

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**LIBERATION PROGRAMS, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**129 GLOVER AVENUE**

Room/suite

City, town, or post office, state, and ZIP code

**NORWALK, CT 06850-1311****F** Name and address of principal officer: **ALAN MATHIS****129 GLOVER AVENUE, NORWALK, CT 06850****D** Employer identification number**06-0867006****E** Telephone number**(203) 851-2077****G** Gross receipts \$**8,912,213.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **LIBERATIONPROGRAMS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1971****M** State of legal domicile: **CT****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION PROVIDES TREATMENT AND PREVENTION PROGRAMS FOR ALCOHOL AND DRUG ABUSERS AND</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>150</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>5,175,539.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>3,726,544.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>100.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>55,803.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>8,957,986.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>6,533,952.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>99,650.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>3,282,051.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>9,842,264.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>-884,278.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>4,226,329.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>5,861,157.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>-1,634,828.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ALAN MATHIS, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY NARDONE</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01058771</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b>	Firm's EIN ▶ <b>06-0754920</b>	Phone no. <b>(860) 678-6000</b>		
Firm's address ▶ <b>76 BATTERSON PARK ROAD FARMINGTON, CT 06032</b>					

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

**TO EMPOWER PEOPLE & THEIR FAMILIES TO BE FREE OF THE DISEASE OF ADDICTION BY PROVIDING TARGETED SOLUTIONS THAT RESTORE LIVES & STRENGTHEN OUR COMMUNITY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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 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 \$ **4,565,631.** including grants of \$ ) (Revenue \$ **2,807,921.** )  
**OUTPATIENT CARE; UTILIZING A VARIETY OF COUNSELING AND CASE MANAGEMENT OPTIONS, CLIENTS BENEFIT FROM THEIR CARE PROGRAM WHICH INCLUDES VOCATIONAL SKILLS DEVELOPMENT, PSYCHOLOGICAL EVALUATION AND MEDICATION ASSISTANCE**

**4b** (Code: ) (Expenses \$ **2,113,477.** including grants of \$ ) (Revenue \$ **809,750.** )  
**LIBERATION HOUSE; IN A RESIDENTIAL SETTING, MEN LEARN HOW TO LIVE INDEPENDENTLY AND TO STAY SOBER WHILE ENHANCING THEIR VOCATIONAL AND LITERACY SKILLS, AND WORKING TOWARDS MENDING RELATIONSHIPS WITH FAMILY. VOLUNTEERISM IS A BIG PART OF THE LIBERATION HOUSE PROGRAM.**

**4c** (Code: ) (Expenses \$ **632,859.** including grants of \$ ) (Revenue \$ **96,368.** )  
**FAMILIES IN RECOVERY PROGRAM (FIRP) IS A 10-FAMILY, FOUR TO SIX MONTH, RESIDENTIAL PROGRAM THAT SERVES PREGNANT AND PARENTING MOTHERS. WOMEN ARE ALLOWED TO BRING TWO CHILDREN WITH THEM INTO TREATMENT UP TO THE AGE OF 10 TO KEEP THE FAMILY TOGETHER WHILE MOTHERS RECEIVE TREATMENT. WOMEN WORK ON TECHNIQUES TO MAINTAIN SOBRIETY, THEIR PARENTING SKILLS, AND VOCATIONAL DEVELOPMENT IN PREPARATION OF INDEPENDENT LIVING. SERVICES INCLUDE PSYCHOLOGICAL EVALUATION, MEDICATION MAINTENANCE, CASE MANAGEMENT AND SPECIALIZED SERVICES FOR THEIR CHILDREN.**

**4d** Other program services (Describe in Schedule O.)(Expenses \$ **139,396.** including grants of \$ **19,405.** ) (Revenue \$ )**4e Total program service expenses** **7,451,363.**Form **990** (2012)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b> X	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 32		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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	<b>2a</b> 150		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**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.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... 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.	15			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....		15		
<b>2</b> Did 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
<b>3</b> 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	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> 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? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, 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

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> 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? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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
<b>b</b> If "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 take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CT**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **OMAR GARRO - 203-851-2077**  
**129 GLOVER AVENUE, NORWALK, CT 06850**

**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 ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA W. HERTZ CHAIR	1.00	X		X				0.	0.	0.
(2) PATRICK LORENT VICE CHAIR	1.00	X		X				0.	0.	0.
(3) PETER MARK TREASURER	1.00	X						0.	0.	0.
(4) SHERRY SOPIN SECRETARY	1.00	X						0.	0.	0.
(5) SUZANNE GREY BOARD MEMBER	1.00	X						0.	0.	0.
(6) HAYES ANDERSON SECOND VICE CHAIR	1.00	X						0.	0.	0.
(7) EDWARD POLLAK BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT FRANK BOARD MEMBER	1.00	X						0.	0.	0.
(9) STEPHANIE HAZARD BOARD MEMBER	1.00	X						0.	0.	0.
(10) DENNIS MONSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) BARBARA MOCCIA BOARD MEMBER	1.00	X						0.	0.	0.
(12) MORT LOWENTHAL ASSISTANT TREASURER	1.00	X						0.	0.	0.
(13) DAVID M. MOROSAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) SUSAN DIMATTIA BOARD MEMBER	1.00	X						0.	0.	0.
(15) MICHAEL URBAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARY LOU SHEFFRIN BOARD MEMBER	1.00	X						0.	0.	0.
(17) KWAME MOSES BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALAN MATHIS PRESIDENT/CEO	40.00			X				192,972.	0.	17,293.
(19) FRANK FARIAS CFO	40.00			X				144,303.	0.	4,832.
(20) JOHNNI CUCCO-MALLOY CHIEF DEVELOPMENT & ADMIN OFFICER	40.00					X		109,096.	0.	16,290.
(21) SUNIL SAXENA MEDICAL DIRECTOR	40.00					X		148,352.	0.	4,440.
(22) CARY OSTROW CHIEF PROGRAM OFFICER	40.00					X		105,905.	0.	16,005.
(23) NANCY NAVARETTA CHIEF OPERATING OFFICER	40.00					X		112,692.	0.	2,405.
<b>1b Sub-total</b> .....								813,320.	0.	61,265.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								813,320.	0.	61,265.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* ..... **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* ..... **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* ..... **5** **X**

