		Short Form		OMB No. 1545-1150			
Form	99		Return of Organization Exempt From Income Tax				
1 OIII		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		2012			
		Sponsoring organizations of donor advised funds, organizations that operate one or more hospit.	tal facilities,	Open to Public			
		and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instr All other organizations with gross receipts less than \$200,000 and total assets less than \$500	ructions). 0,000				
		f the Treasury at the end of the year may use this form.		Inspection			
-		Nue Service ► The organization may have to use a copy of this return to satisfy state reporting requirement 2012 calendar year, or tax year beginning , 2012, and ending	ems.	, 20			
	heck if ap		Employer i	dentification number			
	Address c	I fal i E I i	80	0034805			
	Name cha	nge Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	number			
	nitial retu	(775)	5) 853-5212				
	Terminate Amended	emption					
Provide State			Number	•			
GA	ccount	ing Method:	eck 🕨 🗌	if the organization is not			
	Vebsit		juired to at	tach Schedule B			
J Ta	ax-exen			90-EZ, or 990-PF).			
	heck						
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	e required	(see instructions). But if			
		nization chooses to file a return, be sure to file a complete return.	out II				
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa					
No. of Concession, Name	-	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		6 for Port I)			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins Check if the organization used Schedule O to respond to any question in this Part I	struction				
	-	Contributions, gifts, grants, and similar amounts received		19350 40			
	1 2	Program service revenue including government fees and contracts	2	580.17			
	3	Membership dues and assessments	3	0			
	4		4	ASSIR ADDOD			
313	- 5a	Gross amount from sale of assets other than inventory 5a 0		268 22			
	b	Less: cost or other basis and sales expenses		200122			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0			
	6	Gaming and fundraising events					
	a	Gross income from gaming (attach Schedule G if greater than					
ani		\$15,000)					
Revenue	b	Gross income from fundraising events (not including <u></u> of contributions		0			
Re		from fundraising events reported on line 1) (attach Schedule G if the					
	c	Less: direct expenses from gaming and fundraising events 6c 0					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra- line 6c)					
			· 6d				
	7a	Gross sales of inventory, less returns and allowances 7a 0 Less: cost of goods sold 7b 0		0			
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	100			
	8	Other revenue (describe in Schedule O).		0 501 10			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		Carbod Dogood			
	10	Grants and similar amounts paid (list in Schedule O)		Our			
	11	Benefits paid to or for members		14.98			
ŝ	12	Salaries, other compensation, and employee benefits	. 12	0			
Expenses	13	Professional fees and other payments to independent contractors		31.618.48			
bei	14	Occupancy, rent, utilities, and maintenance		14,604.99			
Ĕ	15	Printing, publications, postage, and shipping		207.26			
	16	Other expenses (describe in Schedule O)		3,242.82			
	17	Total expenses. Add lines 10 through 16		49,688,53			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		40000			
Sel	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		\$10,26			
As		end-of-year figure reported on prior year's return)		13,589,61			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		110000-			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	14,044,81			
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2012)			

Form 990-EZ (2012)		- 4	-		Page 2
Part II Balance Sheets (see the instructions f			David II		
Check if the organization used Schedule	O to respond to an		(A) Beginning of year	· ·	(B) End of year
22 Cash, savings, and investments			8,334.61	22	8,844.87
23 Land and buildings			0	23	-O
24 Other assets (describe in Schedule O)			5255	24 2	5,255
25 Total assets			13,589.61	25	14.099.87
26 Total liabilities (describe in Schedule O)			0	26	10 -
27 Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	4.099.87
Part III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		5
Check if the organization used Schedule				(Dogu	Expenses uired for section
What is the organization's primary exempt purpose?					(3) and 501(c)(4)
					nizations and section
Describe the organization's program service accomplis	shments for each of	t its three largest pi	ogram services,		(a)(1) trusts; optional
as measured by expenses. In a clear and concise m persons benefited, and other relevant information for ea		e services provided	, the number of	for ot	hers.)
		1			
28 Maintain and upgrade we	brite to provi	P			
educational materials in a	more user t	riently tor	mat		1. 1 =
					T, 954.92
(Grants \$) If this amount	includes foreign gra	ints, check here .	►	28a	//
29 Developed the "Life beat	to the Stad	"and			
For the 2012 Campbell Co	Aference w	here the			0 0 0 0
	e interste				2,000.01
(Grants \$) If this amount	includes foreign gra	ints, check here		29a	· · · ·
30 Monthe Arried of Canada	August to T	To TIN			
	Junit of	442 410	10.000		171-1
FOR NO 2FTORS TO PAY	cate a bout t	XISTIATION T	higgs,		411.74
				00-	
	includes foreign gra			30a	
31 Other program services (describe in Schedule O)					
	includes foreign gra			31a	
32 Total program service expenses (add lines 28a t				32	
Part IV List of Officers, Directors, Trustees, and Key				structi	ons for Part IV)
Check if the organization used Schedule	O to respond to ar	and the second sec	Total a large designed and considered and considered a large type of a large of the set of the set of the set of the set		· · · · []
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(a) [-stimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			ther compensation
	devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Eric Klich, 1853 Brokmare Dr.	President	01 000	0		0
Pero NV 99521	60 have I west	24,625.41	0		U
Chris Hales, 662 Riverside Dr.	NY Parts	6	10		
Chos Hairy 666 Frenchiar Cr.	Vice Presplent	0	0		0
Lawrence Vire, 57 30073	Den and				
Carl Martinez 2124 Pattonam (Ty	Treyster	0	0		0
Unige Las Vegas, 100 89108	Hoselwerk				
Sergio M.L. Jamero, Urb Lomas	Difector	. 0	0		0
Pyeblo, Marbella, Malega 29602,	Spafa I Horrin	resk U			
Philippe Van Nederelde, Hugevald	37 brector	0	0		0
Erembodegen, Belgium B-9320	1 Hourlwerk	V			
				1	
			the second s		
			3	For	990-F7 (2012)

