Department of the Treasury Internal Revenue Service

neturn of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements. 2011 and ending JUIN 30.

AI	or me	2011 calendar year, or tax year beginning 0011 1, 2011 and	ename c	ON 30/ 2012					
B	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres			05.0	1 25 0 7 2				
	Name change	Doing Business As		85-0135073					
F	□ Initial □ return □ Termin	realist and off of the other transfer and transfer and the other transfer and transfer and transfer and transfer a	Room/suite	E Telephone number 505-255-5501					
L	Termin ated				7,769,740.				
L	Amend return	Gity or town, state or country, and Zir + 4		G Gross receipts \$					
	Application	Ambogoniogon in otro, rorr	·	H(a) Is this a group re					
	pendin	F Name and address of principal officer:CAROL GUERRA		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? L Yes No				
<u> </u>	Tay-exe	mpt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)				
÷	Mobelt	e: ► WWW.LIFEROOTSNM.ORG		H(c) Group exemptio					
		organization: X Corporation	I Vear		A State of legal domicile: NM				
			12 1001	or formation.					
2.26	art I	Summary	DOWED	יידוא קודססדים	H				
ě	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ PIDISABILITIES AND THEIR FAMILIES THE RESO	LIDCEG	AND CHIDDOPT	THEV NEED				
& Governance									
Ĕ		Check this box 🕨 🔲 if the organization discontinued its operations or dispo			ssets.				
ð				3	9				
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
S		Total number of individuals employed in calendar year 2011 (Part V, line 2a)			263				
iŧi	1	Total number of volunteers (estimate if necessary)			9				
Activities	_	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥		Net unrelated business taxable income from Form 990-T, line 34			0.				
	<u>D</u>	Net unrelated business taxable income ijom Ponn 990-1, iliae 04		Prior Year	Current Year				
	_	, , , , , , , , , , , , , , , , , , ,	\vdash	50,156.	68,235.				
ē	8	Contributions and grants (Part VIII, line 1h)		8,401,088.	6,838,773.				
ē	9	Program service revenue (Part VIII, line 2g)			11,444.				
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,084.	38,322.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,698.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,526,026.	6,956,774.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
y)	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,149,119.	4,436,758.				
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)							
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,630,388.	3,117,196.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,779,507.	7,553,954.				
		Revenue less expenses. Subtract line 18 from line 12		-253,481.	-597,180.				
<u> </u>	19	Revenue less expenses. Subtract line 10 from line 12	R	eginning of Current Year	End of Year				
TS O				4,959,986.	3,962,370.				
SSE	20	Total assets (Part X, line 16)		2,348,825.	2,115,433.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		2,611,161.	1,846,937.				
2 <u>5</u>	22	Net assets or fund balances. Subtract line 21 from line 20		2,011,101.	1701073371				
8	art II	Signature Block		1 12 21 1 1 2 2 4					
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the dest of m	y knowledge and belief, it is				
tr⊔€	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	er has any knowledge.					
		softed free D		201	13				
Sig	jn	Signature of officer		Date (\				
He		CAROL GUERRA, CHAIRMAN			·				
		Type or print name and title	١						
		Print/Type preparer's name Preparer's signature	\mathcal{F}	Date Check	PTIN				
Pai	d	DONNA PEACE	_5/4	3 1/3 self-employ					
	parer	Firm's name RICCI, PORCH & COMPANY, LLC		Firm's EIN	20-5949532				
	only:	Firm's address 6200 UPTOWN BLVD NE STE 400							
ust	, only	ALBUQUERQUE, NM 87110		Phone no. 5	05-338-0800				
7				1 1010 110.	X Yes No				
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)			L23 103 L NO				

