Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

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

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 at the end of the year may use this form.

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

, 2010, and ending

OMB No. 1545-1150

2010

Open to Public Inspection

, 20

Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number (Chec	ck if ap			dentification number						
Pattern Programs service revenue including government fees and contracts 1 35, 858 2 Program service revenue including government fees and contracts 3 3 4 50, 10	=										
Terminated Amended roturn Application pending Amended roturn Application pending Amended roturn Application pending Amended roturn Application pending Amended roturn Amend			1120 -								
Approache pending	=		1638 Esmeralda Avenue	715	1329-0180						
Reputation pending			City or town, state or country, and ZIP + 4	F Group Exemption							
Website:	=			Number ▶							
Tax-exempt status (check only one) — ∑501(c)(3)	Acc	if the organization is not									
J Tax-exempt status (check only one) → \$501(c)(3) □ \$01(c)(1) ◆ ((insert no.) □ 4947(a)(1) or □ 527 (Form 990, 990-EZ, or 990-PF). K Check ▶ □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization che to file a certurn, be sure to file a complete return. L Add 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). If the 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions 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 32, \$58.											
Check	Tax-	-exen									
Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization che to file a creturn, be sure to file a complete return. L Add 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions 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 2 Program service revenue including government fees and contracts 3 On Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Garsin income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contribu	-			v not m	nore than \$50,000. A						
to file a return, be sure to file a complete return. L Add 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions 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 2 Program service revenue including government fees and contracts 1 2 47 9 4 1 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a O b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from sales of inventory (Subtract line 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Hotal revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Iss. 2.2 12 Salaries, other compensation, and employee benefits 13 24, 044, 146, 446, 446, 446, 446, 446, 446, 4											
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)											
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)	Add	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	1,							
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions 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					\$						
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 8 Gross income from gaming (attach Schedule G if greater than \$15,000) 9 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 9 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 10 C Less: cost of goods sold 10 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 11 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 12 O Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 1 15. 22 12 Salaries, other compensation, and employee benefits 12 O Total revenue, in the first paid to or for members 13 Professional fees and other payments to independent contractors 14 Cytuch 4 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O)	CONTRACTOR OF THE PERSON NAMED IN	Name of Street		ıction	s for Part I)						
1 Contributions, gifts, grants, and similar amounts received	T GIT										
Program service revenue including government fees and contracts Membership dues and assessments Investment income A lovestment income Barrier of Gross amount from sale of assets other than inventory Barrier of Gross amount from sale of assets other than inventory Barrier of Gross amount from sale of assets other than inventory Barrier of Gross amount from sale of assets other than inventory Barrier of Gross amount from sale of assets other than inventory Barrier of Gross income from sale of assets other than inventory (Subtract line 5b from line 5a) Gross income from gaming (attach Schedule G if greater than \$15,000) Barrier of Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) C Less: direct expenses from gaming and fundraising events Barrier of Gross ales of inventory, less returns and allowances C Gross sales of inventory, less returns and allowances Barrier of Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Total revenue (describe in Schedule O) D Total revenue (describe in Schedule O) Benefits paid to or for members 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 O Grants and similar amounts paid (list in Schedule O) 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 4 0 85.		1			35 058 07						
Membership dues and assessments Investment income Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b O 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 O 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17c Occupancy, rent, utilities, and maintenance 17d Occupancy, rent, utilities, and maintenance 18d Other expenses (describe in Schedule O) 18d Other expenses (describe in Schedule O) 19 Occupancy, rent, utilities, and maintenance					A4 a 41						
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses	-				0						
Sa Gross amount from sale of assets other than inventory Sa D	70.4				50 10						
b Less: cost or other basis and sales expenses		_		4	30110						
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1										
Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000). Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). C Less: direct expenses from gaming and fundraising events GE D Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a D Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 24, 044, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,				Fo	0						
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7b C 6d 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 10 Benefits paid to or for members. 11 IS. 22. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 16 4 0 85	46			50							
\$15,000)		9.0000	되었다. 그 없는데 되었다. [1987년] [2017년] [2017								
sum of such gross income and contributions exceeds \$15,000)	0	a	417 000								
sum of such gross income and contributions exceeds \$15,000)	nu l	- 6		-	S. S. S. Marie Marie						
sum of such gross income and contributions exceeds \$15,000)	e Ve	b			0						
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 4 0 85	m m				STATE OF STA						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					3.65 A 10.00 A 10.00						
line 6c) 7a Gross sales of inventory, less returns and allowances					SERVED TOTAL						
Ta Gross sales of inventory, less returns and allowances		d			AND THE SAME THE						
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 O O O O O O O O O O O O O O O O O O O		_	A STATE OF THE PARTY OF THE PAR	60	The state of						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7-39-2 - 709-5-						
8 Other revenue (describe in Schedule O) . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . ▶ 9 3 6, 388 . 10 Grants and similar amounts paid (list in Schedule O) . 10 O . 11 Benefits paid to or for members				HINDE	0						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 3 6 388 10 O 11 Is. 22 12 O 13 24, 044, 0 14 6, 466, 4 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 18 9 3 6 388 19 0 O 10 O 11 Is. 22 12 O 13 24, 044, 0 14 6, 466, 4 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 18 9 3 6 388 19 0 O 10 O 11 Is. 22 12 O 13 24, 044, 0 14 6, 466, 4 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O)					4 .0						
The second similar amounts paid (list in Schedule O) 10					0 08						
Benefits paid to or for members		_			36,388						
Professional fees and other payments to independent contractors					0						
Professional fees and other payments to independent contractors	-				15.22						
16 Other expenses (describe in Schedule O)	ses 1				0						
16 Other expenses (describe in Schedule O)	1				24, 044.66						
16 Other expenses (describe in Schedule O)	d 1				6,466.48						
16 Other expenses (describe in Schedule O)											
17 Total expenses. Add lines 10 through 16			Other expenses (describe in Schedule O)	_	1						
31,100,1	_		Total expenses. Add lines 10 through 16	17							
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ty 1			18	1,680.09						
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	1 se	19			11 -						
end-of-year figure reported on prior year's return)	As			19	11,702.14						
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)	2 et										
21 Net assets or fund balances at end of year. Combine lines 18 through 20	2	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	13,382.23						

