Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning , 2012, and ending Check if applicable D Employer Identification Number Address change Care for Life, Inc. 86-1017788 4858 E. Baseline Road #109 Telephone number Name change Mesa, AZ 85206 Initial return 480 424-3404 Terminated Amended return G Gross receipts \$ 650.968. F Name and address of principal officer. H(a) is this a group return for affiliates? Application pending X No Yes H(b) Are all affillates included?
If 'No,' attach a list (see instructions) Yes Same As C Above T501(c) (Tax-exempt status X 501(c)(3)) (insert no.) 4947(a)(1) or www.careforlife.org H(c) Group exemption number 🏲 Form of organization: X Corporation Trust Association L Year of Formation: 2000 M State of legal domicile AZ Summary Briefly describe the organization's mission or most significant activities. To alleviate suffering, promote <u>self-reliance and instill hope in Mozambique</u> Governance Check this box | | | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). oğ Number of independent voting members of the governing body (Part VI, line 1b)... 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 <u>o</u> Total unrelated business revenue from Part VIII, colares (Ce) b Net unrelated business taxable income transferral Prevention Service **Current Year** 609,304. 644,135. R Contributions and grants (Part VIII, line 1h). . Program service revenue (Part VIII, Ilne 2g) 3,993. 9 6,567. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 1,035. 266. Other revenue (Part VIII, column (A), IIMesternsArea, 1888 2601-1200 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 650,968. 12 614,332 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 370,056: 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 415,108 312,420. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 682,476. <u>706,321.</u> 19 Revenue less expenses. Subtract line 18 from line 12..... -31,508.**-91,989**. Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16). . . 189,021. 155,830. 21 Total liabilities (Part X, line 26). 1,683. 0. Net assets or fund balances. Subtract line 21 from line 20 187,338. 155,830. **Partitle:** Signature Block Under penalties of perjury, I declare that complete Declaration of prepares others Sian Curtis Christensen Here Treasurer Type or print name and title Preparer's signature Print/Type preparer's name Check Self-Prepared Paid self-employed Preparer Use Only Firm's EtN >

BAA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

TEEA0113L 12/18/12

Form 990 (2012)

11/15/2013 3:25PM (GMT-05:00)

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Form 990 (2012) Care for Life,		86-1017788	Page 2
Part 以 Statement of Program S	ervice Accomplishments		,,
- · · ·	a response to any question in this Part III		<u> L</u>
 Briefly describe the organization's mis 			
To alleviate suffering,	promote self-reliance and instill hope	<u>a in Mozambique</u>	
5 D.J.			
	ficant program services during the year which were not listed on th		7 M-
If 'Yes,' describe these new services of	on Schodulo D	Yes	g No
	on Schedule O. g, or make significant changes in how it conducts, any prograr	m services? TYes	(No
If 'Yes,' describe these changes on So		i services; Les [A	9 140
		services, as measured by exp	ėnses.
Section 501(c)(3) and 501(c)(4) organization others, the total expenses, and revening	service accomplishments for each of its three largest program ations and section 4947(a)(1) trusts are required to report the amouue, if any, for each program service reported.	unt of grants and allocations to	,
4a (Code:) (Expenses \$	548,183, including grants of \$) (Revenue \$ 6,	567.)
Provide assistance and	supplies for agricultural projects. Pr		
	food, medicine, transportation, adoption		
orphanages and families	in the rural areas of Mozambique and t	to improve the qual:	
of life. Educated child	dren in AIDS prevention. Funds for sug	oplies and staffing	for
an orpanage for infants	to 5 years old in Beira, Mozambique.		
			- -
			
	·		
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	and dailing grains of T	-> (1.010.100 +	
	ر بر بر این برنا به هم این هم مه برن <u>بی برن بی برن بی بی بی هم بی </u>		
	ں بہاناہ لند تھا تھا تھا تھا تھا تھا تھے بہا تھا ہے۔ اور		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	• • • • • • • • • • • • • • • • • • •		
	·		
Ad Other program against (Desails 1)	Cahadula (1)		
4 d Other program services. (Describe in : (Expenses \$	including grants of \$) (Revenue	· \$	
4 e Total program service expenses ►	548,183.		
BAA	740,103. TEEA0102L 08/08/12	Form 99	0 (2012)
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Form 990 (2012) Care for Life, Inc.