-orm	990 (2011)IFEROOTS INC
Par	Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO PROVIDE PEOPLE WITH DISABILITIES AND THEIR FAMILIES THE RESOURCES AND SUPPORT THEY NEED TO EMPOWER THEIR LIVES AND SHAPE THEIR FUTURES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$1,595,163. Including grants of \$) (Revenue \$1,549,536. THERAPEUTIC SERVICES - PROVIDE CERTIFIED AND LICENSED THERAPY FOR CHILDREN AND ADULTS IN THE AREAS OF OCCUPATIONAL, PHYSICAL, AND SPEECH/LANGUAGE. LIFEROOTS SERVED 635 CLIENTS DURING THE YEAR.
4b	(Code:)(Expenses \$ 606,283. Including grants of \$) (Revenue \$ 673,623. VOCATIONAL SERVICES - PROVIDE OPPORTUNITIES IN THE WORKFORCE TO ADULTS WITH DISABILITIES AND SPECIAL NEEDS. SERVICES INCLUDE CAREER DISCOVERY, WORK ASSESSMENT, JOB DEVELOPMENT, AND JOB COACHING. LIFEROOTS SERVED 61
	CLIENTS DURING THE YEAR.
4c	(Code:)(Expenses \$ 634,151. including grants of \$) (Revenue \$ 657,887. DAY HABILITATION - PROVIDE INTEGRATED AND INDIVIDUALIZED COMMUNITY-BASED SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES.
	ACTIVITIES INCLUDE EXPLORATION, RECREATION, EDUCATION AND COMMUNITY SERVICE. LIFEROOTS SERVED ABOUT 105 CLIENTS DURING THE YEAR.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 3,589,425 • including grants of \$) (Revenue \$ 3,996,049 •) Total program service expenses ▶ 6,425,022 •
13200	Form 990 (201)

10470129 132225 36106

8.88.5	Checklist of hequired ochedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		٠,,	
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			**
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	<u> </u>	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,	,		İ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
e		<u>11e</u>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l .	3,5	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.5	
	Schedule D, Parts XI, XII, and XIII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
b				
	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	١		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	ļ	X V
20a		20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		HORM	. 99n .	じんしょうし

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	Checklist of Required Schedules (continued)			
**********			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			I
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì		
	Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			4
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
· 6	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ı 🗀		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
L 1.	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
~	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	. 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 II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?	'		1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	B. J. W.	. 35a		X_
b	and the state of t			
.,	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36	<u>L.</u> .	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
UU	Note. All Form 990 filers are required to complete Schedule O	. 38	X	
	Tables to the Country And Ministry and Lead-Line State Country and		000	/2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part v					
-			48		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
þ	Enter the number of Forms W-2G included in line 1a. Enter •0• if not applicable	1 b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re			1c	X	
•	(gambling) winnings to prize winners?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	263			
L.	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	p:0000000000	X
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		*****			_
74	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country:		7			
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	•		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		 		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations of the organization			711		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		1000000000
^	Sponsoring organizations maintaining donor advised funds.	any un	ie during the year:		<u> </u>	
9	Did the organization make any taxable distributions under section 4966?			9a	**********	100000000
a	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		· .
ь 10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Company of the company of the company of the facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
t2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	 *********	1
	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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>			***
	Die 110 - 1941 (1941 - 1941 -			14a	ļ	X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО		14b	000	155:::
	•			Form	1990	(2011)

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

						ŧσ
	Check if Schedule O contains a response to any question in this Part VI		<u></u>	···········		X
Sec	tion A. Governing Body and Management				T.,	
		1	I	O	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	9		
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			37
	officer, director, trustee, or key employee?			. 2	-	X
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	t supervision			.,
	of officers, directors, or trustees, or key employees to a management company or other person?			. <u> 3 </u>	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	. 4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			┼	X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			\ \z
	more members of the governing body?			. <u>7a</u>	 	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			1,,
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		#	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	ľ		
	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 R	evenu	e Code.)		1	
			t.	_	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			. 10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	,		. 10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	57 X (00 00 00 00 00 00 00 00 00 00 00 00 00
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				. 12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe	İ		
-	in Schedule O how this was done			. 120		<u> </u>
13	Did the organization have a written whistleblower policy?			13		<u> </u>
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 approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
٠.	The organization's CEO, Executive Director, or top management official			158		<u> </u>
b	Other officers or key employees of the organization			15k	, X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		٠			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16	1	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its	participation			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on's			
	exempt status with respect to such arrangements?			161	<u> </u>	
500	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►NM					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sec	tion 501(c)(3)s onl	y) availa	able	
18	for public inspection. Indicate how you made these available. Check all that apply.	,				
	X Own website X Another's website X Upon request			-		
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy.	and fin	ancial	
19						
^^	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organi	zation:		
20	CATHY RYPMA - 505-255-5501				_	
	1111 MENAUL BLVD NE. ALBIOUEROUE, NM 87507		**			