Form 99	90-EZ (2012)		F	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Tes	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 change on Schedule O (see instructions)	34		×
35a	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)?	35a		X
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		×
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 0			. /
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		~
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39a			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; 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.	40b		×
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			
e	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 - Nevada Anon't require this	retu	in,	
42a	The organization's books are in care of \blacktriangleright $Eric Klitch Telephone no. \blacktriangleright 77$	52	535	212
b	Located at \blacktriangleright 1853 BCARMORE DC. <u>Renor</u> NV. ZIP + 4 \blacktriangleright 89 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)?		Yes	No
	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.			
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		\times
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	44a	Yes	No
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		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		Ż
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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 900 FZ (act instructions)			
	Form 990-EZ (see instructions)	45b		X

Form 990-EZ (2012)

Form 99	90-EZ (2012)						P	age 4
46	Did the organization engage, directly or ir	ndirectly, in political of	campaign activities or	behalf of or	in oppositio	n	Yes	No
40	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		X
Part		s only s must answer que	estions 47–49b and	52, and cor		tables f	or line	es
	Check in the organization used Sc	nedule O to respond	a to any question in t	IIIS Fall VI	· · · ·	· · ·	Yes	No
47 48 49a b	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se	t II	ii)? If "Yes," complete aritable related organi on?	Schedule E zation?	· · · · · · · · · · · · · · · · · · ·	47 48 49a 49b		XXX
50	Complete this table for the organization's employees) who each received more than							d key
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions t benefit plans, a compens	oenefits, o employee (e and deferred	e) Estimate other con	ed amou	
	None	h.						
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	s five highest comp	ensated independent	contractors	who each r	eceived	more	than
(a)	Name and address of each independent contractor pa	id more than \$100,000	(b) Type of serv	vice	(c) Co	ompensati	on	
	None		-					~
			-					
			-					
			-					
d 52	Total number of other independent contra Did the organization complete Schedule A nonexempt charitable trusts must attach a	? Note: All section 5	501(c)(3) organizations) (1) · · · ▶	Yes		10
	enalties of perjury, I declare that I have examined this r rrect, and complete. Declaration of preparer (other than					ledge and	belief,	it is
Sign Here	Signature of officer Eacklight	President	-	Date	rov 15	,20	013	
Paid Prep	Print/Type preparer's name	Preparer's signature	Da	te	Check if if self-employed	PTIN		
Use				Firm	s EIN ►			
Mayth	Firm's address re IRS discuss this return with the preparer	shown shows? See	instructions	Phon	ie no.			
iviay ti		310WI 200VEr 366				Form 99		(2012)