Par	Balance Sheets. (see the instructions Check if the organization used Schedule		stion in this P	art II		
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments		oneb le amoto	8.507.14	22	0.187.23
23	Land and buildings		ag rilive another the	0	23	0
24	Other assets (describe in Schedule O)		of the state of th	3,195	24	3,195
25	Total assets	a Senance C. Fart F.		2/113	25	7113
26	Total liabilities (describe in Schedule O)	estina 1027/sVIX serve		0	26	0
27	Net assets or fund balances (line 27 of column		1)	1 702, 14	27	13.382.23
Pari						Expenses
	Check if the organization used Schedule				(Requ	uired for section
What	is the organization's primary exempt purpose?	Educate publicatos	+ When ex	thethon .	1)(3) and 501(c)(4)
Descr	ribe what was achieved in carrying out the organization'	s exempt purposes. In a clea	ar and concise r	nanner, describe		a)(1) trusts; optional
the se	ervices provided, the number of persons benefited, and o	other relevant information for	each program ti	tle.	for ot	
28	Significantly relesioned websit	e to mile		X Carlos X	9300	atta letta o o
	Excational materials in amore	Mes Con II for	at	sax tuge v		2011.
	LE CATHEREN STONE IN TORONTO.	(1. F(.KA#17. 1911b.	917-3	X	755,000	3,961.49
	(Grants \$) If this amount	includes foreign grants, ch	neck here	• 🗆	28a	Control of
29		Iros	Managara da Sangara	Hor elshide Cer	mind s	5 X02000 mm 3
		F. L. U.A	Andon:		100,000	TOI
	A at Angle copies lated it to around to be		Meson swip on	mago of e act of a	Tuesday	586.05
	(Grants \$) If this amount	includes foreign grants, ch	neck here		29a	(d) newlood, 60, eq.(
30	Provided educational ma			a JasenackS Ja	177199	one Munce
	Prosta Con Contract and Prosta	13(10) 19 (7) (25)	73	arazmano an	III stok	15, 22
	Z20.28 W		ne welenie bon	elano eno en	bbses	13, 2
	(Grants \$) If this amount	includes foreign grants, ch	neck here	• 🗆	30a	2 9:00
	Other program services (describe in Schedule O)				daner	
		includes foreign grants, ch			31a	0
32	Total program service expenses (add lines 28a t				32	4 562 76
Part	List of Officers, Directors, Trustees, and Key	Employees. List each one e	even if not comp	ensated. (see the	instruc	tions for Part IV.)
	Check if the organization used Schedule	O to respond to any que	stion in this Pa	art IV		W
	(a) Name and address	(b) Title and average hours per week	(c) Compensat			(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances
Er	TICKLIFE 3550 W. Plug 6 Lane	President	^	^	-(0)	6
Re	00 NV 89509	60 hors I ward	0	0	10:500-2	0
	or Haley 662 Firerlanding Dr.	vice presiden	h	A	an Library	
	renienlle, GA 300ts	5 horrs / werl	0	0	oue to	0
Car	1 Marrinez, 2124 Pyrersham (+, unit)	TRASORC	6	h	Ship	A
Las	Vreas NV 89108	1 Horr/week	0	0	amape	0
Si	rgia M. L. Tarrero Uch Lamos Purblo	Piremor	0	6	- 16	8 end
29	602 Marhella, Maluer, Spain	1 Horr/ reak		0	selse (0
Ph	of met van Nedervalde, Hagerild 37	Director	0	^	risoo	Seed and a least
	-9320 Erem bodegem, Belgium	1 Hoursmeth	and a sale	U S	DOM:	0
20			.40 slubens8	ni editozob) eur	neveri	sdrO 8
O		emenous participation	2,384,80,8	J G millio A . aura	19187	RioT 8
		An engree 2014O stubert	Bank tests, brilling:	ahtta groundslimse	bring	
		pled Goldstein A	Des suitered	magresofts of bil		Breds Cirkin
		setro, scensore e el Canadiani	olones bas as	olise people of sta	to-tro	
	18 24 044	duper uella contrictora	Diensinse	tell of bills aged in	Moles	g 13 Profit
- 18	+ 1,14 W M M		nemaratem br	rent, uplifice, a	YORGO	
	5 70 Mar 61		ge, and shipt	size is more sign	15 164	erd er bre
1	是交布 等的 en filter		Schedule (i)	ni edificació) acon	eque!	
3	A ROT BOTH CHALL TENDING		81 riguernt 01	healf bbA , eagn	erape	STOT TITLE
	O ON THE PROPERTY OF THE PARTY	Waskmon Tra	D foemdod) w	deficit of the ve	0 10 2	sox3 Brie
	Pendage (2004 silve senga reum) (Alarias)	to year from Jest 27, on	ninnigodeta e	or furt balance	ed pe	Tight?
	- L. So T. H. Po S. H.	(mute)	Tisey long to	Day against gibt	pay-te	bhe g
	Carrie and Other	Ces (arplain in Schodule C	ested bout to	the stem direct	ris rio	5 20 Other
- 2		Combine lines 18 lisroud	at and of year	coursiant hour to	Siegu	