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	93,024.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	69,056.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,778,088.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	190,894.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		7,327.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> <b>MEDICAID PAYMENTS</b> .....	Business Code	624100	2,430,261.	2,430,261.		
	<b>b</b> <b>FEEs FROM GOVERNMENT A</b> .....		624100	966,160.	966,160.		
	<b>c</b> <b>OTHER</b> .....		624100	206,371.	206,371.		
	<b>d</b> <b>CLIENT FEES</b> .....		624100	111,247.	111,247.		
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			3,714,039.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3.			3.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>Other Revenue</b>	<b>6 a</b> Gross rents .....	(i) Real	17,744.				
	<b>b</b> Less: rental expenses .....	(ii) Personal	0.				
	<b>c</b> Rental income or (loss) .....		17,744.				
	<b>d</b> Net rental income or (loss) .....		17,744.				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....		43,105.				
	<b>c</b> Gain or (loss) .....		-43,105.				
	<b>d</b> Net gain or (loss) .....		-43,105.				
	<b>8 a</b> Gross income from fundraising events (not including \$ 69,056. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	49,365.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	28,307.				
	<b>c</b> Net income or (loss) from fundraising events .....		21,058.				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
	<b>Miscellaneous Revenue</b>			Business Code			
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			8,840,801.	3,714,039.	0.	-4,300.	

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	19,405.	19,405.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	318,795.		318,795.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,799,543.	4,452,079.	270,417.	77,047.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,867.	72,692.	8,096.	1,079.
<b>9</b> Other employee benefits	690,337.	612,973.	68,270.	9,094.
<b>10</b> Payroll taxes	465,411.	412,592.	46,481.	6,338.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	31,773.	4,753.	27,020.	
<b>c</b> Accounting	61,322.	9,174.	52,148.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	227,619.	214,453.	13,166.	
<b>12</b> Advertising and promotion	2,011.	802.	772.	437.
<b>13</b> Office expenses	123,921.	87,499.	34,923.	1,499.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,232,478.	515,874.	715,635.	969.
<b>17</b> Travel	50,970.	46,481.	4,489.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	47,345.	35,124.	11,848.	373.
<b>20</b> Interest	14,841.	12,343.	2,498.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	381,072.	263,178.	117,894.	
<b>23</b> Insurance	87,927.	13,088.	74,839.	
<b>24</b> 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 O.)				
<b>a</b> PROGRAM SUPPLIES	362,785.	335,780.	24,191.	2,814.
<b>b</b> FOOD COSTS	295,776.	295,578.	198.	
<b>c</b> EQUIPMENT REPAIR & LEAS	30,199.	29,923.	276.	
<b>d</b> TRAINING & RECRUITMENT	19,702.	17,572.	2,130.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,345,099.	7,451,363.	1,794,086.	99,650.
<b>26</b> 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)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	399,883.	<b>1</b>	346,104.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	97,607.	<b>3</b>	157,380.
	<b>4</b> Accounts receivable, net .....	281,132.	<b>4</b>	414,762.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	104,408.	<b>9</b>	103,379.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,169,850.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,814,866.	<b>10c</b>	2,354,984.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	665,975.
	<b>14</b> Intangible assets .....		<b>14</b>	1,888.
	<b>15</b> Other assets. See Part IV, line 11 .....	477,130.	<b>15</b>	127,536.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,226,329.	<b>16</b>	4,172,008.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,453,400.	<b>17</b>	1,094,500.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	38,587.	<b>23</b>	25,852.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,369,170.	<b>25</b>	5,240,756.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,861,157.	<b>26</b>	6,361,108.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-2,023,168.	<b>27</b>	-2,189,100.
	<b>28</b> Temporarily restricted net assets .....	388,340.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	-1,634,828.	<b>33</b>	-2,189,100.
	<b>34</b> Total liabilities and net assets/fund balances .....	4,226,329.	<b>34</b>	4,172,008.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,840,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,345,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	-504,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,634,828.
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	-49,974.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-2,189,100.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2012)

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

2012

**Open to Public Inspection**

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

06-0867006

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches, described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012



**Part II 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) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5960390.	5149459.	5248340.	5175539.	5131062.	26664790.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5960390.	5149459.	5248340.	5175539.	5131062.	26664790.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						26664790.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	5960390.	5149459.	5248340.	5175539.	5131062.	26664790.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	25,692.	20,276.	21,693.	21,038.	17,747.	106,446.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			36,312.	34,765.	21,058.	92,135.
<b>11 Total support.</b> Add lines 7 through 10						26863371.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	19,395,837.
<b>13 First five years.</b> 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 <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.26	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	99.04	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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.**

OMB No. 1545-0047

**2012****Open to Public Inspection****Name of the organization**

LIBERATION PROGRAMS, INC.

