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Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

	Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.						
A F	or the 2	2012 calendar year, or tax year beginning \mathcal{I}_{u}/v / , 2012, and ending \mathcal{I}_{u}	NE .	30 ,20/3			
ВС	heck if app			entification number			
	Address ch	lange GREATER ORGANIZATION FOR LESS FORTHWATE 36	- 7:	125673			
<u>,</u>	Name char		phone n	umber			
≓≒	nitial return	1 X 1.5	7 -	909-0768			
≓≒	Ferminated	City or town, state or country, and ZIP + 4	up Exe				
==	Amended r Application	I / . A . B / . EF T/ 1 a a W/	nber 🕨	•			
==			<u>▶ □</u> ,	f the organization is not			
	Vebsite			ach Schedule B			
				D-EZ, or 990-PF).			
K	Check 🕨	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and i	ts gros	s receipts are normally			
r	ot more	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be rec	quired (see instructions). But if			
	_	nization chooses to file a return, be sure to file a complete return.					
LA	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	,				
_lu	ne 25, cc	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I		🗆			
	1	Contributions, gifts, grants, and similar amounts received	1	43.27/			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory 5a					
	b	Less: cost or other basis and sales expenses					
	С 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events	5c				
<u>e</u>	а	Gross income from gaming (attach Schedule G if greater than \$15,000)					
Revenue	h	Gross income from fundraising events (not including \$ of contributions	-				
ě	"	from fundraising events (not including a bit contributions from fundraising events reported on line 1) (attach Schedule G if the					
Œ		sum of such gross income and contributions exceeds \$15,000) 6b 44 000					
	1	Less: direct expenses from gaming and fundraising events 6c 2062 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-				
	d	line 6c)		12 200			
			6d	23 398			
	Ι.	Gross sales of inventory, less returns and allowances	-0.64				
	b	Less. cost of goods sold					
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	8	// // ^			
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66669			
201	1	Benefita and similar amounts paid (list in schedule of	10	40,000			
	11	Benefits paid to or for members	11	_ 			
Se	12	Salaries, other compensation, and employee benefits	12	10.7			
ej)	13	Professional fees and other payments to independent contractors in the	13	/35			
岱	14	Occupancy, rent, utilities, and maintenance	14				
FExpenses	15	Printing, publications, postage, and shipping	15	10-5			
C	16		16	/3.5			
	17	Total expenses. Add lines 10 through 16	17	60270			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6399			
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
٧	5	end-of-year figure reported on prior year's return)	19	25031			
رق	16 17 18 19 20 21	Other changes in net assets or fund balances (explain in Schedule O)	20				
	1. – •	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	31430			
For	Paperv	work Reduction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2012)			

Pa		•				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	· ·	<u> 🗅</u>
_				(A) Beginning of year	<u>·</u>	B) End of year
22	Cash, savings, and investments		[22	31430
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			<u> </u>	25	31430
26		<u>.</u>			26	
27	Net assets or fund balances (line 27 of column			<u> </u>	27	31430
Par	•					Expenses
	Check if the organization used Schedule					ired for section
	t is the organization's primary exempt purpose? /	-		··· 7		(3) and 501(c)(4) zations and section
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			_	a)(1) trusts; optional
28	Donation to FR Smyth Stand Scholasships		d. For Col	/eg#		
	(Grants \$ 50 000) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	_
29	(Grants \$ 50 000) If this amount ADNATION TO CRISTO REY	Fac Calle	ut Scholas	ch:		
	SUN MITTER IN THE STORY		, w	χα.: μ		
	(Grants \$ 5 0 60) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	29a	~
30	DONATION to Qualady PR					
	NEWLY KILS	7				
	/				ŀ	
		includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)			i i		
	(Grants \$ HODD) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	_
Par	t IV List of Officers, Directors, Trustees, and Key				struction	ons for Part IV)
	Check if the organization used Schedule	O to respond to a				<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		otl	stimated amount of her compensation
	ohn Oster	PAUS: BUT		·		
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		. 🗆
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Yes	1.
34	detailed description of each activity in Schedule O	33	X
35a	change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	600 600 800 800 800 800 800 800 800 800	
39	Section 501(c)(7) organizations. Enter:	- 4	
a b	Initiation fees and capital contributions included on line 9		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► : section 4915 ► : section 4955 ►		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed \ \		
42a b	The organization's books are in care of Inmel P. Burket Tolephone no. 64 Located at Sister And Lake Blure F ZIP + 4 Located At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<i>Р У У У У У У У У У У</i>	
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes 44a	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions)		
	Form 990-EZ (see instructions)	45b	X