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FEROOTS INC

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	v	т.	J	J	v	•	J

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)		(0	C)			(D)	(E)	(F)	
Name and Title	Average	rage Posi			sition k more than one		one	Reportable	Reportable	Estimated
•	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
•	week	-	Jei an	l au	1000	7,71,43		from the	from related organizations	other compensation
	(describe hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	jö 93	82158			Highest compensated employee		(W-2/1099-MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	frust	Institutional trustee		age of	ошо				and related
V +	in Schedule	vidua	Ego	Þ	key employee	loyee	Former		·	organizations
	O)	nd	ısı	Officer	<u>ş</u>	윤토	쥰			
(1) CAROL GUERRA										0
CHAIRMAN	2.00	Х		X				0.	0.	0 .
(2) MYRON SALDYT								_		•
DIRECTOR	0.80	Х			<u> </u>			0.	0.	0
(3) JOAN SCHOFIELD		-						_	·	•
SECRETARY	1.20	X		X				0.	. 0.	0
(4) CATHERINE SALAZAR										•
VICE CHAIR	1.80	X		X		_		0.	0.	0
(5) LINDA GEISZLER										
DIRECTOR	1.20	X				<u> </u>		0.	0.	0
(6) CATHY RYPMA										
TREASURER	2.00	X		Х				0.	0.	0
(7) DR. JOHN CHIMIRUSTI										•
DIRECTOR	0.70	X	ļ			<u> </u>		0.	0.	0
(8) BRAD VAUGHN										,
DIRECTOR	1.20	X	ļ_			ļ		0.	0.	. 0
(9) DR. LESLIE STRICKLER										
DIRECTOR	0.80	X	ļ			<u> </u>	<u> </u>	0.	0.	0_
(10) KATHLEEN CATES	1			ŀ				40.000		2 000
PRESIDENT & CEO	40.00		1	X,			<u> </u>	49,993.	0.	3,909
		_	_	ļ	_	╀				
							i			
			_	<u> </u>	_	_				
	· ·	↓_	_	-	<u> </u>	<u> </u>				
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Form 990 (2011)

Part VII Section A. Officers, Directors,		in po	oyee			nign	esi			
(A)	(B)			•	C) iitior			(D)	(E)	(F)
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated
	hours per		k, unle icer ar					compensation	compensation	amount of
	week	\vdash	icei ai	luac	Inecia	Jirtius	100)	from	from related	other
	(describe	trustee or director		ŀ				the	organizations	compensation
	hours for	5				量		or g anization	(W-2/1099-MISC	
	related	age	trustee			Sel		(W-2/1099-MISC)		organization
	organizations	量	1 ===		Key employee	lig a	ļ	'		and related
	in Schedule	Individual	텵	 	emp	hest (Former			organizations
·	0)	틸	īsī	Officer	<u>ş</u>	Highest compensated employee	臣			
		1	+							
•										•
			-	<u> </u>	ļ	ļ	_			
•										
			1							
_										
		+	+		-	+				-
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	<u>.</u>	-		_	-	-	-	, <u></u>		
	į									
die Out total			٠.	l				49,993.	(3,909.
1b Sub-total								0.		0.
 Total from continuation sheets to Part 	VII, Section A							¥ *		
d Total (add lines 1b and 1c)						<u> </u>		49,993.		3,909.
2 Total number of individuals (including bu	t not limited to ti	hose	e liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	
compensation from the organization										C
•										Yes No
3 Did the organization list any former offic	er director or tr	uete	ما م	.V Δ1	mole		or	highest compensated e	mnlovee on	
										3 X
line 1a? If "Yes," complete Schedule J fo										. 3 21
4 For any individual listed on line 1a, is the										
and related organizations greater than \$	150,000? <i>If</i> "Yes	, " cc	ompl	ete :	Sche	edule	e J 1	for such individual		4 X
5 Did any person listed on line 1a receive of	or accrue compe	nsat	tion t	irom	any	y unr	elat	ed organization or indiv	idual for services	
rendered to the organization? If "Yes," co										5 Х
Section B. Independent Contractors	,,,p,0.0 00,,0ua.				<i>J</i>					
		<u> </u>				i.	4	L -4	\$100 000 of	
1 Complete this table for your five highest										ensation from
the organization. Report compensation f	or the calendary	/ear	end	ng \	<u>with</u>	or w	ithir	n the organization's tax	year.	
(A)								(B)		(C)
Name and busine	ss address							Description of s	ervices	Compensation
ADELANTE ENTERPRISES										
3900 OSUNA BLVD NE, ALB	HOHEROHE	_ 1	NTM	8	711	n 9	ŀ	CUSTODIAL		1,489,216.
3300 OBCNA DELVE NE, AED	одонидон	<u>, .</u>	TATI		, 1	<u> </u>		CODIODIIM		1/105/220.
									į	
							T			
									-	
				 ~~						
•			•							
2 Total number of independent contractors	s (including but r	not li	imite	d to	tho	se lis	stec	i above) who received п	nore than	
\$100,000 of compensation from the orga	-					1				
+		-		-					1	C 000 (0044)