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х.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_	Х	
2	ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_	•	х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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.	9		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.	10		Х
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	11 a	Х	
	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.	17 b		Х
	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	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	,	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	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		Х
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	15		х
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	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see Instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7 If Yes,' complete Schedule G, Part III	19		<u> </u>
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> </u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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烃	Checklist of Required Schedules (continued)		Yes	I NI
			162	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? If 'Yes,' complete Schedule 1, Parts I and Il	21		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? If 'Yes,' complete Schedule I, Parts I and III	22		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? If 'Yes,' complete Schedule J.	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d a complete Schedule K. If 'No,'go to line 25		· · ·	x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24b		
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	b		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with disqualified person during the year? If 'Yes,' complete Schedule L, Part I	h a 25 a		х
	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? If 'Yes,' complete Schedule L, Part I	. 25b		х
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? If 'Yes,' complete Schedule L, Par	t // . 26		Х
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? If 'Yes,' complete Schedule L, Part III	27		х
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? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		х
	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<u>.</u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conser contributions? If 'Yes,' complete Schedule M.	vation 30		X
31		t 1 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part IL.	32		Х
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? If 'Yes,' complete Schedule R, Part L	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV and V, line 1	/, 34		х
35	a 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 controlle entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	d 35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, tines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
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Partial Statements Regarding Other IRS Filings and Tax Compliance		_
Check if Schedule O contains a response to any question in this Part V		<u>:</u>
		Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 6	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ь 0.32	
c Did the organization comply with backup withholding rules for reportable payments to vendors and report	rtable gaming	
(gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		
ments, filed for the calendar year ending with or within the year covered by this return 2	a 4	
b If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns? 2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instru	uctions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
·	ithority over a	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other acfinancial account in a foreign country (such as a bank account, securities account, or other financial.)	ncial account)? 4a	X
b If 'Yes,' enter the name of the foreign country: Mozambique		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina	ncial Accounts.	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	Est. 4 March	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t	1	X
c If 'Yes,' to line 5a or 5b, did the organization (ile Form 8886-T?		
•	 	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and a solicit any contributions that were not tax deductible as charitable contributions?	 	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were 6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	y for goods and Records	X
bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	L	
Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben	nefit contract? 7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form	 	
as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org	janization file a	
Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the excess business	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	126232244.0	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	a a said	
b Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in fleu of F		医松豆 医
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a is the organization licensed to issue qualified health plans in more than one state?	. 13a	
Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b)	翻灣
c Enter the amount of reserves on hand ,		
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 12/2/07/304	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in School	1 1	
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Form	1990 (2012) Care for Life, Inc. 86-1017788		Page 6
	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	for iges ii	n
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part Vt		X
Sec	tion 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 . 1a 5		
	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.		
t	Enter the number of voting members included in line 1a, above, who are independent 1b 2		
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х
4	Dld the organization make any significant changes to its governing documents	١. ١	١,,
	since the prior Form 990.was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X.
	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?	7 a	х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
	The governing body?	8 a	X
t	Each committee with authority to act on behalf of the governing body?	86	Х
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	9	X
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae.	Yes No
10-	Did the organization have local chapters, branches, or affiliates?	10a	X
	-	100	<u></u> -
	o 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?	105	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х
ŧ	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
128	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	
13	Did the organization have a written whistleblower policy?.	13	X
14	Did the organization have a written document retention and destruction policy?	14	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?		
	The organization's CEO, Executive Director, or top management official See Schedule	15a 15b	X
Ľ	of Other officers of key employees of the organizationSee .ScheduleO	225.45	X
16 a	If 'Yes' to Ilne 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
t	olf '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?	166	
17	· · · · · · · · · · · · · · · · · · ·)
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection, indicate how you make these available. Check all that apply	vailabi	e for public
	Own website Another's website X 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 the public during the tax year. See Schedule O	able to	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization		
BAA	Curtis Christensen 3850 E. Baseline Road, Suite 114 Mesa AZ 85206 480 424- TEEA0106L 08/08/12		990 (2012)