0	A
Page	4

						2000	Yes	NO	
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"							٠,۶	
Dowl			, raili	<u> </u>		. 46	<u> </u>	1	
Part '	All section 501(c)(3) organization		estions 47–40h and	52 and cor	anlete th	a tablas	for lin	00	
	50 and 51	is must answer que	ssilons 47-430 and	oz, and cor	ubiere m	e lables	101 1111	C 3	
	Check if the organization used So	hadula O to respon	to any guestion in t	nie Part VI				П	
	Check if the organization used Sc	nedule O to respond	to any question in t	iis i ait vi	· · · ·		Yes	No	
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect d	uring the	tax [163	140	
7,	year? If "Yes," complete Schedule C, Pai					, i	,	X	
48	Is the organization a school as described in							V	
49a	Did the organization make any transfers							3	
b	If "Yes," was the related organization a s							1	
50	Complete this table for the organization's							ld key	
	employees) who each received more that								
		1	T	(d) Health I					
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week	(c) Reportable compensation	contributions t		(e) Estima			
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		otner c	ompensa	uon	
				 - 	_				
		1							
		111						-	
		N/A							
-									
		1		1			_		
						_			
f	Total number of other employees paid ov	ver \$100,000	▶						
51	Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	receive	d more	than	
	\$100,000 of compensation from the org	anization. If there is n	one, enter "None."				_		
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	nce	(c)	Compens	ation		
			<u></u>				_		
			ļ						
			-1						
			10/17						
				1					
									
,									
									
			+						
	Total number of other independent contr	actors each receiving	L OVER \$100 000		0				
52	Did the organization complete Schedule	_	•	and 4047(a)	<u>-</u>				
JZ	nonexempt charitable trusts must attach			anu 4547(a)	(1)	► ⊠ Ye	as 🗆	No	
Under n	enalties of perjury, I declare that I have examined this			ents and to the	heet of my br				
						iowieuge a	iia bellet	, แาร	
	rect, and complete Declaration of preparer (other that	1-24.2014							
	- V - 201			Date					
Sign	Signature of officer	<i></i>		Date			_		
Sign Here	Signature of Afficer	To View	Parcident	Date					
	Signature of Afficer	To Vice	PRES: dunt	Date			_		
Here	Signature of officer TAMUS P. Bully L	Preparer's signature	PRES: dent			PTIN			
Here Paid	Signature of Afficer Tames P. Bull to Type or print name and title Print/Type preparer's name					lif ``	<u> </u>		
Here Paid Prep	Signature of Afficer Tames P. Buloka Type or print name and title Print/Type preparer's name			te	Check	lif ``			
Here Paid	Signature of Afficer Tames P. Buloka Type or print name and title Print/Type preparer's name			te Firm	Check self-emplo	lif ``			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number LRSS GREATER OR UANIZATION FUN FORTUNATE 36 - 322*5673* 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). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 \(\textbf{Y} \) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d X 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support col (i) of your governing document? above or IRC section (i) organized in the support? (see instructions)) Yes No Yes No Yes No Starding Tall May 32-0156071 (B) P. R. is to Ruy 36-4067306
(C) OLPH 36-2170895
(D) Tosup (Head 36-3245620 000

	Cumpart Cabadula far Organia	otiono Dece-	had is Cast	one 470/b)/4	VAViva and 4	70/b\/4\/A\/-:	
Part							
	(Complete only if you checked the						ality urider
	Part III. If the organization fails to	o quanty unde	r the tests iis	tea below, p	lease comple	ne Part III.)	
	on A. Public Support	4) 0000	41.0000	4.) 0040	100011	(1)0040	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.				3		
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the first five years.		ons)			12	n 501(c)(3)
10	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	<u> </u>	· · · · ·			· · - LJ
14	Public support percentage for 2012 (line			1 column (fl)		14	%
15	Public support percentage from 2011 Sc		•			15	
16a	331/3% support test—2012. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2011. If the orga check this box and stop here. The organ					15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts- facts-and-circu	and-cìrcumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar atıon qualifies	nd stop here. E as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "fact:	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st in qualifies as a	op here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				_		<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ļ					
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	l	ł				
_	•		 		 	 -	
С 8	Add lines 7a and 7b			48.00 0000000000000000000000000000000000	* (A. X. X. (X. X. X	565 - 6 3 4 7 2 3	<u> </u>
•	line 6.)						Ž
Secti	on B. Total Support	1863 400065 1864 505000	1 1 10 00 Laboration (NY) 20 00 00 00 00 00 00 00 00 00 00 00 00	10000000000000000000000000000000000000		a company	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				İ		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						<u></u>
11	Net income from unrelated business						
	activities not included in line 10b, whether		1	1			
	or not the business is regularly carried on						
12	Other income. Do not include gain or	!	•				
	loss from the sale of capital assets (Explain in Part IV.)			-			
13	Total support. (Add lines 9, 10c, 11,		 				
13	and 12.)			Ì	1		
14	First five years. If the Form 990 is for t	he organization	n's first secon	d third fourth	or fifth tax v	ear as a sec	tion 501/c)(3)
• •	organization, check this box and stop he	_	· ·				, ,, ,
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2012 (line			3, column (f))		15	%
16	Public support percentage from 2011 Sc		•		<u></u>	16	%
Secti	on D. Computation of Investment Ir						
17	Investment income percentage for 2012	(line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2011. If the organi						
	line 18 is not more than 331/3%, check this						_

scneaule A (F	om 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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Schudulu O

Donation to Joseph Academy *1000

Donation to St. Sabian Christmas Know 1000

Bonation to Boys Hope Girls Hope 1000

Donation to Kon Antistic Kids 1000

Schuduly A

11:

F Boys Hope 6: No Hope 51.0248353 13 No yes yes 1000

6 For Antistic kirls 32.0005171 13 No yes yes 1000