**Employer identification number**

06-0867006

**Part I Organizations Maintaining Donor Advised Funds 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
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection 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 collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ \_\_\_\_\_ %

b Permanent endowment ☐ \_\_\_\_\_ %

c Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,695.		30,695.
b Buildings		949,345.	314,631.	634,714.
c Leasehold improvements		3,774,466.	2,398,280.	1,376,186.
d Equipment				
e Other		1,415,344.	1,101,955.	313,389.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,354,984.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN LIMITED		
(2) PARTNERSHIP	665,975.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO SUBSIDIARY ORGANIZATIONS	5,240,756.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		5,240,756.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 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 provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH INCOME ON FORM 990

INTEREST INCOME OF SUBSIDY, REFLECTED ON SEPARATE FORM 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED WITH INCOME ON FORM 990

EXPENSES OF SUBSIDIARY EXCLUDED FROM LIBERATION 990

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENT EXPENSE ELIMINATED IN THE CONSOLIDATION FOR FS PRESENTATION

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

### Open To Public Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

06-0867006

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HOPE GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	118,421.			118,421.
	2 Less: Contributions .....	69,056.			69,056.
	3 Gross income (line 1 minus line 2) .....	49,365.			49,365.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	20,790.			20,790.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	7,517.			7,517.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 28,307. )
11 Net income summary. Combine line 3, column (d), and line 10 .....				21,058.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**LIBERATION PROGRAMS, INC.**

**Employer identification number**  
**06-0867006**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ **Yes** ☒ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREENWICH 1 LAFAYETTE CT GREENWICH, CT 06830	06-0646578	501C(3)	5,675.	0.			LOCAL PREVENTION COUNCIL FUNDS
THE COMMUNITY FUND OF DARIEN 701 POST ROAD DARIEN, CT 06820	06-0737286	501C(3)	3,300.	0.			LOCAL PREVENTION COUNCIL FUNDS
NEW CANAAN CARES 91 ELM STREET NEW CANAAN, CT 06840	06-1143088	501C(3)	3,300.	0.			LOCAL PREVENTION COUNCIL FUNDS
STAMFORD FOCUS ON YOUTH COUNCIL 888 WASHINGTON BLVD STAMFORD, CT 06901	06-6001897	501C(3)	7,130.	0.			LOCAL PREVENTION COUNCIL FUNDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

**Schedule I (Form 990) (2012)**

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**LIBERATION PROGRAMS, INC.**

Employer identification number

**06-0867006**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2012



<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]



**SCHEDULE O**  
**(Form 990 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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

06-0867006

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

THEIR FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PROVIDED TO THE

GOVERNING BODY AS A PART OF FINANCE COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION PARTICIPATES IN

SALARY SURVEY'S WITH THE CT. ASSOCIATION OF NON-PROFITS TO DETERMINE PROPER

SALARY LEVELS; COMPENSATION AMOUNTS FOR OFFICERS AND/OR KEY EMPLOYEES ARE

APPROVED AS A PART OF THE ANNUAL BUDGET PROCESS. THE COMPENSATION FOR THE

CEO WAS ESTABLISHED AS PART OF THE RECRUITMENT SEARCH FOR THE CEO WHICH IS

DONE BY AN OUTSIDE AGENCY. THE COMPENSATION FOR HANSA WAS BASED ON MARKET

STUDY OF COMPETITORS IN THE AREA.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE TO THE

PUBLIC BY THE DISSEMINATION OF AN ANNUAL REPORT AND BY LISTING COMPANY

INFORMATION ON WEBSITES SUCH AS GUIDESTAR.ORG

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE EFFECT OF RESTATEMENT OF NET ASSETS

-49,974.

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**  
**Open to Public**  
**Inspection**

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number  
06-0867006

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRIENDS OF LMG PROGRAMS, INC - 06-0950218	PROVIDES FACILITIES FOR						
4 ELMCREST TERRACE	PROGRAMS WHICH PROVIDE				LIBERATION		
NORWALK, CT 06850	TREATMENT OF DRUG ABUSE	CONNECTICUT	501 (C) (2)		PROGRAMS		X
LMG INVESTMENTS - 06-0935030	MAKES CHARTIABLE GRANTS						
4 ELMCREST TERRACE	FOR PREVENTION AND				LIBERATION		
NORWALK, CT 06850	TREATMENT OF DRUG ABUSERS	CONNECTICUT	501 (C) (3)	SEC170(B)(1) (A)(VI)	PROGRAMS		X

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

Schedule R (Form 990) 2012



<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c	X
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	X
<b>e</b> Loans or loan guarantees by related organization(s)				1e	X
<b>f</b> Dividends from related organization(s)				1f	X
<b>g</b> Sale of assets to related organization(s)				1g	X
<b>h</b> Purchase of assets from related organization(s)				1h	X
<b>i</b> Exchange of assets with related organization(s)				1i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)				1j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)				1l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
<b>o</b> Sharing of paid employees with related organization(s)				1o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	X
<b>r</b> Other transfer of cash or property to related organization(s)				1r	X
<b>s</b> Other transfer of cash or property from related organization(s)				1s	X

<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				(d)
(a)	(b)	(c)	(d)	
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	
(1) FRIENDS OF LMG	K	351,552.	LEASE AGREEMENT	
(2) ELMCREST TERRACE LIMITED PARTNERSHIP	G	530,000.	APPRAISED VALUE	
(3) ELMCREST SUPPORTIVE HOUSING LLC	B	308,879.	COST	
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:****NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