Form 990 (2012) Care for Life,	Inc.								86-1017	788 Page 7	
民主法院 Compensation of Officer Independent Contractors	s. Direct	tors,	Trı	ışte	es	, Key	/ En	nployees, Highes	t Compensated I	mployees, and	
Check if Schedule O contains a		to an	v at	ıestı	on I	n this	Par	t VII			
Section A. Officers, Directors, Tru	•								ated Employees		
1 a Complete this table for all persons required organization's tax year.	to be liste	d Rep	ort	comp	oens	ation	for th	ne calendar year ending	with or within the		
• List all of the organization's current of compensation. Enter -0- in columns (D), (E	ifficers, di), and (F)	rector:	s, tri	uste pen:	es (satio	wheth on wa	er ir s pa	ndividuals or organiza id.	tions), regardless of	amount of	
 List all of the organization's current k 											
 List the organization's five current his who received reportable compensation (Boo organization and any related organizations. 	ghest com c 5 of Forr	pensa n W•2	ted and	emp I/or	loye Box	es (o 7 of l	ther Form	than an officer, direc n 1099-MISC) of more	tor, trustee, or key er than \$100,000 from	mployee) the	
 List all of the organization's former of of reportable compensation from the organization 	_			_						e than \$100,000	
 List all of the organization's former direct organization, more than \$10,000 of reportal 	ors or trust de compe	tees th nsatio	at re	eceiv	ed, i	n the organi	capa izati	city as a former director on and any related or	or trustee of the ganizations.		
List persons in the following order: individual tremployees; and former such persons.	ustees or o	tirecto	rs; ır	nstitu	ition	al trus	tees	; officers; key employed	as; highest compensate	ed	
Check this box if neither the organization n	or any rela	ited or	ganı			mpen	sate	d any current officer, di	rector, or trustee.		
, -	1	. .		((•			1	_	7 53	
(A) Name and Title	(B) Average hours per week (list	one b	ox. ùr	i, unless person ir and a directi				(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	any hours	8 9	氢					the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organiza-	andividual trustee or cărector	툲	8	key employee	\ <u>§</u> \(\vec{8} \)	를			and related organizations	
	dotted	흑 불	르	ŀ	ब्र	°ă	l		•	•	
,	line)	stee	stilubonal busles		l °°	Highest compensated employee					
		ļ	1 **		_	<u> </u>					
(1) Brian Hill	1_1	Х				į	1	0.	0.	_	
Board Member (2) Curtis Christensen	5	^	┢		-	-	┢	0.	υ,	0.	
Treasurer		x]	x		1		0.	0.	0.	
(3) Stephen Samuelian	2					•	· · ·		 		
Chairman	0	Х	<u>.</u>					0.	0.	0.	
(4) Linda Harper	30		ļ								
President & CEO	0	X	<u>L</u>	X			╙	30,000.	0.	0.	
	1_15_		ľ							,	
Director (6)	0	X	┢		<u> </u>		-	0.	0.	0.	
									•		
(8)											
(9)	ļ	 					-				
(10)											
(11)										***************************************	
(12)					H		\vdash			•	
(13)		 -	ļ				ļ			**************************************	
(14)										•	
<u> </u>		ŀ	l								

Form 990 (2012) Care for Life, Inc.									86-101778	
Part Al Section A. Officers, Directors, Trus	stees, (B)	Key 	E.n	nplo D)		es,	and	d Highest Con	ipensated Emp	loyees (cont)
(A) Name and title	Average hours	offi	Position (do not check more tox, unless person is officer and a director			ıs bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - bons below dotted line)	individual trustee or director	rstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)							_			
(17)							<u> </u>			
(18)						-				
(19)		-								
(20)						-				
(21)							T			
(22)		-								
(23)										
(24)										
(25)						 -				
1 b Sub-total , ,							P	30,000.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	30,000.	0.	0.
2 Total number of individuals (including but not limited to from the organization 0	o those I	sted	abo	ve) v	vho	rece	ved	more than \$100,00	00 of reportable com	pensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	or or trus	stee.	key	em	ploy	ee, c	or h	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	eportab	le co	mpe 007	nsa If 'n	tion 'es'	and com	oth <i>piet</i>	er compensation le Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio	on fr chec	om : fule	any <i>J fa</i>	unre r suc	late ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compense						-				
compensation from the organization. Report compensation	ation for	the c	alen	dar <u>y</u>	year	endi	ng v	with or within the or	ganization's tax yea	(C)
Name and business addre	:55						•	Description	of services	Compensation
Total number of independent contractors (including bu \$100,000 in compensation from the organization)		rted to	o the	ee l	isted	abo	ve)	who received more	than	
BAA		TEEAC)108L	01/2	24/13					Form 990 (2012)