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		at åv	
		10,603	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		160	X
0.5	change on Schedule O (see instructions)	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	die.		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	010	×
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	b(C)	2012
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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	27h		V
38a	Did the organization file Form 1120-POL for this year?	37b		^
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		×
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► U ; section 4912 ► U ; section 4955 ► U Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
b	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	40b		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		×
41	List the states with which a copy of this return is filed. > None - Nevel a despit require this co-	turn,		
42a	The organization's books are in care of ► Eric Klirh Located at ► 3.550 W. Plumb Lane Report NV ZIP + 4 ► 89	5)32 509	29-0	0180
b	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		Yes	
	account)?	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year	6/70 20 10/7 PQ	Paris of the same	Telerill 19,000
		400	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1-1	
	completed instead of Form 990-EZ	44a	an in the	×
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	eline (dina)	V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
W S	explanation in Schedule O	44d	Sec.	- 1 fee

						PROPERTY.	res	NO
45	Is any related organization a controlled entity	of the organization w	ithin the r	meaning of sectio	n 512(b)(13)?	45		X
а	Did the organization receive any payment fro	om or engage in any tra	ansaction	with a controlled	entity within the			
	meaning of section 512(b)(13)? If "Yes," Fo							1000
X	Form 990-EZ (see instructions)			in Schedule O	viviOs.nors lon	45a	901	X
46	Did the organization engage, directly or indire	ectly, in political camp	aign activ	vities on behalf of	or in opposition	Security	all of the	
	to candidates for public office? If "Yes," con				nob bebrende	46	300	V
Part '	VI Section 501(c)(3) organizations ar	nd section 4947(a)(1) nonex	empt charitab	le trusts only		tion	_
	501(c)(3) organizations and section	4947(a)(1) nonexem	pt charit	able trusts mus	t answer question	ons 4	7-491	b
	and 52, and complete the tables for	r lines 50 and 51.	nd med		A PURSIAN FRANCE	1	don	
	Check if the organization used Sched	dule O to respond to	any ques	tion in this Part \	/			
600	Charles Control (Control (Cont	nhootskalen (a 140)	keniloae	et logicisores loci	10 (Block 08 16	183113	Yes	No
47	Did the organization engage in lobbying activ	vities? If "Yes." comple	ete Sched	lule C. Part II	THE REAL PROPERTY AND ADDRESS.	47		X
48	Is the organization a school as described in se				Floor College	48	60	~
49a	Did the organization make any transfers to ar				Pagy ktuses	49a		1
b	If "Yes," was the related organization a section		no related	rorganization: .		49b		X
50	Complete this table for the organization's five		d employ	yees (other than o	fficers directors		oc an	d ko
00	employees) who each received more than \$1							