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	١V		Statement of Rever	nue					
4 44						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
(D (A)	<u></u>				33,525.				313, 01 314
발발			Federated campaigns	1 - 1	33,525.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	<u> </u>					
LA\$			Fundraising events			-			
5 =			Related organizations Government grants (contribut						
Sign			All other contributions, gifts, gran						
별힐	•		similar amounts not included abo		34,710.				
풀히			Noncash contributions included in lines						
일			Total. Add lines 1a-1f		>	68,235.			
		_			Business Code				
g	2 8	a	FEES & CONTRACT	S GOVER		5,018,569.			
Program Service Revenue	1	b	PROGRAM SERVICE	S FEES	624100	1,820,204.	1,820,204.		
호립	•	c							<u> </u>
E š	•	d							
<u> </u>	•	e							
<u>а</u>	1	f	All other program service reve	enue		6 020 772			
_		_	Total. Add lines 2a-2f			6,838,773.			
	3		Investment income (including		_	6,035.			6,035.
	_		other similar amounts)			0,033.	,		0,033.
	4		Income from investment of ta						
	5		Royalties	(i) Real	(ii) Personal				
	6 a	_	Gross rents	iii neat	(II) Personal				
			Less: rental expenses		1				
			Rental income or (loss)						
			Net rental income or (loss)		>				
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	818,375]			
	•	þ	Less: cost or other basis						
1			and sales expenses	812,966	•				
		C	Gain or (loss)	5,409	•				F 400
	٠, (d	Net gain or (loss)		., <u></u>	5,409.			5,409.
Other Revenue	8 8		Gross income from fundraisin including \$	of					
- Se			contributions reported on line	•					
ē			Part IV, line 18						
₹			Less: direct expenses						
			Net income or (loss) from fund						
	9 8		Gross income from gaming at						
			Part IV, line 19		`	-			
			Net income or (loss) from gan					***************************************	
			Gross sales of inventory, less						
		_	and allowances		<u>, </u>				
	ı	b	Less: cost of goods sold ,						
			Net income or (loss) from sale	•					
i			Miscellaneous Revenu		Business Code				
	11 :	a	MISCELLANEOUS		900099	38,322.	38,322.		
	ı	b							
	•	¢							ļ
	,		All other revenue						
	. (e	Total. Add lines 11a-11d			38,322.			11 ///
1000	12		Total revenue. See instructions.		<u> </u>	6,956,774.	0,8//,095.	0 .	
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	٠.	·		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		·		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40.000	40 404	7 400	
	trustees, and key employees	49,993.	42,494.	7,499.	<u> </u>
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 400 405		F 27 100	 .
7	Other salaries and wages	3,492,405.	2,955,225.	537,180.	·····
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	207 146	240 110	E7 007	
9	Other employee benefits	297,146.	240,119.	57,027.	
10	Payroll taxes	597,214.	528,970.	68,244.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	7,296.	248.	7,048.	
C	Accounting	13,589.		13,589.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1 10 1 10	10001	<u></u>
g	Other	2,007,013.	1,993,112.	13,901.	
12	Advertising and promotion	91,423.	6,774.	84,649.	<u> </u>
13	Office expenses	54,442.	27,865.	26,577.	
14	Information technology		with the second		
15	Royalties			= = = = = = = = = = = = = = = = = = = =	
16	Occupancy	152,887.	99,253.	53,634.	
17	Travel	3,401.	271.	3,130.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings				
20	Interest	95,191.	27,912.	67,279.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,500.	57,517.	75,983.	
23	Insurance	66,956.		66,956.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	221,234.	220,220.	1,014.	
a	COMMISSIONS	135,220.	135,220.		
b	TRANSPORTATION SERVICES	84,940.	81,087.	3,853.	
C	MISCELLANEOUS	47,795.	8,735.	39,060.	·
d		2,309.	0,133.	2,309.	
	All other expenses	7,553,954.	6,425,022.	1,128,932.	
25	Total functional expenses. Add lines 1 through 24e	1,000,004.	0/423/022	1,120,732.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		•		
	educational campaign and fundraising solicitation.	. *			
	Check here if following SOP 98-2 (ASC 958-720)		,		Form 990 (20