Forn	n 99 ((2012) Care for	Life, I	nc.			86-1017788	Page 9
Pai	35/1	Statement of Rev			•			
		Check if Schedule O	contains a r	esponse to any quest	ion in this Part VIII			<u>,, , , ,, ,, </u>
1					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	3 6				Total Tevendo	l exempt	business	Revenue excluded from tax
						function revenue	revenue	under sections 512, 513, or 514
\$ 50°	1 a	Federated campaigns		a 644,135.				
28.2	b	Membership dues		ь				
で	¢	Fundraising events .	. 🗔	C				
등	d	Related organizations .		l d				
\$ \$	e	Government grants (contribution	ons) 1	l e				
E E	- 1	All other contributions, aifts, a	rants, and					
		All other contributions, gifts, g similar amounts not included		lf				
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AROUNTS	9	Noncash contributions include		\$				
	h	Total. Add lines la-lf		· , •	644,135.		Application of the second	
PROGRAM SERVICE REVENUE		7		Business Code				
Œ	Za	<u>Education</u>			6,567.	6,567.		
岂	0			· - 	 		·	
돐								
菱	-			. –				
缓	f	All other program service	ce revenue					
준	q	Total. Add lines 2a-2f			6,567.			
	3	Investment income (inc						
		other similar amounts).			266.	266.		
	4	Income from investmen	t of tax-exer	npt bond proceeds 🕈	•			
	5	Royalties				wake interes and the subject was	abarami sasbarrossi iku ini isali isali.	
		O	(i) Real	(ii) Personal				
,		Gross rents						
		Less: rental expenses Rental income or (loss)		- 				
;		Net rental income or (ic	166)	<u> </u>	The state of the s			THE PROPERTY OF STREET OF STREET
			(i) Securitie	s (ii) Other				
	/ a	Gross amount from sales of assets other than inventory.	- ''					
	h	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)				48 35	建筑	
•	d	Net gain or (loss) .		•				
ш	8 a	Gross income from fund	draising ever	ıts				
含		(not including, \$	1 2 1 3					
OTHER REVENUE		of contributions reporte See Part IV, line 18.		· _				
亞		Less, direct expenses		a				
8		Net Income or (loss) fro	m fundraieir	no avents				
	98	Gross income from gan See Part IV, line 19	ing activities	s a				
		Less: direct expenses		b				
	c	Net income or (loss) fro	m gaming a	ctivities .				`
	10a	Gross sales of inventor	y, less returr	ns				
				" <u> </u>				
		Less: cost of goods sold						
	¢	Net income or (loss) fro		Business Code	Tree with the tree of the factor			
	11 a			MAINAS AAMA			2000年代的1000年度	The second secon
	b			- 				
	c				1			
	d	All other revenue						
		Total. Add lines 11a-11						
	12	Total revenue. See inst	ructions .		650,968.	6,833.	0.	0.
BAA		 -		TEE	A0109L 12/17/12			Form 990 (2012)

Form 990 (2012) Care for Life, Inc. Statement of Functional Expenses 86-1017788

Page 10

Sect	tion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. All ot	ther organizations must c	omplete column (A)	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a			(C)	(D)
76,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, Ilne 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
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			2000年11日本中的 2000年	
5	Compensation of current officers, directors, trustees, and key employees	30,000.	0.	30,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	340,056.	287,931.	52,125.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				,
a	Management				
t	Legal				
C	: Accounting				
d	Lobbying			•	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g armt exceeds 10% of line 25, col- umn (A) armt, list line 11g expenses on Sch O)	4,643.		4,643.	
12	Advertising and promotion.	5,169.		1,0131	5,169.
13	Office expenses	2,309.	52.	2,257.	, , , , , , , , , , , , , , , , , , , ,
14	Information technology	2,0031			
15	Royaltles				
16	Occupancy				
17	Travel , ,,,,, ,,, ,,	68,185.	68,185.		******
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	18,280.	18,280.		
23	Insurance	10,236.	2,436.	7,800.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses				
	un line 24e. If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Charitable Supplies	88,703.	73,063.	14,350.	1,290.
	Charitable Funding	37,125.	37,125.		
	Auto Expenses	35,538.	35,538.		
	Utilities	17,909.	16,025.	1,884.	
	All other expenses	24,323.	9,548.	12,152.	2,623.
25	Total functional expenses. Add lines 1 through 24e	682,476.	548,183.	125,211.	9,082.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here				
BAA					