ELMCREST TERRACE LIMITED PARTNERSHIP

EIN: 90-0779372

129 GLOVER AVENUE

NORWALK, CT 06850

PRIMARY ACTIVITY: AFFORDABLE HOUSING

**DIRECT CONTROLLING ENTITY:**



**2012 DEPRECIATION AND AMORTIZATION REPORT**

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	VEHICLES	VARIOUS	SL	5.00		16	130,821.				130,821.	130,821.		0.	130,821.
6	LAND	VARIOUS	L				30,695.				30,695.			0.	
11	VEHICLES	02/01/06	SL	5.00		16	4,560.				4,560.	4,560.		0.	4,560.
13	FURN, FIX, & EQUIPMENT	04/01/06	SL	10.00		16	6,397.				6,397.	6,397.		0.	6,397.
14	FURN, FIX, & EQUIPMENT	07/01/05	SL	10.00		16	5,312.				5,312.	3,717.		531.	4,248.
16	FURN, FIX, & EQUIPMENT	10/01/06	SL	7.00		16	10,955.				10,955.	8,999.		1,565.	10,564.
17	FURN, FIX, & EQUIPMENT	03/01/07	SL	5.00		16	1,793.				1,793.	1,793.		0.	1,793.
19	COMPUTER SOFTWARE	09/28/07	SL	5.00		16	2,035.				2,035.	1,933.		102.	2,035.
20	BUILDING IMPROVEMENTS	08/06/08	SL	5.00		16	5,550.				5,550.	2,729.		1,110.	3,839.
21	BUILDING IMPROVEMENTS	02/27/08	SL	5.00		16	2,880.				2,880.	2,496.		384.	2,880.
22	VEHICLE IMPROVEMENTS	03/04/08	SL	5.00		16	6,480.				6,480.	6,480.		0.	6,480.
23	TELEPHONES	03/28/08	SL	5.00		16	94,914.				94,914.	59,304.		14,237.	73,541.
24	SECURITY SYSTEM	04/01/09	SL	10.00		16	17,132.				17,132.	3,856.		1,713.	5,569.
25	SECURITY SYSTEM	10/01/08	SL	10.00		16	11,675.				11,675.	4,380.		1,168.	5,548.
26	BATHROOM RENOVATION	04/01/09	SL	10.00		16	6,680.				6,680.	2,171.		668.	2,839.
27	SEWER PLUMBING REROUTING	02/01/09	SL	20.00		16	18,823.				18,823.	3,215.		941.	4,156.
28	HVAC RENOVATION	02/01/09	SL	20.00		16	50,897.				50,897.	8,695.		2,545.	11,240.
29	FACILITY REWIRE	12/01/08	SL	20.00		16	6,226.				6,226.	1,168.		311.	1,479.

228111  
05-01-12

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2012 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	NEW WATER HEATERS	03/01/09	SL	20.00		16	10,663.				10,663.	1,777.		533.	2,310.
32	SAGE 50 FUNDRAISING SYSTEM	08/01/08	SL	5.00		16	8,083.				8,083.	6,333.		1,617.	7,950.
33	BEDROOM FURNITURE	09/01/08	SL	5.00		16	15,296.				15,296.	11,726.		3,059.	14,785.
34	TABLES	09/01/08	SL	5.00		16	4,651.				4,651.	3,565.		930.	4,495.
35	CHAIRS	09/01/08	SL	5.00		16	3,025.				3,025.	2,319.		605.	2,924.
36	SECURITY SYSTEM	04/01/09	SL	10.00		16	5,845.				5,845.	1,848.		585.	2,433.
38	PAYROLL CLOCK SYSTEM	08/01/09	SL	5.00		16	3,587.				3,587.	2,092.		717.	2,809.
39	LEASEHOLD IMPROVEMENTS	06/01/10	SL	10.00		16	32,346.				32,346.	6,740.		3,235.	9,975.
40	EMR SYSTEM	04/01/10	SL	7.00		16	40,000.				40,000.	12,857.		5,714.	18,571.
41	NEW SIGNAGE	03/01/10	SL	10.00		16	4,350.				4,350.	580.		435.	1,015.
42	COMPUTERS AND MONITORS	01/01/10	SL	5.00		16	11,260.				11,260.	5,630.		2,252.	7,882.
43	TV	02/01/10	SL	5.00		16	900.				900.	435.		180.	615.
44	LAPTOP	06/01/10	SL	5.00		16	1,138.				1,138.	475.		228.	703.
45	COMPUTER SOFTWARE	03/01/10	SL	7.00		16	96,456.				96,456.	32,151.		13,779.	45,930.
46	ACCOUNTING SOFTWARE	06/01/10	SL	5.00		16	59,790.				59,790.	35,874.		11,958.	47,832.
49	LEASEHOLD IMPROVEMENTS - GLOVER	06/01/11	SL	12.00	MQ16		41,205.				41,205.	3,720.		3,434.	7,154.
50	LEASEHOLD IMPROVEMENTS - MILL HILL	01/31/11	SL	10.00	MQ16		70,437.				70,437.	10,565.		7,044.	17,609.
51	LEASEHOLD IMPROVEMENTS - CATCH BASIN	01/31/11	SL	10.00	MQ16		2,900.				2,900.	150.		290.	440.

228111  
05-01-12

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
52	LEASEHOLD IMPROVEMENTS	01/31/11	SL	10.00	MQ16		77,075.				77,075.	11,561.		7,708.	19,269.
53	LEASEHOLD IMPROVEMENTS	03/01/11	SL	10.00	MQ16		2,175.				2,175.	1,088.		218.	1,306.
54	LEASEHOLD IMPROVEMENTS	05/01/11	SL	10.00	MQ16		22,188.				22,188.	5,917.		2,219.	8,136.
55	HONDA PILOT	12/02/10	SL	5.00	MQ16		31,017.				31,017.	9,822.		6,203.	16,025.
56	HONDA PILOT	12/03/10	SL	5.00	MQ16		33,318.				33,318.	10,551.		6,664.	17,215.
57	JEEP CHEROKEE	05/30/11	SL	5.00	MQ16		35,843.				35,843.	7,766.		7,169.	14,935.
58	OFFICE FURNITURE	05/01/11	SL	12.00	MQ16		71,525.				71,525.	6,954.		5,960.	12,914.
59	OFFICE FURNITURE	11/01/10	SL	10.00	MQ16		2,072.				2,072.	346.		207.	553.
60	FURNITURE	01/01/11	SL	7.00	MQ16		36,524.				36,524.	7,826.		5,218.	13,044.
61	DELL COMPUTERS	05/01/11	SL	5.00	MQ16		21,534.				21,534.	5,383.		4,307.	9,690.
62	IT AC UNIT	06/01/12	SL	10.00	MQ16		6,380.				6,380.	133.		638.	771.
63	METH. LINE REHAB	06/01/12	SL	10.00	MQ16		8,688.				8,688.	181.		869.	1,050.
64	STAIRS & HALLWAY RENOVATION	11/30/11	SL	10.00	MQ16		6,858.				6,858.	457.		686.	1,143.
65	TRAINING ROOM FURNITURE	11/01/11	SL	10.00	MQ16		3,010.				3,010.	201.		301.	502.
66	PARTITIONS FOR GROUP ROOM	02/01/12	SL	10.00	MQ16		6,250.				6,250.	261.		625.	886.
67	NEW DISPENSING SYSTEM	06/01/12	SL	7.00	MQ16		22,542.				22,542.	269.		3,220.	3,489.
68	NEW DISPENSING SYSTEM	06/01/12	SL	7.00	MQ16		22,542.				22,542.	269.		3,220.	3,489.
69	(D)FURN, FIX, & EQUIPMENT	VARIOUS	SL	10.00	16		624,055.				624,055.	624,055.		0.	

