. CF Solutions paid for flowers, medicines, respiratory equipment and enteral formula for patients who could not afford to pay.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 77,452.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		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		X
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		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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
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	X	
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	X	
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	X	
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	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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		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)		X
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		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		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1 through 14b with input fields and Yes/No columns.

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
7 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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official	X	
15 b	b Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ OKLAHOMA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Raymond Gardner, Jr. 2828 E. 51st, Suite 401, Tulsa, OK 74105 (918) 712-7022

Part VII 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Linda Jenson</u> President	40.00	X		X		X		98,800.		
(2) <u>Michael Jenson</u> Secretary	20.00	X		X				35,000.		
(3) <u>Rebecca Irvin</u> Staff Pharmacist	40.00	X						58,318.		
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							192,118.			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							192,118.			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

	Yes	No
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 12,044.				
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f		12,044.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		197.	197.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 6,321,365.				
b Less: cost of goods sold		b 5,700,703.				
c Net income or (loss) from sales of inventory			620,662.	620,662.		
Miscellaneous Revenue		Business Code				
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		632,903.	620,859.	0.	0.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 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 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	77,452.	77,452.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,118.		192,118.	
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	156,526.		156,526.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	30,649.		30,649.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,900.		11,900.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	150.		150.	
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	2,219.		2,219.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	240.		240.	
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	31,793.		31,793.	
23 Insurance	74,551.		74,551.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b Utilities	10,827.		10,827.	
c Security	3,029.		3,029.	
d Answering Service	872.		872.	
e All other expenses	82,564.		82,564.	
25 Total functional expenses. Add lines 1 through 24e	674,890.	77,452.	597,438.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	103,450.	1	91,054.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,103.	4	1,103.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	128,700.	8	128,700.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,146,406.		
	b	Less: accumulated depreciation	10b 546,142.	10c	600,264.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11	97,882.	12	97,882.
	13	Investments — program-related See Part IV, line 11	105,433.	13	105,324.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	795.	15	795.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,067,109.	16	1,025,122.	
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	0.	23	0.
	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	0.	26	0.
ROSTER OF ORGANIZATIONS	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,067,109.	27	1,025,122.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,067,109.	33	1,025,122.
	34	Total liabilities and net assets/fund balances	1,067,109.	34	1,025,122.

BAA

Part XI 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	632,903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	674,890.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41,987.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,067,109.
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,025,122.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CF Solutions, Inc.	Employer identification number 73-1530931
-------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) N/A									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr 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'.)	12,745.	20,627.	21,289.	13,659.	12,044.	80,364.
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	5,290,194.	5,607,903.	6,043,635.	6,068,357.	6,321,365.	29,331,454.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,302,939.	5,628,530.	6,064,924.	6,082,016.	6,333,409.	29,411,818.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						29,411,818.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	5,302,939.	5,628,530.	6,064,924.	6,082,016.	6,333,409.	29,411,818.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,451.	5,249.	2,484.	187.	197.	18,568.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,451.	5,249.	2,484.	187.	197.	18,568.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	0.	0.			0.
13 Total support. (Add lines 9, 10c, 11, and 12)	5,313,390.	5,633,779.	6,067,408.	6,082,203.	6,333,606.	29,430,386.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.89 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.06 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.10 %

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 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 organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

CF Solutions, Inc.

73-1530931

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 c Beginning balance	
1 d Additions during the year	
1 e Distributions during the year	
1 f Ending balance	

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	105,433.	105,522.	104,138.	101,438.	0.
b Contributions					100,000.
c Net investment earnings, gains, and losses	41.	61.	1,534.	2,850.	1,588.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	150.	150.	150.	150.	150.
g End of year balance	105,324.	105,433.	105,522.	104,138.	101,438.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	X	
3a(ii) related organizations		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,146,406.	546,142.	600,264.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				600,264.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) <u>KCH Public Holdings, LLC</u>	97,882.	Cost
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	97,882.	