		(2012) Care for Life, Inc.	86-1017788 Page					
P	rt X	Balance Sheet ■ Balance Sheet Balance Sheet ■ Balance Sheet Bal						
_		Check if Schedule O contains a response to any qu	restion in	this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			58,437.	1	43,526.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L				7 7 5 5		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a 3)(B), and (9) volunt Part II o	s defined under I contributing ary employees' If Schedule L .		6		
5	7	Notes and loans receivable, net				7		
ASSETS	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule Ω	10 a	333,122.				
	ь	Less. accumulated depreciation	10Ь	220,818.		10 c		
	11					11		
	12	Investments - other securities. See Part IV, line 11.				12	,	
	13	investments - program-related. See Part IV, line 11.		,	13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line	34)		189,021.	16	155,830.	
_	17	Accounts payable and accrued expenses .	•		1,683.	17		
	18	Grants payable				18		
	19	Deferred revenue	• • • • • • • •			19		
Ŀ	20	Tax-exempt bond liabilities				20		
A	21	Escrow or custodial account liability. Complete Part I				21	1 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
l L I	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direc d disquali	tors, trustees, fied persons		22		
È	23	Secured mortgages and notes payable to unrelated the	nird partie	95		23		
5	24	Unsecured notes and loans payable to unrelated third	parties			24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25		
	26	Total liabilities. Add lines 17 through 25			1,683.	26	0,	
P		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🛰 🏻 [X and complete				
Š	27	Unrestricted net assets			129,502.	27	155,830.	
യപ്പരക	28	Temporarily restricted net assets			57,836.	_		
	29					29	,	
P.F.		Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.	neck here	• 📙				
F LIZE	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building, or equipment			1	31		
ř.	32	Retained earnings, endowment, accumulated income				32		
日本 しんさいほう	33	Total net assets or fund balances			187,338.	33	155,830.	
5	34	Total liabilities and net assets/fund balances			189,021.	34	155,830.	
BA	A						Form 990 (2012)	

		86-1017788		. Pa	ige 12
題	後題 Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>. Ll</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		65	50,9	968.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68	32,4	176.
3	Revenue less expenses. Subtract line 2 from line 1		-;	31,5	508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	18	37,3	338.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	. 10	4.1		
	column (B))	. 10	15	35,8	30.
0.54	Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		,		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	,			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Mariki 14	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		200	Market .	
t	were the organization's financial statements audited by an independent accountant?		26	х	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se		245	1	
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(tif 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	iudit,	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle 	3 a		Х
ŧ	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	l audit	3 b		
BAA			Form	990 ((2012)

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.

Department of the Treasury Internal Revenue Service Attach to Form 990

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

2012 2016 2016

Name o	nus org	janizabon							Employe	r identificat	on number		
Car	e fo	r Life, Inc	•						86-1	217788	}		
Part	担 R	eason for Pub	lic Charity Status	(All organizations	must (comple	te this	part.)	See i	nstruct	ions.		
The o	rganız	ation is not a priv	ate foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	□ A	church, conventio	n of churches or asso	ciation of churches des	cribed in	n sectio	n 1 70 (b)	(1)(A)(1)).				
2	□ A:	school described	in section 170(b)(1)(A	(II). (Attach Schedule E	Ξ)								
3	A	hospital or a coop	erative hospital service	e organization describe	ed in se	ction 17	0(Ъ)(1)(/	AXIID.					
4	Α	medical research	organization operated	in conjunction with a h	ospital	describe	d in sec	tion 17	О(Ь)(1)(/	\)(iii) . Er	iter the hos	spital's	
	na	me, city, and stat	e:										
5	出17	0(b)(1)(A)(iv). (Co	omplete Part II.)	college or university own	•		-		l unit de:	scribed in	section		
6			_	government or governmental unit described in section 170(b)(1)(A)(v).									
7	出言	section 170(b)(1)	(A)(vi). (Complete Pa	ally receives a substantial part of its support from a governmental unit or from the general public described ii). (Complete Part II.)									
8	=			70(b)(1)(A)(vi). (Comple		•							
9	rel uni	organization that n lated to its exempt i related business taxal omplete Part III.)	ormelly receives; (1) mo functions — subject to c de income (less section 5°	re than 33-1/3% of its sup ertain exceptions, and (2 1 tax) from businesses acq	port from) no mor uired by t	n contribu e than 3 he organo	itions, m 3-1/3% c zation afte	embersh of its sup or June 30	ip fees, a port from J, 1975 S	and gross 1 gross in ee section	receipts fro ivestment ir ii 509(a)(2) .	m activ icome :	rities and
10				exclusively to test for pu									
17	US U	pported organizatio	ized and operated exclusions described in section tion and complete line	sively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h	perform (a)(2) S	the func ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes o x that de	of one or mo scribes the	re publ type of	icly -
	8	∏Type i i	bi∏Typeli c	Type III - Function	nally into	egrated	•	₽ □ .	Type III	- Non-fu	unctionally	ıntegra	ated
е	⊔ of	checking this borner than foundation ction 509(a)(2).	x, I certify that the org managers and other th	anization is not controll an one or more publicly s	led direc	ctly or in d organiz	directly ations d	by one escribed	or more	disquali on 509(a)	fied persor (1) or	15	
f	lf t	the organization rec	eived a written determi	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	rganizati	on,	, . <i>.</i>	
g	Şıı	nce August 17, 20	06, has the organizati	on accepted any gift o	r contrit	oution fr	от апу	of the f	ollowing	persons	?		
												Yes	No
	(i)	below, the gov	reming body of the su	ontrols, either alone or pported organization?		• •	•	• ••	•	and (m)	11 g (i)		
	(ii)	A family memb	per of a person descri	bed in (i) above?				•••			11 g (ii)		
	(iii)	A 35% control	led entity of a person	described in (i) or (ii) a	bove? .						11 g (li)		
ħ	Pr	ovide the following	g information about th	e supported organization	on(s).								
	(1)	Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organia cotumn (is the zation in i) listed in everning ment?	(v) Did yo the organ column (supp	ou notify ization in i) of your cort?	organiz colur organiz	s the etion in nn (1) ed in the 3 ?	que que	t of mane port	stary
					Yes	No	Yes	No	Yes	No			
											,		
(A)						L			L				
						ł							
(B)							l		ļ				
										1			
(C)									ļ				
(D)													
<u>-,</u>			T		 								
(E)		<u>.</u>	SECURE CONTRACTOR AND CO.	ments, programmer, programmer has a seculial	* + + + + + + + + + + + + + + + + + + +	1444 Marie 22 C	1"X\$2 :==	Pare of the Contraction	A. w. of the law of	Sales Section			
Total													
BAA	For Pa	perwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.	A STATE OF		Schedule	A (Form	990 or 990	·EZ) 2(012