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
70	(D) BUILDING IMPROVEMENTS	VARIOUS	SL	10.00		16	119,911.				119,911.	76,806.		0.	
71	SOFTWARE	03/01/10	SL	5.00		16	4,893.				4,893.	2,283.		979.	3,262.
72	METHADONE LABEL PRINTER	02/01/13	SL	7.00		16	1,050.				1,050.			63.	63.
73	MILL HILL REVITALIZATION	06/30/04	SL	10.00		16	23,352.				23,352.	18,403.		2,335.	20,738.
74	FIRP GRANT ASSETS	06/17/95	SL	20.00		16	26,028.				26,028.	21,474.		1,301.	22,775.
75	KITCHEN RENOVATION	05/01/07	SL	10.00		16	15,164.				15,164.	7,835.		1,516.	9,351.
76	BUILDING IMPROVEMENTS	01/01/04	SL	40.00		16	248,772.				248,772.			6,219.	6,219.
77	CARPET	03/01/06	SL	10.00		16	3,060.				3,060.			306.	306.
78	ALARM SYSTEM AND WIRING	01/01/04	SL	10.00		16	2,771.				2,771.			277.	277.
79	BUILDING IMPROVEMENTS	05/01/06	SL	10.00		16	2,425.				2,425.			243.	243.
80	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	127,114.				127,114.	79,446.		6,356.	85,802.
81	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	29,652.				29,652.	17,594.		1,483.	19,077.
82	BUILDING IMPROVEMENTS	01/01/97	SL	40.00		16	40,239.				40,239.			1,006.	1,006.
83	BUILDING IMPROVEMENTS	01/01/00	SL	40.00		16	10,500.				10,500.			263.	263.
84	BUILDING IMPROVEMENTS	06/01/00	SL	40.00		16	47,886.				47,886.			1,197.	1,197.
85	BUILDING IMPROVEMENTS	03/01/00	SL	40.00		16	82,112.				82,112.			2,053.	2,053.
86	BUILDING IMPROVEMENTS	05/01/00	SL	40.00		16	3,582.				3,582.			90.	90.
87	BUILDING IMPROVEMENTS	06/01/00	SL	40.00		16	54,572.				54,572.			1,364.	1,364.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	60,855.				60,855.			1,521.	1,521.
89	BUILDING IMPROVEMENTS	01/01/01	SL	40.00		16	25,916.				25,916.			648.	648.
90	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	21,418.				21,418.			535.	535.
91	BUILDING IMPROVEMENTS	01/01/01	SL	40.00		16	7,627.				7,627.			191.	191.
92	BUILDING IMPROVEMENTS	10/01/00	SL	40.00		16	16,089.				16,089.			402.	402.
93	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	1,111.				1,111.			28.	28.
94	BUILDING IMPROVEMENTS	07/01/00	SL	40.00		16	308.				308.			8.	8.
95	BUILDING IMPROVEMENTS	09/01/00	SL	40.00		16	48,450.				48,450.			1,211.	1,211.
96	BUILDING IMPROVEMENTS	07/01/00	SL	40.00		16	129,860.				129,860.			3,247.	3,247.
97	BUILDING IMPROVEMENTS	01/01/11	SL	10.00		16	2,745.				2,745.			275.	275.
98	BUILDING IMPROVEMENTS	06/01/11	SL	10.00		16	1,945.				1,945.			195.	195.
99	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	118,533.				118,533.	118,533.		0.	118,533.
100	LEASEHOLD IMPROVEMENTS	05/01/00	SL	20.00		16	940.				940.	494.		47.	541.
101	LEASEHOLD IMPROVEMENTS	06/01/00	SL	20.00		16	2,136.				2,136.	1,121.		107.	1,228.
102	LEASEHOLD IMPROVEMENTS	01/01/00	SL	20.00		16	115,841.				115,841.	66,318.		5,792.	72,110.
103	LEASEHOLD IMPROVEMENTS	10/01/04	SL	10.00		16	148,296.				148,296.	100,100.		14,830.	114,930.
104	LEASEHOLD IMPROVEMENTS	03/01/05	SL	10.00		16	8,345.				8,345.	4,520.		835.	5,355.
105	LEASEHOLD IMPROVEMENTS	01/01/92	SL	40.00		16	2,049,261.				2,049,261.	1,332,007.		51,232.	1,383,239.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2012 DEPRECIATION AND AMORTIZATION REPORT**