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Part X Balance Sheet (A) End of year Beginning of year 172,034. 87,417. Cash · non-interest-bearing 1,927. 2 2 Savings and temporary cash investments 746,634. 754,104. 3 Pledges and grants receivable, net 589,483. 146,073.Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use $32,\overline{327}$ 50,196. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 2,859,<u>445.</u> 1,063,617. 2,922,922. 10c b Less: accumulated depreciation 10b 82,997. 476,790. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 4,959,986. 3,962,370. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 351,983. 261,932. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 1,674,910. 1,686,750. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 178,5<u>91.</u> 310,092. Schedule D . 2,348,825. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,574,361. 1,813,412. 27 27 Unrestricted net assets 36,800. Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🛴 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,611,161. 1,846,937. 33 Total net assets or fund balances 4,959,986. 3,962,370. Total liabilities and net assets/fund balances

Form 990 (2011)

Pai	Reconciliation of Net Assets				- T.	
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	X	
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	6,95 7,55 -59 2,61 -16 1,84	6,7 3,9 7,1 1,1	54. 80. 61. 44.	
Pa	t XII Financial Statements and Reporting				Γ	
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_	L	<u>X</u>	
b	Were the organization's financial statements audited by an independent accountant?			X.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,			Х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Sch If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	edule O. d on a				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil		t 3a_	·	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audi				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LIFEROOTS INC

Employer identification number

HOUSE CO.											0100	0,3	
	rt I								tructions.				
The	organ												
1						ribed in se	ction 170	(b)(1)(A)(i)	٠.				
2													
3		A hospital or	a cooperative hospit	tal service organization (described i	in section	170(b)(1)	(A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital'	s nam	e,
		city, and state	ə:										
5		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, oity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A roganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11n. a Type b Type c Type c Type receives and the receive a written determination from the IRS that it is a Type received in section 509(a)(1) or section 509(a)(2)											
				tion of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E.) poperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, horganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, horganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, poperated for the benefit of a college or university owned or operated by a governmental unit described in (A)(iv). (Complete Part II.) (Complete Part II.) (Complete Part II.) (Complete Part II.) (Complete Part II.) (Complete Part II.) (Complete Part II.) (Complete Part III.) (Comple									
6		A federal, stat	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).		A)(iii). Enter the hospital's name, unit described in the general public described in this support from gross receipts from fits support from gross investment organization after June 30, 1975. carry out the purposes of one or 09(a)(3). Check the box that d Type III - Other disqualified persons other than 509(a)(1) or section 509(a)(2). persons? Ind (iii) below, 11g(i) 11g(ii) 11g(iii) 11g(iii) 11g(iii) 11g(iii) 11g(iii) 11g(iii) 11g(iii)			
7		An organization	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general pu	ıblic désci	ribed i	n
		-											
8													
9	X	An organization	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	rom contri	ibutions, n	nembershi	p fees, and	i gross rec	eipts	from
		activities relat	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	om gross	invest	ment
		income and u	inrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization af	ter June 3	0, 197	5.
10	Щ												
11		An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	rm the fu	nctions of,	or to carr	y out the p	urposes o	one o	or
								2). See se o	ction 509(a)(3). Chec	k the box	tnat	
		_		¬ .							T	L	
е		By checking t	this box, I certify tha	it the organization is not	controlled	i directly of	r indirecti)	/ by one o	r more als:	qualilled pe	estion 500	iei nia	
										9(a)(1) or se	ection aue	(a)(z).	
f		_							e III				
												• • • • • • • • • • • • • • • • • • • •	. —
g	ı	Since August	: 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	trom any	of the foll	owing per	sons?		ibed in elipts from nvestment 0, 1975. If one or that Other er than (a)(2) Yes No	
		(i) A persor	n who directly or ind	iirectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (iii) below,	44-70	res	140
												1	\vdash
											[[]g(iii)		<u>. </u>
h	ı	Provide the fo	ollowing information	about the supported or	ganization	(S).							
			I	(iii) Type of	· la	·	(m) Dist	natify tha	(vi) le	the			
(i)		of supported	(ii) EIN						organizați	on in col.			T
	org	anization							(i) organiz	i.?	, ֆար	poit	
									Yes	No			
				(acc more actions)	1.00	1.0	100		 	 	 -		
			· · · · · · · · · · · · · · · · · · ·	-	+			1	· · · · · · · · · · · · · · · · · · ·				
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													,
	_ •										•		

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-) Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009(d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2010 Schedule A, Part II, line 14 %