	Called Carloss of the Character of the	(b) Title and ave		(c) Compensation	(d) Contributions to	_	Expen	
	(a) Name and address of each employee paid more	hours per wee	ek		employee benefit plans 8	acc	count a	and
	than \$100,000	devoted to posi	tion	IN LAUS II AUG T	deferred compensation	otner	allowa	inces
	None					Participal Control		
	000 7 0 0 0 0 0 0 0			MINER IN THE POUNT CHARLES	U Bankjesa se se se se	1003100	GH III	2)
		Be A- Marin Charle	ACCUMULATION OF			7136		
	A SECOND TO SECO	sina dio ani no besori	O ASF (U)	THE TENNS OF THE	183178010-(cilio)10	7 (105,7)	100	BEAT .
			212158		The same of the sa	enion		
	ANNEASTER, MMITTER BEROND GOLD HOURS YES I		ave as a	control of his as	HITUORORE RESIDENT	19015	100	-
			E SE COURSE			I LOCAL CONTROL OF		
				ALCOHOLOGICA AND AND AND AND AND AND AND AND AND AN		1 200		
		104 (1804)	131 -310					
•	Tatal assessment at a three assessment as a side as a si	2100 000		A	NO MENTAL MATERIAL PROPERTY OF THE PERTY OF	100000	SO:	HEST.
f	Total number of other employees paid over \$		Anal Sandan	U				Ale and
51	Complete this table for the organization's fi \$100,000 of compensation from the organization from the organiza				ors who each rec	eivea	more	tnar
	(a) Name and address of each independent contra				e of service	(c) Cor	npensa	ation
73	None		me are	-88/8 nace onsk	MIN TEST COUNTY		13:13	
	/400£	War and Marine	Agis a	usas pietato vecos	a closiniw ritine serio			
S. a.	Since I I 281 3 store monades	The state of the s	Star for El	with the niley	a estand a fanitary			To C. L.
				Pione La Tar	W SKCO W			
	Affairm series an empenale a son	i zumeith mkeusclings	SERVICE SERVICE	of his mean report	Algerranti Anhuin de	reit und		19
				a foreign country	hi munabe Islane			
7	Part States Mala	-/				Ethuo	588	
			-d 100	municipal sele	In course and will a			
	William Stock makes the trades at the	3 OT prospert disease	Brillion r	nilit bois mayinga	use not electronistic	2000	198-	
					Lafau cook late			
d	Total number of other independent contracto	ors each receiving over	r \$100 000		stan entranete es as	Ph. Lin	144	5
52	Did the organization complete Schedule A?	The state of the s			7(a)(1)	The same of	1-1-73	
32	nonexempt charitable trusts must attach a co	•	, , , ,		, , , , , , , , , , , , , , , , , , ,	Yes		No
Under n	enalties of perjury, I declare that I have examined this return					•		
true, cor	rrect, and complete. Declaration of preparer (other than office	icer) is based on all informati	on of which	preparer has any know	vledge.	igo anc	Dellel,	11.13
office	1						3 3 4	
0:	16/1			sonob ves diltr	Nov 14.2	011	bo i	
Sign	Signature of officer			3909e	Date		100	
Here	Ecic Klin Provide	+ soft probub softline		57070 TO ADO 919	asaa nottasinama			
	Type or print name and title			39-080	mod to bestem b	Sister	100	7
De la		reparer's signature	anabat sa	Date		PTIN	bio:	5
Paid	Time Type proparer smarrie	sadi noon of 00% or		I motesin con on	Check if self-employed			
Prepa					irm's EIN ▶	Athenel	CHA	
Use (Firm's address >				Phone no.			
May th	na IRS discuss this return with the preparer sh	nown above? See instr	uctions		none no.	7 Voc		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Life boat Foundation