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
106	LEASEHOLD IMPROVEMENTS	01/01/93	SL	40.00		16	23,764.				23,764.	14,257.		594.	14,851.
107	LEASEHOLD IMPROVEMENTS	01/01/94	SL	40.00		16	29,518.				29,518.	15,498.		738.	16,236.
108	LEASEHOLD IMPROVEMENTS	01/01/95	SL	40.00		16	1,855.				1,855.	790.		46.	836.
109	LEASEHOLD IMPROVEMENTS	01/01/95	SL	40.00		16	2,425.				2,425.	991.		61.	1,052.
110	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	67,160.				67,160.	45,334.		3,358.	48,692.
111	LEASEHOLD IMPROVEMENTS	06/01/98	SL	10.00		16	8,675.				8,675.	8,675.		0.	8,675.
112	LEASEHOLD IMPROVEMENTS	02/01/99	SL	120M		16	1,299.				1,299.	812.		11.	823.
113	LEASEHOLD IMPROVEMENTS	03/01/00	SL	20.00		16	37,063.				37,063.	23,165.		1,853.	25,018.
114	LEASEHOLD IMPROVEMENTS	03/01/00	SL	10.00		16	3,191.				3,191.	3,191.		0.	3,191.
115	LEASEHOLD IMPROVEMENTS	01/01/00	SL	40.00		16	373,010.				373,010.	116,419.		9,325.	125,744.
116	LEASEHOLD IMPROVEMENTS	01/01/04	SL	10.00		16	6,948.				6,948.	5,906.		695.	6,601.
117	LEASEHOLD IMPROVEMENTS	06/01/04	SL	10.00		16	5,858.				5,858.	4,979.		586.	5,565.
118	LEASEHOLD IMPROVEMENTS	03/01/05	SL	10.00		16	64,279.				64,279.	47,137.		6,428.	53,565.
119	LEASEHOLD IMPROVEMENTS	05/01/07	SL	10.00		16	413,033.				413,033.	213,401.		41,303.	254,704.
120	BUILDING IMPROVEMENTS	VARIOUS	SL	10.00		16	110,478.				110,478.	110,478.		0.	110,478.
121	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	10.00		16	300,563.				300,563.	300,563.		0.	300,563.
123	FURNITURES AND FIXTURES	VARIOUS	SL	7.00		16	433,231.				433,231.	433,231.		0.	433,231.
124	COMPUTER AND TELEPHONE	VARIOUS	SL	5.00		16	160,864.				160,864.	160,864.		0.	160,864.

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(D) - Asset disposed

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## FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
125	COMPUTER SOFTWARE	VARIOUS	SL	5.00		16	26,989.				26,989.	26,989.		0.	26,989.
* TOTAL 990 PAGE 10 DEPR															
7,532,315.															
7,532,315.4,464,205.															
310,455.4,073,799.															

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2012 or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013****2012**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LIBERATION PROGRAMS, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>129 GLOVER AVENUE</b> City or town, state, and ZIP code <b>NORWALK, CT 06850-1311</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>06-0867006</b>  <b>E</b> Unrelated business activity codes (See instructions) <b>531390</b>
<b>C</b> Book value of all assets at end of year  <b>4,172,008.</b>	<b>F</b> Group exemption number (see instructions) <span style="float:right;">▶</span> <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **DEVELOPMENT OF SUPPORTIVE HOUSING**
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶ ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶
**J** The books are in care of ▶ **OMAR GARRO** Telephone number ▶ **203-851-2077**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>96,477.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance ..... ▶	<b>1c</b> <b>96,477.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b> <b>96,477.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D) .....	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) .....	<b>5</b>		
<b>6</b> Rent income (Schedule C) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> <b>0.</b>		

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions)  
 (except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	
<b>15</b> Salaries and wages .....	<b>15</b>	
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach statement) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	
<b>20</b> Charitable contributions (see instructions for limitation rules) .....	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	
<b>28</b> Other deductions (attach statement) .....	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	<b>0.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	<b>32</b>	<b>0.</b>
<b>33</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 .....	<b>34</b>	<b>0.</b>

**Part III Tax Computation****35 Organizations taxable as corporations** (see instructions for tax computation).Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts taxable at trust rates** (see instructions for tax computation). Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax** (see instructions) **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) **42****43 Total tax.** Add lines 41 and 42 **43** 0.**44a** Payments: A 2011 overpayment credited to 2012 **44a****b** 2012 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44g** Total **44g****45 Total payments.** Add lines 44a through 44g **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: **Credited to 2013 estimated tax** **Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial

Yes No

Accounts. If "Yes," enter the name of the foreign country here

X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.

X

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****1** Inventory at beginning of year **1** 0.**2** Purchases **2****3** Cost of labor **3****4a** Additional section 263A costs (att. statement) **4a****b** Other costs (attach statement) **4b** 96,477.**5 Total.** Add lines 1 through 4b **5** 96,477.**6** Inventory at end of year **6** 0.**7 Cost of goods sold.** Subtract line 6from line 5. Enter here and in Part I, line 2 **7** 96,477.**8** Do the rules of section 263A (with respect to

property produced or acquired for resale) apply to

the organization? **Yes** **No****Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date

PRESIDENT AND CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

KIMBERLY NARDONE

Firm's name **COHNREZNICK LLP** Firm's EIN **06-0754920**

76 BATTERSON PARK ROAD

Firm's address **FARMINGTON, CT 06032** Phone no. **(860) 678-6000**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) ▶

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <span style="float: right;">▶</span>			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 <span style="float: right;">▶</span>				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> <span style="float: right;">▶</span>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 1

DESCRIPTIONAMOUNT

DEVELOPMENT CONSULTANT

49,714.

PROFESSIONAL FEES

6,300.

PROJECT MANAGEMENT

40,463.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

96,477.



Form **4562**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2012**Attachment  
Sequence No. **179**

LIBERATION PROGRAMS, INC.