١	b 33 1/3% support test - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization	· 	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		-
١	b 10% -facts-and-circumstances test - 2010. 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		
18	Private foundation of the organization did not chack a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		•

16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						451 605
	include any "unusual grants.")	113,425.	121,439.	86,745.	58,488.	81,598.	461,695.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	7387673.	7927211.	8219379.	8401088.	6838773.	38774124.
_	organization's tax-exempt purpose	7307073.	1521211.	0210075	0101000	<u> </u>	
3	Gross receipts from activities that			•			
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					- n-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
6	Total. Add lines 1 through 5	7501098.	8048650.	8306124.	8459576.	6920371.	39235819.
-	Amounts included on lines 1, 2, and				_		
•	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						39235819 <u>.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	7501098.	8048650.	8306124.	8459576.	6920371.	39235819.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,047.	46,551.	26,344.	18,830.	6,035.	161,807.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	C4 047	46,551.	26,344.	18,830.	6,035.	161,807.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	64,047.	40,551.	20,344.	10,030.	0,033.	101,0071
12	Other income. Do not include gain or loss from the sale of capital	1,989.	-525.	14,141.	15,698.	38,322.	70,675.
13	assets (Explain in Part IV.)	7567134.	8095726.	8346609.	8494104.	6964728.	39468301.
	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15		line 8. column (f) d	ivided by line 13, o	olumn (f))		15	99.41 %
16	Public support percentage from 2016					16	99.39 %
	ction D. Computation of Inve						
17				ne 13, column (fi)		17	.41 %
18	Investment income percentage from					18	.51 %
10	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	a 15 is more than 3		
	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	and stop here. The organization did n	e organization qual not check a box or	ifies as a publicly : line 14 or line 19a	supported organiz a, and line 16 is mo	ation ore than 33 1/3%,	, and
	line 18 is not more than 33 1/3%, che						' \
20	Drivete foundation If the executactive	on did not chack a	boy on line 14, 19	a or 195 check th	his hox and see ins	structions	🟲 📖

132023 01-24-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2011
Open to Public inspection

Name of the organization

LIFEROOTS INC

Employer identification number 85-0135073

Pa	Organizations Maintaining Dancy Advised Even	le er Other Similer France	63-0133073
2.23.50		is or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	a) Donor advised funds	(b) Funds and other accounts
		a) Donor advised funds	(b) Fullds and other 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		<u> </u>
5	Did the organization inform all donors and donor advisors in writing th		
	are the organization's property, subject to the organization's exclusive	=	
6	Did the organization inform all grantees, donors, and donor advisors in		-
	for charitable purposes and not for the benefit of the donor or donor a	- ,	
887778888	impermissible private benefit?		
	TII Conservation Easements. Complete if the organization	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education	· —	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
Ь	Total acreage restricted by conservation easements		.*
C	Number of conservation easements on a certified historic structure in	• •	
d	(4)		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation easement is		
_5	Does the organization have a written policy regarding the periodic more	- ·	— —
_	violations, and enforcement of the conservation easements it holds?	·	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	-	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy	·	
	and section 170(h)(4)(B)(ii)?		
, 9	In Part XIV, describe how the organization reports conservation easer	,	
	include, if applicable, the text of the footnote to the organization's fina	incial statements that describes t	ne organization's accounting for
97°	conservation easements.	listanias I Turasanus au Ot	hay Cincilar Assats
	Organizations Maintaining Collections of Art, H	_	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		
	historical treasures, or other similar assets held for public exhibition, e		ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasures, of		gain, provide
	the following amounts required to be reported under SFAS 116 (ASC §		
а	Revenues included in Form 990, Part VIII, line 1	_	· · · · · · · · · · · · · · · · · · ·
þ	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