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <u>Endowment Funds</u>	105,324.	Cost
(2) <u>See Part V.</u>		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	105,324.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) <u>Federal income taxes</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Pt V Line 4 The intended use of the funds interest earned will be used for the Program Service Accomplishment outlined in Part III, Line 1, Page 2.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2012



Name of the organization

CF Solutions, Inc.

Part I General Information on Grants and Assistance

Employer identification number

73-1530931

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(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 990.

TEEA3901 11/30/12

Schedule I (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

CF Solutions, Inc.

Employer identification number

73-1530931

Pt VI, Line 2 Michael Jenson, Secr., is the husband of Linda Jenson,
President.

Pt VI, Line 6 The organization has three voting members.

Pt VI, Line 7a The organization has three voting members who may elect
one or more members of the governing body.

Pt VI, Line 7b The decisions of the governing body are subject to the
approval of the three board members.

Pt VI, Line 11a The form 990 is provided to the governing body before
it is filed. The 990 is reviewed by the members of the
board prior to its being distributed to the IRS.

Pt VI, Line 15 The process for determining compensation of the officers
and other employees-total employees for 2012 is 7:

1. A review of reasonable salaries using data
available on the internet is performed on an
annual basis by the independent accountant and then
the governing body is presented the findings for the
ultimate review.

Pt VI, Line 19 The organization makes its governing documents and
financial statements available to the public upon request.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Cleaning Service	3,859.		3,859.	
Website Server Charge	1,019.		1,019.	
Bank Charges	235.		235.	
License & Permits	996.		996.	
Refuse	3,777.		3,777.	
Gasoline	497.		497.	
NDC Charges	757.		757.	
Fees	188.		188.	
Sales Tax	347.		347.	
IV Hood Certification	175.		175.	
Labor Law Posters	67.		67.	
Real Estate Taxes	16,125.		16,125.	
Building Maintenance	1,040.		1,040.	
Continuing Education	790.		790.	
Lot & Lawn Maintenance	225.		225.	
Exterminator	993.		993.	
Fire Alarm Inspection	704.		704.	
Accrediting Fee	3,375.		3,375.	
Copier/Fax Lease Maintenance	454.		454.	
Cellular Phone Service	1,023.		1,023.	
Office Maintenance	38.		38.	
Reference Material	1,660.		1,660.	
Outside Labor	1,000.		1,000.	
Cable & Internet Service	3,938.		3,938.	
Postage & Freight	15,989.		15,989.	
Outside Computer Support	659.		659.	
Telephone	5,607.		5,607.	
Office Supplies	5,535.		5,535.	
Cleaning Supplies	311.		311.	
Equipment Maintenance	5,990.		5,990.	
Copier, Fax Lease	1,941.		1,941.	
Pharmacy Software Support	2,700.		2,700.	
Patient Pump Repair	300.		300.	
Surety Bond	250.		250.	

Total All Other
Expenses

82,564

82,564

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Program Service Revenue	0.	0.	0.			0.
Total	<u>0.</u>	<u>0.</u>	<u>0.</u>			<u>0.</u>

Schedule O (Form 990), Supplemental Information
To Form 990
Form 990, Page 2, Part III, line 1 (continued)

Briefly describe the organization's mission:

CF Solutions, Inc. paid for the prescriptions and care in line with their exempt purpose for the patients who were not able to pay. In 2012 CF Solutions, Inc. paid for \$ 77,452 in medicine and supportive supplies for the patients who could not afford to pay.

**Depreciation and Amortization
(Including Information on Listed Property)**

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

CF Solutions, Inc.

73-1530931

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6 (a) Description of property (b) Cost (business use only) (c) Elected cost	
7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 821.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17 30,731.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,094.	5.0 yrs	MQ	200 DB	165.
c 7-year property		607.	7.0 yrs	MQ	200 DB	76.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22 31,793.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24 a Do you have evidence to support the business/investment use claimed? Yes No **24b** If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	----------------------------------	-----------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2012 tax year (see instructions):

43 Amortization of costs that began before your 2012 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Form 4562

CF Solutions, Inc.

Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2012

▶ Keep for your records

2012

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Computer Equipment		02/13/12	369		100.00			369	5.00	200DB/MQ		129
Office Equipment		05/14/12	157		100.00			157	7.00	200DB/MQ		28
Security System		08/06/12	385		100.00			385	7.00	200DB/MQ		41
Office Equipment		09/04/12	65		100.00			65	7.00	200DB/MQ		7
Software		10/08/12	116		100.00			116	3.00	SL/NA		10
Software		10/08/12	374		100.00			374	3.00	SL/NA		31
Software		11/12/12	110		100.00			110	3.00	SL/NA		6
Computer Equipment		12/11/12	725		100.00			725	5.00	200DB/MQ		36
Software		12/11/12	10		100.00			10	3.00	SL/NA		0
SUBTOTAL CURRENT YEAR			2,311	0	0	0	0	2,311			0	288
Pharmacy Equipment		06/15/98	6,801		100.00			6,801	7.00	200DB/HY	6,801	0
Prescription Equipment		06/15/98	1,626		100.00			1,626	7.00	200DB/HY	1,626	0
Office Equipment		06/15/98	2,936		100.00			2,936	7.00	200DB/HY	2,936	0
Leasehold Improvements		06/15/98	3,700		100.00			3,700	7.00	200DB/HY	3,700	0
Furniture & Fixtures		06/15/98	5,709		100.00			5,709	7.00	200DB/HY	5,709	0
Patient Pumps		06/15/98	30,285		100.00			30,285	7.00	200DB/HY	30,285	0
Lease Purchase-Computer		06/15/98	10,949		100.00			10,949	7.00	200DB/HY	10,949	0
Lease Purchase-6 Pumps		06/15/99	16,848		100.00			16,848	7.00	200DB/HY	16,848	0
Furniture & Fixtures		06/15/99	946		100.00			946	7.00	200DB/HY	946	0
Furniture & Fixtures		06/15/99	158		100.00			158	7.00	200DB/HY	158	0
Pharmacy Equipment		06/15/99	3,644		100.00			3,644	7.00	200DB/HY	3,644	0
Rehab Center Equipment		06/15/00	2,068		100.00			2,068	7.00	200DB/HY	2,068	0
Rehab Center Equipment		06/15/00	97		100.00			97	7.00	200DB/HY	97	0
Office Equipment		06/15/00	2,584		100.00			2,584	7.00	200DB/HY	2,584	0
Rehab Center		06/15/00	12,457		100.00			12,457	3.00	150DB/HY	12,457	0
Lease Purchase-Computer		06/15/00	2,423		100.00			2,423	5.00	200DB/HY	2,423	0
Furniture & Fixtures		06/15/00	1,218		100.00			1,218	7.00	200DB/HY	1,218	0
Pharmacy Equipment		06/15/00	749		100.00			749	7.00	200DB/HY	749	0
Furniture		06/06/01	104		100.00			104	7.00	200DB/HY	104	0
Respiratory Equipment		06/15/01	1,584		100.00			1,584	7.00	200DB/HY	1,584	0
Office Equipment		06/15/01	7,048		100.00			7,048	5.00	200DB/HY	7,048	0
Pharmacy Equipment		06/15/01	6,935		100.00			6,935	7.00	200DB/HY	6,935	0
Rehab Center Equipment		06/15/01	5,812		100.00			5,812	7.00	200DB/HY	5,812	0
Computer		02/12/02	2,319		100.00			2,319	5.00	200DB/HY	2,319	0
Building		05/31/02	632,325		100.00			632,325	39.00	SL/MM	156,053	16,214

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

CF Solutions, Inc.

Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2012

► Keep for your records

2012

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Software		06/15/02	843		100.00			843	3.00	SL/NA	843	0
Patient Pumps		06/15/02	7,020		100.00			7,020	7.00	200DB/HY	7,020	0
Reception Desk		09/13/02	975		100.00			975	7.00	200DB/HY	975	0
Phone Equipment		09/18/02	2,373		100.00			2,373	7.00	200DB/HY	2,373	0
Computer		11/11/02	1,470		100.00			1,470	5.00	200DB/HY	1,470	0
Security System		11/19/02	500		100.00			500	7.00	200DB/HY	500	0
Bathroom Fixtures-New Building		11/22/02	32		100.00			32	7.00	200DB/HY	32	0
New Shelves-Pharmacy		12/17/02	2,833		100.00			2,833	7.00	200DB/HY	2,833	0
Security/Fire System		01/03/03	3,177		100.00			3,177	7.00	200DB/HY	3,177	0
Blinds		01/06/03	400		100.00			400	7.00	200DB/HY	400	0
Office Equipment		01/10/03	505		100.00			505	7.00	200DB/HY	505	0
Telephone Equipment		01/20/03	5,695		100.00			5,695	7.00	200DB/HY	5,695	0
Shelves		01/23/03	2,900		100.00			2,900	7.00	200DB/HY	2,900	0
Filing Cabinet		01/23/03	378		100.00			378	7.00	200DB/HY	378	0
Patient Pumps		01/27/03	700		100.00			700	7.00	200DB/HY	700	0
Elliptical Training Equipment		01/28/03	5,591		100.00			5,591	7.00	200DB/HY	5,591	0
Roof		02/11/03	7,280		100.00			7,280	10.00	200DB/HY	6,564	477
Blinds		02/18/03	385		100.00			385	7.00	200DB/HY	385	0
Picture Frames		02/18/03	578		100.00			578	7.00	200DB/HY	578	0
Copier		02/24/03	300		100.00			300	7.00	200DB/HY	300	0
Office Furniture		03/03/03	1,144		100.00			1,144	7.00	200DB/HY	1,144	0
Software		03/10/03	15		100.00			15	3.00	SL/NA	15	0
Microwave, coffee pots		03/10/03	130		100.00			130	7.00	200DB/HY	130	0
Software		04/14/03	95		100.00			95	3.00	SL/NA	95	0
Building-Engineering & Architect Cost		06/15/03	6,270		100.00			6,270	39.00	SL/MM	1,375	161
Building Improvements		06/15/03	144,702		100.00			144,702	39.00	SL/MM	31,690	3,710
TV & Stereo for Pulmonary Rehab		07/24/03	500		100.00			500	7.00	200DB/HY	500	0
Office TV		07/28/03	75		100.00			75	7.00	200DB/HY	75	0
Computer		07/28/03	3,130		100.00			3,130	5.00	200DB/HY	3,130	0
Patient Pumps-10		07/31/03	36,580		100.00			36,580	7.00	200DB/HY	36,580	0
Patient Pumps		09/08/03	6,000		100.00			6,000	7.00	200DB/HY	6,000	0
Computer		09/08/03	2,543		100.00			2,543	5.00	200DB/HY	2,543	0
Building Air Conditioner		09/08/03	1,620		100.00			1,620	7.00	200DB/HY	1,620	0
Security System		09/23/03	453		100.00			453	7.00	200DB/HY	453	0
Computer		10/06/03	940		100.00			940	5.00	200DB/HY	940	0
Fence		10/09/03	1,241		100.00			1,241	15.00	SL/HY	705	82
Patient Pumps		10/14/03	6,000		100.00			6,000	7.00	200DB/HY	6,000	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

CF Solutions, Inc.

Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2012

► Keep for your records

2012

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Office Furniture		10/27/03	353		100.00			353	7.00	200DB/HY	353	0
Patient Pumps		11/24/03	4,500		100.00			4,500	7.00	200DB/HY	4,500	0
Software		12/09/03	30		100.00			30	3.00	SL/NA	30	0
Software		12/22/03	105		100.00			105	3.00	SL/NA	105	0
New Conference Cabinet		01/26/04	755		100.00			755	7.00	200DB/HY	755	0
Power Point Projector		01/28/04	2,285		100.00			2,285	7.00	200DB/HY	2,285	0
Spirometry Machine		02/02/04	4,069		100.00			4,069	7.00	200DB/HY	4,069	0
Furniture		02/26/04	145		100.00			145	7.00	200DB/HY	145	0
Scanner for Computer		02/26/04	97		100.00			97	5.00	200DB/HY	97	0
Antivirus Program for 3 computers		03/08/04	70		100.00			70	3.00	SL/NA	70	0
File Cabinet		03/10/04	380		100.00			380	7.00	200DB/HY	380	0
Portrait of Dr. Kramer		03/23/04	346		100.00			346	7.00	200DB/HY	346	0
New Computer		04/12/04	1,504		100.00			1,504	5.00	200DB/HY	1,504	0
Computer Software		04/12/04	120		100.00			120	3.00	SL/NA	120	0
Rehab Center Equipment		05/21/04	3,241		100.00			3,241	7.00	200DB/HY	3,241	0
New Printer		06/11/04	108		100.00			108	5.00	200DB/HY	108	0
Antivirus Software		08/09/04	20		100.00			20	3.00	SL/NA	20	0
Payroll Software		09/13/04	169		100.00			169	3.00	SL/NA	169	0
2 Refrigerators		10/04/04	913		100.00			913	7.00	200DB/HY	913	0
Vacuum Cleaner		10/05/04	89		100.00			89	7.00	200DB/HY	89	0
Software		11/04/04	30		100.00			30	3.00	SL/NA	30	0
Norton Antivirus Software		11/04/04	50		100.00			50	3.00	SL/NA	50	0
Printer-Pulmonary Rehab		04/11/05	271		100.00			271	5.00	200DB/HY	271	0
Software		06/15/05	381		100.00			381	3.00	SL/NA	381	0
Office Equipment		07/11/05	205		100.00			205	7.00	200DB/HY	196	9
Patient Pumps		07/18/05	6,715		100.00			6,715	7.00	200DB/HY	6,415	300
Computer		08/08/05	779		100.00			779	5.00	200DB/HY	779	0
Shredder		08/08/05	488		100.00			488	7.00	200DB/HY	466	22
Computer RX-Pharmacy		08/18/05	1,839		100.00			1,839	5.00	200DB/HY	1,839	0
Patient Pumps		10/10/05	3,950		100.00			3,950	7.00	200DB/HY	3,774	176
Motorized Door Lift For Loading Dock		01/30/06	1,100		100.00			1,100	7.00	200DB/HY	952	99
Washer & Dryer-Staff Uniforms		03/13/06	592		100.00			592	7.00	200DB/HY	513	53
Software		03/13/06	80		100.00			80	3.00	SL/NA	80	0
Software		04/10/06	40		100.00			40	3.00	SL/NA	40	0
Air Compressor		05/08/06	303		100.00			303	7.00	200DB/HY	262	27
Software		05/08/06	50		100.00			50	3.00	SL/NA	50	0
5 Prizm Pumps-Patients		06/26/06	14,161		100.00			14,161	7.00	200DB/HY	12,265	1,264

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Form 4562

CF Solutions, Inc.

Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2012

► Keep for your records

2012

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Router		08/04/06	119		100.00			119	5.00	200DB/HY	119	0
Computer		09/05/06	1,303		100.00			1,303	5.00	200DB/HY	1,303	0
Software		10/05/06	199		100.00			199	3.00	SL/NA	199	0
Computer		11/06/06	1,883		100.00			1,883	5.00	200DB/HY	1,883	0
Software		11/06/06	30		100.00			30	3.00	SL/NA	30	0
Warehouse Shelving		01/31/07	79		100.00			79	7.00	200DB/HY	61	7
Furniture		02/12/07	446		100.00			446	7.00	200DB/HY	347	40
Furniture		02/26/07	152		100.00			152	7.00	200DB/HY	118	14
IV Hoods		02/28/07	4,000		100.00			4,000	7.00	200DB/HY	3,108	357
Computer		06/04/07	2,759		100.00			2,759	5.00	200DB/HY	2,600	159
Software		06/15/07	1,638		100.00			1,638	3.00	SL/NA	1,638	0
Telephone Equipment		08/06/07	217		100.00			217	7.00	200DB/HY	168	20
Computer		08/06/07	2,521		100.00			2,521	5.00	200DB/HY	2,376	145
AC Adapter		08/20/07	182		100.00			182	7.00	200DB/HY	142	16
TV Viewing Equipment		09/04/07	896		100.00			896	7.00	200DB/HY	696	80
Signage		09/12/07	3,500		100.00			3,500	7.00	200DB/HY	2,719	312
Exercise Equipment		10/08/07	108		100.00			108	7.00	200DB/HY	84	10
Craft Fair Tables		12/03/07	228		100.00			228	7.00	200DB/HY	177	20
Antivirus Software		03/10/08	40		100.00			40	3.00	SL/NA	40	0
Pulmonary Functions Machine		03/24/08	1,993		100.00			1,993	7.00	200DB/HY	1,371	178
5 New Thermostats		05/19/08	1,079		100.00			1,079	7.00	200DB/HY	742	96
Software		08/11/08	20		100.00			20	3.00	SL/NA	20	0
Lap Top Computer		08/11/08	434		100.00			434	5.00	200DB/HY	359	50
Fire Extinguishers		10/06/08	326		100.00			326	7.00	200DB/HY	225	29
Quickbooks Software Update		10/13/08	239		100.00			239	3.00	SL/NA	239	0
Software-Antiviral		10/13/08	70		100.00			70	3.00	SL/NA	70	0
Anti-Virus Software		11/07/08	40		100.00			40	3.00	SL/NA	40	0
Shelving		02/06/09	250		100.00			250	7.00	200DB/MQ	154	27
Website		03/04/09	2,500		100.00			2,500	5.00	200DB/MQ	1,915	275
Software		03/16/09	40		100.00			40	3.00	SL/NA	37	3
Lap Top Computer		05/11/09	1,099		100.00			1,099	5.00	200DB/MQ	803	125
Software		05/11/09	150		100.00			150	3.00	SL/NA	133	17
Server for Website		05/21/09	4,750		100.00		2,375	2,375	5.00	200DB/MQ	1,734	270
Software		07/13/09	250		100.00			250	3.00	SL/NA	208	42
Website		07/16/09	3,500		100.00			3,500	5.00	200DB/MQ	2,429	428
Software		08/10/09	749		100.00			749	3.00	SL/NA	604	145
Software		09/08/09	20		100.00			20	3.00	SL/NA	16	4

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

CF Solutions, Inc.

Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2012

▶ Keep for your records

2012

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Software		10/12/09	239		100.00			239	3.00	SL/NA	180	59
Software		10/12/09	55		100.00			55	3.00	SL/NA	41	14
Software		11/09/09	40		100.00			40	3.00	SL/NA	28	12
Roof		11/17/09	15,132		100.00			15,132	10.00	200DB/MQ	5,690	1,888
Roof		02/01/10	15,264		100.00			15,264	10.00	200DB/HY	4,274	2,198
Software		03/15/10	45		100.00			45	3.00	SL/NA	27	15
Software		05/10/10	174		100.00			174	3.00	SL/NA	97	58
Pharmacy Printer		07/27/10	1,626		100.00			1,626	5.00	200DB/HY	845	312
Pharmacy Computer		07/27/10	4,904		100.00			4,904	5.00	200DB/HY	2,550	942
Software		10/11/10	335		100.00			335	3.00	SL/NA	140	112
Software		11/08/10	80		100.00			80	3.00	SL/NA	31	27
Software		11/08/10	252		100.00			252	3.00	SL/NA	98	84
Software		03/14/11	45		100.00			45	3.00	SL/NA	12	15
Air Filter System-Clean Room		04/25/11	567		100.00			567	7.00	200DB/HY	81	139
Software		06/13/11	45		100.00			45	3.00	SL/NA	9	15
Software		10/17/11	60		100.00			60	3.00	SL/NA	5	20
Software		10/17/11	299		100.00			299	3.00	SL/NA	25	100
Software		11/14/11	95		100.00			95	3.00	SL/NA	5	32
SUBTOTAL PRIOR YEAR			1,144,097	0		0	2,375	1,141,722			511,974	31,505
TOTALS			1,146,408	0		0	2,375	1,144,033			511,974	31,793

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