FORM 990 PAGE 10

06-0867006

**Part I** Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	310,455.

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	310,455.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

216251  
12-28-12 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
<b>27</b> Property used 50% or less in a qualified business use:								
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2012 tax year:					
	:				
	:				
<b>43</b> Amortization of costs that began before your 2012 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	LIBERATION PROGRAMS, INC.	06-0867006
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	129 GLOVER AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NORWALK, CT 06850-1311	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

OMAR GARRO

- The books are in the care of ☒ 129 GLOVER AVENUE - NORWALK, CT 06850  
Telephone No. ☒ 203-851-2077 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2014.
- 5 For calendar year       , or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
ADDITIONAL TIME IS REQUIRED TO FILE AN ACURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title ☒ **PRESIDENT AND CEO** Date

Form 8868 (Rev. 1-2013)

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013**2012**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

**LIBERATION PROGRAMS, INC.****06-0867006**

Name and title of officer

**ALAN MATHIS****PRESIDENT AND CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>8840801</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize COHNREZNICK LLP to enter my PIN 43580  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06444699916

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3	VEHICLES	VARIABLE	SL	5.00	16	130,821.			130,821.	130,821.		0.
6	LAND	VARIABLE	SL			30,695.			30,695.			0.
11	VEHICLES	020106	SL	5.00	16	4,560.			4,560.	4,560.		0.
13	FURN, FIX, & EQUIPMENT	040106	SL	10.00	16	6,397.			6,397.	6,397.		0.
14	FURN, FIX, & EQUIPMENT	070105	SL	10.00	16	5,312.			5,312.	3,717.		531.
16	FURN, FIX, & EQUIPMENT	100106	SL	7.00	16	10,955.			10,955.	8,999.		1,565.
17	FURN, FIX, & EQUIPMENT	030107	SL	5.00	16	1,793.			1,793.	1,793.		0.
19	COMPUTER SOFTWARE BUILDING	092807	SL	5.00	16	2,035.			2,035.	1,933.		102.
20	IMPROVEMENTS	080608	SL	5.00	16	5,550.			5,550.	2,729.		1,110.
21	IMPROVEMENTS	022708	SL	5.00	16	2,880.			2,880.	2,496.		384.
22	VEHICLE IMPROVEMENTS	030408	SL	5.00	16	6,480.			6,480.	6,480.		0.
23	TELEPHONES	032808	SL	5.00	16	94,914.			94,914.	59,304.		14,237.
24	SECURITY SYSTEM	040109	SL	10.00	16	17,132.			17,132.	3,856.		1,713.
25	SECURITY SYSTEM	100108	SL	10.00	16	11,675.			11,675.	4,380.		1,168.
26	BATHROOM RENOVATION	040109	SL	10.00	16	6,680.			6,680.	2,171.		668.
27	SEWER PLUMBING REROUTING	020109	SL	20.00	16	18,823.			18,823.	3,215.		941.
28	HVAC RENOVATION	020109	SL	20.00	16	50,897.			50,897.	8,695.		2,545.
29	FACILITY REWIRE	120108	SL	20.00	16	6,226.			6,226.	1,168.		311.

228102  
05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	NEW WATER HEATERS	030109	SL	20.00	16	10,663.			10,663.	1,777.		533.
32	SAGE 50 FUNDRAISING SYSTEM	080108	SL	5.00	16	8,083.			8,083.	6,333.		1,617.
33	BEDROOM FURNITURE	090108	SL	5.00	16	15,296.			15,296.	11,726.		3,059.
34	TABLES	090108	SL	5.00	16	4,651.			4,651.	3,565.		930.
35	CHAIRS	090108	SL	5.00	16	3,025.			3,025.	2,319.		605.
36	SECURITY SYSTEM	040109	SL	10.00	16	5,845.			5,845.	1,848.		585.
38	PAYROLL CLOCK SYSTEM	080109	SL	5.00	16	3,587.			3,587.	2,092.		717.
39	LEASEHOLD IMPROVEMENTS	060110	SL	10.00	16	32,346.			32,346.	6,740.		3,235.
40	EMR SYSTEM	040110	SL	7.00	16	40,000.			40,000.	12,857.		5,714.
41	NEW SIGNAGE	030110	SL	10.00	16	4,350.			4,350.	580.		435.
42	COMPUTERS AND MONITORS	010110	SL	5.00	16	11,260.			11,260.	5,630.		2,252.
43	TV	020110	SL	5.00	16	900.			900.	435.		180.
44	LAPTOP	060110	SL	5.00	16	1,138.			1,138.	475.		228.
45	COMPUTER SOFTWARE	030110	SL	7.00	16	96,456.			96,456.	32,151.		13,779.
46	ACCOUNTING SOFTWARE	060110	SL	5.00	16	59,790.			59,790.	35,874.		11,958.
49	LEASEHOLD IMPROVEMENTS - GLOV	060111	SL	12.00	16	41,205.			41,205.	3,720.		3,434.
50	LEASEHOLD IMPROVEMENTS - MILL	010111	SL	10.00	16	70,437.			70,437.	10,565.		7,044.
51	LEASEHOLD IMPROVEMENTS - CATC	010111	SL	10.00	16	2,900.			2,900.	150.		290.