86-1017788

Schedule A (Form 990 or 990-EZ) 2012

Page 2

Care for Life, Inc. Partie 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) ► (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 **(b)** 2009 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.... The value of services or distribution of school of the control of the contro Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2008 **(b)** 2009 (c) 2010(d) 2011 (e) 2012 beginning in) > Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10..... 12 Gross receipts from related activities, etc (see instructions). 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 Public support percentage for 2012 (line 5, column (f) divided by line 11, column (f)). 14 15 Public support percentage from 2011 Schedule A, Part II, line 14. 15 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. 17 a 10%-facts-and-circumstances test — 2012. If the organization dld 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. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions BAA Schedule A (Form 990 or 990-EZ) 2012 Schedule A (Form 990 or 990-EZ) 2012

Care for Life, Inc.

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Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support					····	
Calen	dar 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.')	820,473.	563 <u>,</u> 890.	513,963.	613,297.	644,135.	3,155,758.
2	Gross receipts from admls- sions, merchandise sold or						
	services performed, or facilities					,	
	furnished in any activity that is						
	related to the organization's					i	•
-	tax-exempt purpose						0.
5	Gross receipts from activities that are not an unrelated trade			ĺ		ļ	
	or business under section 513.				1,035.	6,567.	7,602.
4	Tax revenues levied for the						<u> </u>
	organization's benefit and		l			j	•
	either paid to or expended on its behalf	i					0.
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge					i	0.
6	Total. Add lines 1 through 5	820,473.	563,890.	513,963.	614,332.	650,702.	3,163,360.
	Amounts included on lines 1.	020,413.	203,090.	313,303.	014,332.	030,102.	3,103,300.
	2, and 3 received from					_	_
	disqualified persons	, 0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2						
	and 3 received from other than disqualified persons that		ŀ				
	exceed the greater of \$5,000 or		1	1	Į		
	1% of the amount on line 13		ا م				0
	for the year	0.	0.	0.	0.	0.	<u> </u>
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)						3,163,360.
Ċ	<u> </u>				A STATE OF THE STA		3,103,300.
	tion B. Total Support	() 0000	(L) 0000	4-> 0010	(d) 2011	(-1.2012	(f) Total
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	
	Amounts from line 6	820,473.	563,890.	513,963.	614,332.	650,702.	3,163,360.
10 8	Gross income from interest, dividends, payments received		1				
	on securities loans, rents,		-				
	royalties and income from	r47	}	706		266	1 570
,	similar sources Unrelated business taxable	517.		796.		265.	1,579,
•	income (less section 511		j				
	taxes) from businesses						0
	acquired after June 30, 1975			706		255	0.
	Add lines 10a and 10b .	517.	0.	796.	0.	266.	1,579.
11	Net income from unrelated business activities not included in line 10b,	i			i		
	whether or not the business is						_
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of		i				
	capital assets (Explain in I				ļ	į	•
	Part IV.)						0.
13	Total support. (Add ins 9, 10c, 11, and 12.)	820,990.	563,890.	514,759.	614,332.	650,968.	3,164,939.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3	3) ▶ □
500	tion C. Computation of Pul						11.17.711 11 11
	Public support percentage for 20			12 column (f)		15	99,95 %
	Public support percentage from 2	•	• •	s 15, column (1),.		16	99.93 %
_					······································		99.90 0
	tion D. Computation of Inv			Lhu baa 10	(0)	1491	۸ ۵۲ %
17	Investment income percentage for	•	• • •	191	nn (1))	17	0.05 %
18	Investment income percentage fr					18	0.07 불
19 a	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	the organization of this box and stop	did not check the line organi	box on line 14, ar zation qualifies as	nd line 15 is more a publicly suppo	than 33-1/3%, as orted organization	nd line 17
Ł	33-1/3% support tests — 2011. If	the organization of	did not check a bo	ix on line 14 of lir	ie 19a, and line 1	6 is more than 3:	3-1/3%, and
	line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	y supported organ	niżation 🏲 📗
	Private foundation. If the organia	, check this box a	nd stop here. The	organization qua 4, 19a, or 19b, ch	lifies as a publicl eck this box and	y supported organ	nization