									0110 No. 15 15 00 17
(Form 990 or 990-EZ)	tatus and Public Support					ŀ	OMB No. 1545-0047		
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								2012 Open to Public
Department of the Treasury nternal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.								Inspection	
Name of the organization Employer identifica 800							lentificatio	34805	
		rity Status (All orga	nization	s must c	omplete	this pa		nstructi	
The organization is not				and the second sec					
		ches, or association of			ed in sec	tion 170	(b)(1)(A)(i).	
		n 170(b)(1)(A)(ii). (Attao							
		spital service organiza							
	earch organizati ne, city, and stat	on operated in conjun te:	ction with	n a nospit	al descril	oed in se	ction 170)(D)(1)(A	(III). Enter the
	on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 🗌 A federal, stat	te, or local gover	mment or government	al unit de	scribed in	section	170(b)(1)(A)(v).		
		receives a substantia)(A)(vi). (Complete Par		its suppo	ort from a	a governi	mental un	it or froi	m the general public
		in section 170(b)(1)(A							
9 An organizatio	on that normally	receives: (1) more the	an 331/39	6 of its su	upport fro	om contri	ibutions,	member	ship fees, and gross
		d to its exempt funct ent income and unre							
		after June 30, 1975. Se						1011 4	
10 An organizatio	on organized and	d operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).	
-	~	nd operated exclusive							
509(a)(3). Che	eck the box that	blicly supported organ describes the type of	supportin	ng organiz	zation and	d comple	te lines 1	1e throu	gh 11h.
a Type I	/1	ell c Type II that the organization							tionally integrated
		ers and other than on							
or section 509									
	ation received check this box	a written determinatio	on from	the IRS t	that it is	a Type	I, Type I	l, or Typ	be III supporting
g Since August following pers		the organization acce	pted any	gift or co	ontributio	n from a	ny of the		
		indirectly controls, eit						d in (ii) a	
		ody of the supported on described in (i) abo	-		• • •		· · ·		11g(i) 11g(ii)
		a person described in							11g(iii)
		ion about the support							[····/]
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization		ou notify	(vi) k		(vii) Amount of monetary support
organization		above or IRC section	in col. (i) listed in your governing document?		the organization in col. (i) of your support?		(i) organiz	ed in the	support
		(see instructions))	Yes	No	Yes	No	U.S Yes	No	-
(A)								- X	
(B)			-						
(C)									-
(D)									
(E)									
Total									
For Paperwork Reductio	n Act Notice	the Instructions for		Cat No	0. 11285F	and the local data of the second has	Sch	edule A (F	orm 990 or 990-EZ) 2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part	III Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked th	ne box on line	e 9 of Part I o	r if the organi	ization failed	to quality und	der Part II.
0	If the organization fails to qualify	under the te	sts listed deid	ow, please co	omplete Part	11.)	
	on A. Public Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(C) 2010	(0) 2011	49,350,40	(i) i Otai
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	43,960,81	24,366.04	35,858,0	7 49,603	22	203, 138.54
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	421,27	1,329,22	479,91	610.89	580,17	3,421.46
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	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	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	D	0	0	0	0	0
6	Total. Add lines 1 through 5	44,382,0	8 25,695.	26 36,337	198 1	49, 930,57	206,560
7a	Amounts included on lines 1, 2, and 3		. 600		50,214.11	Ton Garaga	AG TAF GO
	received from disqualified persons .	300000			T	george a	40, 195.90
b	Amounts included on lines 2 and 3	30	500	7,585	COLORDS!	25,180.9	
	received from other than disqualified persons that exceed the greater of \$5,000				7,500		
	or 1% of the amount on line 13 for the year	0	0	0	0	0	D
с	Add lines 7a and 7b	30	500	7,585	7,500	25, 180.9	40,745.90
8	Public support (Subtract line 7c from line 6.)	30					165.764.10
Secti	on B. Total Support						/
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	44,382,08	25,695,2	6 36, 337,	98	49,930,5	206,560
10a	Gross income from interest, dividends, payments received on securities loans, rents,		100.29	50 00	50, 214.11		534,90
	royalties and income from similar sources .	105,95	100.00	50.10	10,54	268.22	55.110
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
с	Add lines 10a and 10b	105.95	100,09	50,10	10,54	268,22	534.90
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	O	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.)	44.488.03	25,795.	36,388.08	50, 224, 65	50,198,79	207,044.40
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization					h
Secti	on C. Computation of Public Support						
15	Public support percentage for 2012 (line			3, column (f))		15 80	, 04 %
16	Public support percentage from 2011 Scl					16 90	62 %
Secti	on D. Computation of Investment In						102
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 003 % Investment income percentage from 2011 Schedule A, Part III, line 17						
18	Investment income percentage from 201 33 ¹ / ₃ % support tests—2012. If the organ	1 Schedule A,	Part III, line 17			18 18	002 %
19a	17 is not more than 33 ¹ / ₃ %, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted ordanizat	tion .
b	33 ¹ / ₃ % support tests – 2011. If the organiz						
U	line 18 is not more than 33 ¹ / ₃ %, check this	box and stop h	nere. The organ	ization qualifies	s as a publicly s	supported organ	nization 🕨 🗌
20	Private foundation. If the organization d						

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE O OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ) 2012 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. **Open to Public** Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Inspection Employer identification number 88 00348 Name of the organization 05 oundation 501 24 Part Paulion 800 ite < 51 06 2105 resurio M 01 resario 5 0 na C 8 0 C mon 0 6 3. OPCI USB 4 Express 5 6 5 300 0 5 300 5 D 9 printers 0 2 8 2 R 1 × UH 3 2000 3 2 D 225 Δ 0 n (n For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2012)