che	dule D (Form 990) 2011	TS INC		•			()_	013507	3 P:	age 2
	till Organizations Maintaining C		rt, Historical T	easures,	or Oth	er Si				
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	c	I Loan or exc	change progr	ams					•
b	Scholarly research	e	Other							
С	Preservation for future generations	·		•					•	
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organizati	on's exe	empt p	urpose in	Part XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or oth	er simila	ar asse	ts			_
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?				Ye <u>s</u>		No
Par	LIV Escrow and Custodial Arran	igements. Compl	ete if the organization	on answered	"Yes" to	Form	990, Pari	t IV, line 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other as	sets no	t inclu	ded			
	on Form 990, Part X?							Yes		N₀
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					•		
	,		. *					Amoun'	t	
С	Beginning balance						lc			
d	Additions during the year	•				- 1	ld	<u>. </u>		
e	Distributions during the year					- 1	le			
f	Ending balance			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1f			
2a	Did the organization include an amount on F							. Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Par	TV Endowment Funds. Complete i	if the organization ar	swered "Yes" to Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Th	ree years t	oack (e) Foul	years	back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities			'						
	and programs	-								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%			-				
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.				-				
3a	Are there endowment funds not in the posse		ation that are held a	and administe	red for t	the org	janization	.		
	by:		·						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
 b	If "Yes" to 3a(ii), are the related organization:									<u></u>
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10.							
	Description of property	(a) Cost or o		t or other	(c) A	ccumi	ulated	(d) Boo	k valu	е
		basis (investr	ment) basis	(other)		precia		<u> </u>		
1a	Land		38	30,000.					0,0	
b	Buildings			4,502.		460	,260.	2,30	$\frac{4}{1}, 2$	42.
c	Leasehold improvements			3,064.			,402.		5,6	
đ	Equipment			5,496.			,955.		9,5	
	Others	****		•					-	

Schedule D (Form 990) 2011

2,859,445.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. Se	ee Form 990, Part X, lii	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value		of valuation: vear market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
			· · · · · · · · · · · · · · · · · · ·
(G) (H)			
(i)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation: vear market value
(1)			
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	<u> </u>		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			·
(8)			<u> </u>
(9)			
(10)	·		
Total. (Column (b) must equal Form 990, Part X, col (B) lin			▶
Part X Other Liabilities. See Form 990, Part X	, line 25.	(h) Dealcychia	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) ACCRUED PAYROLL & PAYROLI	TAXES	74,099.	
A CODITION TO CARE TOST	TAVES	104,492.	
		104,452.	
<u>(4)</u>			
(5) (6)			
(7)			
(8)	,		
(9)	***		
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	e 25.)	178,591.	
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	o the organization's financial s	statements that reports the organization's liability f	or uncertain tax positions under

Schedule D (Form 990) 2011

INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED. INTEREST WOULD BE
RECOGNIZED AND ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST
EXPENSE AND PENALITES IN OPERATING EXPENSES. MANAGEMENT CONTINUALLY
EVALUATES EXPIRING STATUTES OF LIMITATIONS, PROPOSED SETTLEMENTS, CHANGES
IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Schedule D (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-E

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.

2011 Open to Public Inspection

Name of the organization

LIFEROOTS INC

Employer identification number 85-0135073

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO EMPOWER THEIR LIVES AND SHAPE THEIR FUTURES.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS COMPLETED AND PROVIDED TO THE ORGANIZATION. IT WAS REVIEWED BY THE PRESIDENT & CEO, THE DIRECTOR OF FINANCE AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. ALL QUESTIONS ARE RAISED BY THE ABOVE PARTIES WERE ADDRESSES AND THE 990 WAS MODIFIED ACCORDINGLY BEFORE FILING.

INC. HAS DEVELOPED AND FORM 990, PART VI, SECTION B, LINE 12C: LIFEROOTS, IMPLEMENTED A CODE OF BUSINESS ETHICS AND CONDUCT WHICH HAS BEEN ROLLED OUT THROUGH A TRAINING PROGRAM AND TRACKED VIA TO ALL STAFF AT LIFEROOTS, INC. TRAINING CERTIFICATION FORM AND ACKNOWLEDGMENT FORM THAT IS REQUIRED TO SIGNED BY EACH EMPLOYEE UPON RECEIVING THE REQUIRED TRAINING AND A COPY THE CODE OF BUSINESS ETHICS AND CONDUCT. THIS TRAINING IS PROVIDED TO ALL NEW HIRES AND IS PROVIDED ON AN ANNUAL BASIS TO ALL EMPLOYEES. ALL REQUIRED ACKNOWLEDGEMENT FORMS AND TRAINING CERTIFICATION FORMS ARE MAINTAINED IN EACH EMPLOYEES PERSONNEL FILE. THE CONFLICT OF INTEREST POLICY IS COVERED IN THE CODE OF BUSINESS ETHICS AND CONDUCT MANUAL AND THE CORRESPONDING TRAINING MATERIALS. IN ADDITION, CONFLICT OF INTEREST QUESTIONNAIRES ARE GIVEN TO NEW HIRES TO COMPLETE AS PART OF THEIR NEW HIRE ORIENTATION AND REVIEWED BY THE HUMAN RESOURCES PERSONNEL FOR REVIEW AND FINALLY, CONFLICT OF INTEREST QUESTIONNAIRES ARE PERIODICALLY ASSESSMENT. DISTRIBUTED TO ALL EXECUTIVE MANAGEMENT STAFF AND THE BOARD OF DIRECTORS BASED ON THE RESPONSES PROVIDED IN THE CONFLICT OF INTEREST QUESTIONNAIRES.