Employer identification number 80 0034805

			, , , , , ,						!	0 02
			rity Status (All orga						nstructio	ns.
The			ation because it is: (Fo							
1			ches, or association of			ed in sec	tion 170	(b)(1)(A)(i	i)	
2										
3										
4										
	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 section 170(b)(1)(A)(iv). (Complete Part II.)								al unit described in	
6	An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Pai	al part of					nit or from	the general public
8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)				
9	_		receives: (1) more that				om contri	ibutions.	membersh	hip fees, and gross
			d to its exempt funct							
	support from	gross investme	ent income and unre	lated bus	siness ta	xable ind	come (les	ss sectio		
10	An organization	on organized and	d operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)	(4).	
11			nd operated exclusive							or to carry out the
	purposes of o	one or more pub	olicly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 509	(a)(2). See section
	а 🗌 Туре	1 b 🗆	Type II c	☐ Typ	e III–Fund	ctionally	integrate	d	d [Type III-Other
e			that the organization							
	,		ers and other than on							
	or section 509	9(a)(2).								
f		cation received check this box	a written determination	on from	the IRS t	hat it is	a Type	I, Type	II, or Type	e III supporting
ç		17, 2006, has t	the organization acce	oted any	gift or co	ontributio	n from a	iny of the		Tan and by
			indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) and	d Yes No
			ody of the supported							11g(i)
	(ii) A family m	ember of a pers	on described in (i) abo	ove?		15.45		0.000	1.50	11g(ii)
			a person described in				teete o		0 15 905	11g(iii)
h			ion about the support	,,						mon a maner
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	ls the	(vii) Amount of
	organization		(described on lines 1–9	in col. (i) listed in your governing document?		the organization in col. (i) of your		organization in col. (i) organized in the		support
			above or IRC section (see instructions))	governing document			ort?		S.?	
			noverhappe out	Yes	No	Yes	No	Yes	No	
A)		LLI SHESTE I TOBE	esperient Color	京 2000年 (1000年7月)	3 7 /	6.6.50	100 M	7 45 35	Sei Ing	100 184 504
B)	SPECTAL STATE	A TOTAL SE	ria salatuatakisa josti	e'adres	terro e i	er erte		Alte Same		178442-0-1880
C)	Substitution of the Co			The country		G shugi	arti eras		ASSESSED OF THE	won Vines
D)									31827.34	especial di
								ora esti	910101	1370 r. et 21 17 (1) 8185 23
E)	Management sepa									o beyordayis

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.)

	ion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,598	66,504	43.960.81	24,366.04	35.858.0	179,286,92	
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	242	393,91	421.27	reas Gath	479,91	Charles and the second	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	6	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	6	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	8,840	66,897.91	44, 382, 68	25 695.2	636,337.	18 182, 153.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	5,000	30	500	Ó	5,530	
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	5,190.80	0	0	6	7,585	12,775.8	
С	Add lines 7a and 7b	5,190.80	5,000	30	500	7,585	18,305.8	
8	Public support (Subtract line 7c from						-	
	line 6.)						163,847.43	
	ion B. Total Support			March 12 Per Fr				
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9	Amounts from line 6	8,840	66,897,91	44,382.08	25,695.24	36,337.98	182,153,23	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	68	111.96	105.95	100.09	50.10	436.10	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0	
c	Add lines 10a and 10b	68	111,96	105.95	100.09	50,10	436.10	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,908	67,009.87	44,488.63	25,795.35	36,388.08	182,589,33	
14	First five years. If the Form 990 is for the organization, check this box and stop he	Charles Annual Control of the	's first, secon	d, third, fourth		ear as a section	n 501(c)(3)	
Sect	on C. Computation of Public Suppor					the second second		
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1	3, column (f))		15 8	9.74 %	
16	Public support percentage from 2009 Sch	nedule A, Part I	II, line 15 .			16 42	2.62 %	
Sect	on D. Computation of Investment In	come Percer	ntage	Service Tables 9				
17	Investment income percentage for 2010 (002 %	
18	Investment income percentage from 2009 Schedule A, Part III, line 17							
19a	331/3% support tests—2010. If the organ							
b								
20	line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

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. Inspection

Open to Public

LITABOAT FOUNDATION		80	0034805
Lightware 3D 7 USB Mac	-1,500		
Mac 05 X 10, 1	-100		
USB 4- Port Hob	-50		
Walley Intros 2 485 USB	-200		
Bry 17 5.0	- 200		TI N 24
Eye Carly 4000	-100	+ Pa	CT 4 10. 24
KPT Effects Mac for Photosh	-100		
Pagemater 7 Upgrate Mac	-50		
4 Panasonic 9.46B DVD DRAMS	-120		
Light Ware Get In to 7 DVD	-60		
Zoon Mac making	-100		
Cascading Style Sheets 2.0 Program	mers Refere	ncr -15	
HP Lase Jet 1200se	-400		
HP 5 400 (se	-200	_	
•	3,195		
Part I, A16			
Educational Vilro Express			
Bong Canser Fundraiser			
Medical Expenses			