Schedule A	(Form 990 or 990-EZ) 201	2 Car	e for	Life,	Inc.		86-10 <u>17</u> 788	Page 4
FAIVE	Supplemental Information Part II, line 17a or (See instructions).	rmation. (17b; and f	Comple Part III,	te this line 12	part to ≥. Also	provide the explanatio complete this part for a	ns required by Part II, line any additional information.	10;
			. 					
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						व का का का सम्राज्य का स्थान का सम्राज्य का का स्थान का		
						•		
BAA			<u> </u>				Schedule A (Form 990 or 990-E	Z) 2012

4808925923

SCHEDULE D (Form 990)

Department of the Treesury Internal Revenue Service Name of the organization

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

Employer identification number

Car	re for Life, Inc.			86-10177	88
P	位等 Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fu		
- 7	the organization answered 'Yes'	to Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds	(b) Funds and other	er accounts
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 and dorare the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in d	onor advised funds	es No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor	, or for any othe	r purpose contenting	
LES.	福岡 Conservation Easements . Comp			to Form 990, Part IV	, line 7.
ำ	Purpose(s) of conservation easements held by	·			
	Preservation of land for public use (e.g., r	ecreation or education)		of an historically important	
	Protection of natural habitat		Preservation	of a certified historic struct	ure
	Preservation of open space				
2		neld a qualified conservation con	tribution in the for	m of a conservation easemei	nt on the
	last day of the tax year.			機能器 Held at the En	d of the Tax Year
	a Total number of conservation easements			. 2a	d of the fan fan
	b Total acreage restricted by conservation ease			. 2b	
	Number of conservation easements on a certi			····	
			• •		
•	d Number of conservation easements included i structure listed in the National Register			20	<u> </u>
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished,	or terminated by t	the organization during the	
4	Number of states where property subject to conse			-	
5	Does the organization have a written policy re and enforcement of the conservation easemen	garding the periodic monitorin	g, inspection, ha	ndling of violations,	es 🗌 No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conser	vation easements	during the year	
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, and enforcing conservation	n easements durii	ng the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re		ection 170(h)(4)(B)(i)	es . No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	to the organization's financial	statements that (describes the organization:	s accounting for
歷	Complete of the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or , Part IV, line	Other Similar Assets 8.	5.
1;	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	r SFAS 116 (ASC 958), not to eld for public exhibition, education notal statements that describes	report in its reve n, or research in t s these items.	nue statement and balance urtherance of public service,	e sheet works of provide,
i	b If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, o	r research in turth	erance of public service, prov	eet works of art, vide the
	(f) Revenues included in Form 990, Part VIII,				
_	(ii) Assets Included in Form 990, Part X				
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to the:	lar assets for final se items:		ng
	Revenues included in Form 990, Part VIII, line		· · · · ·	· · · · · · · · · · · · · · · · · · ·	
_					
BAA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L	09/18/12 Schedule	D (Form 990) 2012