LIFEROOTS INC

Employer identification number 85-0135073

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CONTRACTED AN INDEPENDENT COMPANY TO DO A MARKET ANALYSIS AND PROVIDE THEM WITH A STANDARD RATE OF PAY FOR ALL POSITIONS IN THE ORGANIZATION. THIS PROCESS IS UPDATED ANNUALLY. THE BOARD DOES AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND CEO BEFORE FIXING THE AMOUNT OF PAY AND THE PRESIDENT AND CEO DOES AN ANNUAL PERFORMANCE REVIEW OF THE KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE

TO THE PUBLIC THROUGH GUIDESTAR, THE ATTORNEY GENERAL OFFICE AND IN THE

ANNUAL REPORT WHICH IS ON LIFEROOTS, INC'S WEBSITE WWW.LIFEROOTSNM.ORG.

INDIVIDUALS CAN ALSO REQUEST A COPY OF THE FINANCIAL STATEMENTS. GOVERNING

DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY ARE INTERNAL DOCUMENTS

BUT COPIES ARE MADE AVAILABLE UPON REQUEST. SOME OF THE GOVERNING

DOCUMENTS WILL NOW BE AVAILABLE TO THE PUBLIC SINCE THEY WILL BE SUBMITTED

WITH THE ATTORNEY GENERAL OFFICE AS PART OF THE REGISTRATION PACKET.

PART XI, LINE 5, OTHER CHANGES IN NET ASSETS OR FUND BALANCE:

OTHER CHANGES INCLUDE NET UNREALIZED LOSSES OF \$41,845 AND A PRIOR

PERIOD ADJUSTMENT OF \$120,199.

Form **8868** (Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, complete					>	X
	re filing for an Additional (Not Automatic) 3-Month Ex						
Do not coi	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previou	sly filed	Form 886	68.	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file	(6 mont	ths for a corp	ooration
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically l	ile Form	8868 to	request an	extension
of time to f	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfe	s Associ	ated With C	ertain
ersonal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the e	lectronic	filing of this	form,
isit <u>www.</u>	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	- Only	submit original (no copies	need	ed).		
corporat	tion required to file Form 990-T and requesting an autor						
art I only							· 🔲
All other c	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reque	st an ex	ension o	f time	
	me tax returns.		•				
ype or	Name of exempt organization or other filer, see instru-	ctions.	· ·	Emplo	ver ident	ification num	ber (EIN) c
rint					,		\
	LIFEROOTS INC			X 85-0135073			
ile by the	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions '				
lue date for Ing your	1111 MENAUL BLVD NE	oo maaaac	tions.	Social security number (SSI			۷)
etum. See nstructions.	City, town or post office, state, and ZIP code. For a fo	reign add	iress, see instructions.				//
	ALBUQUERQUE, NM 87107-1614	1 .					
	·						
inter the F	Return code for the return that this application is for (file	a separa	te application for each return)				0 1
		L .					7
pplicatio	on '	Return	Application				Return
s For		Code	Is For				Code
orm 990		01	Form 990-T (corporation)				07
orm 990-l	BL	02	Form 1041-A				08
orm 990-l	EZ	01	Form 4720				09
orm 990-l	PF	04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	T (trust other than above)	06	Form 8870				12
31,11,11,11	CATHY RYPMA						
				0	07		
The boo		D NE	- ALBUUUERUUE, NM	8/5			
	oks are in the care of \blacktriangleright 1111 MENAUL BLV	D NE		875			
Telepho	oks are in the care of \blacktriangleright 1111 MENAUL BLV one No. \blacktriangleright 505-255-5501		FAX No. 🕨				. 🗆
Telepho	oks are in the care of \blacktriangleright 1111 MENAUL BLY one No. \blacktriangleright 505-255-5501 rganization does not have an office or place of business	in the Un	FAX No. ►ited States, check this box				· D
Telepho If the or If this is	oks are in the care of \blacktriangleright 1111 MENAUL BLV one No. \blacktriangleright 505-255-5501 rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the second se	in the Un Group Exe	FAX No. ►	If th i s is	for the w	/hole group,	
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