Schedule D (Form 990) 2012 Care for Li	fe, Inc.		86-101	7788 Page 2
Page Organizations Maintaining Co	llections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession items (check all that apply):				
a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				•
4 Provide a description of the organization's colle Part XIII				
5 During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as part of the o	rganization's collection	?,,,, !	Yes No
Escrow and Custodial Arrangements reported an amount on Form 9	s. Complete if the organiz 90, Part X, line 21.	ation answered 'Yes' to	Form 990, Part IV, III	e 9, or
1 a Is the organization an agent, trustee, custor on Form 990, Part X7	dian, or other intermediary	for contributions or oth	er assets not included	Yes No
b if 'Yes,' explain the arrangement in Part XII	I and complete the followi	ng table:		
				Amount
c Beginning balance	****		1c	
d Additions during the year	•	,	1d	.,
e Distributions during the year	•			
f Ending balance	Farry COO Dark V June 1919		[1f]	Yes No
2 a Did the organization include an amount on I			· ·· · [Yes .
b If 'Yes,' explain the arrangement in Part XII	I Check here if the explai	mon has been provided	IIII Fact Alli	
Endowment Funds. Complete	if the organization an	swered 'Yes' to Fo	rm 990, Part IV, lin	e 10.
(a) Cun			(d) Three years	(e) Four years
1 a Beginning of year balance .				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses	,			
g End of year balance				
2 Provide the estimated percentage of the cu	rrent year end balance (lin	e 1g, column (a)) held	as:	
a Board designated or quasi-endowment	8			
b Permanent endowment ►	8			
c Temporarily restricted endowment	- &			
The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.			
3 a Are there endowment funds not in the possession organization by:	on of the organization that a	are held and administered	I for the	Yes No
(i) unrelated organizations				3a(l)
(ii) related organizations				3a(ii)
b if 'Yes' to 3a(ii), are the related organization	ns listed as required on So	chedule R?		3ь
4 Describe in Part XIII the Intended uses of the			•	
Rate Vis Land, Buildings, and Equipme	nt. See Form 990, Pa	ert X, line 10.	,	ж
Description of property	(a) Cost or other basis (investment)	basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold Improvements				
d Equipment				
e Other		333,122.	220,818.	112,304.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o	column (B), line 10(c).)		112,304.
BAA			Schedu	ule D (Form 990) 2012

BAA

Schedule D (Form 990) 2012 Care for Life, Inc		86-1	.017788 Page 3
Partiville Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate end-of-year mark	ion: Cost or
(1) Financial derivatives		Elig-of-yazı man	(B) 40100
(2) Closely-held equity interests	-		
(3) Other			
(A) (B)			<u> </u>
(C)			
(c) (b) (E)			
(E)			
(F) (Q)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		Andread and the second of the	
Pacville Investments - Program Related. See f			
(a) Description of investment type	(b) Book value	(c) Method of valuate end-of-year mark	lon: Cost or
(1)		end-or-year man	ter value
(2)			
(3)			
(4)			
(5)			
(6)			
	~		
(7)			
(7) (8)			
(7) (8) (9)			
(8) (9) (10)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Page 13. Other Assets. See Form 990, Part X, li			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) F Part Section 13. (a) Des	ne 15. N/A		(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. See Form 990. Part X, li (a) Des (1)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part X Other Assets. See Form 990. Part X, li (a) Des (1) (2)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) F Fig. 12 Other Assets. See Form 990. Part X, li (a) Des (1) (2) (3)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part X Other Assets. See Form 990, Part X, li (a) Des (1) (2) (3) (4) (5)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part X Other Assets. See Form 990. Part X, li (a) Des (1) (2) (3) (4) (5)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Prof: See Form 990, Part X, li (a) Des (1) (2) (3) (4) (5) (6)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) F Fig. 12 (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription		(b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	oription i), line 15)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) F Fig. 12 (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	oription i), line 15)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Fig. 2. Other Assets. See Form 990. Part X, li (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) (11) Federal Income taxes), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (10) (10) (10) (10) (10), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)), <i>line 15</i>)		

TEEA3303L 12/23/12

Schedule D (Form 990) 2012 Care for Life, Inc.	<u>86-1017788</u>	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return N/A	
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		
b Donated services and use of facilities		
c Recoveries of prior year grants	36	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
e Add lines 2a through 2d	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 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	A 200	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	20	
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 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
PateXIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art 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 provid	ac any additional inton	nation.
	 	
	•	
BAA	Schedule D (For	n 9 9 0) 2012

SCHEDULE O __(Fogmu990 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.

2012

OMB No. 1545-0047

-	86-1017788
Form 900 Part VI Line 11h Form 900 Pavious Process	
A COMPLETE COPY FO THE FORM 990 IS PROVIDED TO EACH BOARD MEMBE	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management
Inquires into industry standards are made and recommendations a	re make to the board
of trustee for discuss, review and vote.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	Key Employees
Inquires into industry standards are made and recommendations a	re make to the board
of trustee for discuss, review and vote.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No documents available to the public.	
	·
	