228102  
05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	LEASEHOLD IMPROVEMENTS	013111	SL	10.00	16	77,075.			77,075.	11,561.		7,708.
53	LEASEHOLD IMPROVEMENTS	030111	SL	10.00	16	2,175.			2,175.	1,088.		218.
54	LEASEHOLD IMPROVEMENTS	050111	SL	10.00	16	22,188.			22,188.	5,917.		2,219.
55	HONDA PILOT	120210	SL	5.00	16	31,017.			31,017.	9,822.		6,203.
56	HONDA PILOT	120310	SL	5.00	16	33,318.			33,318.	10,551.		6,664.
57	JEEP CHEROKEE	053011	SL	5.00	16	35,843.			35,843.	7,766.		7,169.
58	OFFICE FURNITURE	050111	SL	12.00	16	71,525.			71,525.	6,954.		5,960.
59	OFFICE FURNITURE	110110	SL	10.00	16	2,072.			2,072.	346.		207.
60	FURNITURE	010111	SL	7.00	16	36,524.			36,524.	7,826.		5,218.
61	DELL COMPUTERS	050111	SL	5.00	16	21,534.			21,534.	5,383.		4,307.
62	IT AC UNIT	060112	SL	10.00	16	6,380.			6,380.	133.		638.
63	METH. LINE REHAB STAIRS & HALLWAY	060112	SL	10.00	16	8,688.			8,688.	181.		869.
64	RENOVATION TRAINING ROOM	113011	SL	10.00	16	6,858.			6,858.	457.		686.
65	FURNITURE PARTITIONS FOR	110111	SL	10.00	16	3,010.			3,010.	201.		301.
66	GROUP ROOM	020112	SL	10.00	16	6,250.			6,250.	261.		625.
67	NEW DISPENSING SYSTEM	060112	SL	7.00	16	22,542.			22,542.	269.		3,220.
68	NEW DISPENSING SYSTEM	060112	SL	7.00	16	22,542.			22,542.	269.		3,220.
69	(D) FURN, FIX, & EQUIPMENT	VARIABLE	SL	10.00	16	624,055.			624,055.	624,055.		0.

228102  
05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



**2012 DEPRECIATION AND AMORTIZATION REPORT**  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	(D) BUILDING IMPROVEMENTS	VARI	ESSL	10.00	16	119,911.			119,911.	76,806.		0.
71	SOFTWARE	0301	10SL	5.00	16	4,893.			4,893.	2,283.		979.
72	METHADONE LABEL PRINTER	0201	13SL	7.00	16	1,050.			1,050.			63.
73	MILL HILL REVITALIZATION	0630	04SL	10.00	16	23,352.			23,352.	18,403.		2,335.
74	FIRP GRANT ASSETS	0617	95SL	20.00	16	26,028.			26,028.	21,474.		1,301.
75	KITCHEN RENOVATION BUILDING	0501	07SL	10.00	16	15,164.			15,164.	7,835.		1,516.
76	IMPROVEMENTS	0101	04SL	40.00	16	248,772.			248,772.			6,219.
77	CARPET	0301	06SL	10.00	16	3,060.			3,060.			306.
78	ALARM SYSTEM AND WIRING BUILDING	0101	04SL	10.00	16	2,771.			2,771.			277.
79	IMPROVEMENTS	0501	06SL	10.00	16	2,425.			2,425.			243.
80	LEASEHOLD IMPROVEMENTS	0101	99SL	20.00	16	127,114.			127,114.	79,446.		6,356.
81	LEASEHOLD IMPROVEMENTS	0101	99SL	20.00	16	29,652.			29,652.	17,594.		1,483.
82	BUILDING IMPROVEMENTS	0101	97SL	40.00	16	40,239.			40,239.			1,006.
83	BUILDING IMPROVEMENTS	0101	00SL	40.00	16	10,500.			10,500.			263.
84	BUILDING IMPROVEMENTS	0601	00SL	40.00	16	47,886.			47,886.			1,197.
85	BUILDING IMPROVEMENTS	0301	00SL	40.00	16	82,112.			82,112.			2,053.
86	BUILDING IMPROVEMENTS	0501	00SL	40.00	16	3,582.			3,582.			90.
87	BUILDING IMPROVEMENTS	0601	00SL	40.00	16	54,572.			54,572.			1,364.

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
88	BUILDING IMPROVEMENTS	120100	SL	40.00	16	60,855.			60,855.			1,521.
89	BUILDING IMPROVEMENTS	010101	SL	40.00	16	25,916.			25,916.			648.
90	BUILDING IMPROVEMENTS	120100	SL	40.00	16	21,418.			21,418.			535.
91	BUILDING IMPROVEMENTS	010101	SL	40.00	16	7,627.			7,627.			191.
92	BUILDING IMPROVEMENTS	100100	SL	40.00	16	16,089.			16,089.			402.
93	BUILDING IMPROVEMENTS	120100	SL	40.00	16	1,111.			1,111.			28.
94	BUILDING IMPROVEMENTS	070100	SL	40.00	16	308.			308.			8.
95	BUILDING IMPROVEMENTS	090100	SL	40.00	16	48,450.			48,450.			1,211.
96	BUILDING IMPROVEMENTS	070100	SL	40.00	16	129,860.			129,860.			3,247.
97	BUILDING IMPROVEMENTS	010111	SL	10.00	16	2,745.			2,745.			275.
98	BUILDING IMPROVEMENTS	060111	SL	10.00	16	1,945.			1,945.			195.
99	LEASEHOLD IMPROVEMENTS	010199	SL	20.00	16	118,533.			118,533.	118,533.		0.
100	LEASEHOLD IMPROVEMENTS	050100	SL	20.00	16	940.			940.	494.		47.
101	LEASEHOLD IMPROVEMENTS	060100	SL	20.00	16	2,136.			2,136.	1,121.		107.
102	LEASEHOLD IMPROVEMENTS	010100	SL	20.00	16	115,841.			115,841.	66,318.		5,792.
103	LEASEHOLD IMPROVEMENTS	100104	SL	10.00	16	148,296.			148,296.	100,100.		14,830.
104	LEASEHOLD IMPROVEMENTS	030105	SL	10.00	16	8,345.			8,345.	4,520.		835.
105	LEASEHOLD IMPROVEMENTS	010192	SL	40.00	16	2049261.			2049261.	1332007.		51,232.

228102  
05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	LEASEHOLD IMPROVEMENTS	010193	SL	40.00	16	23,764.			23,764.	14,257.		594.
107	LEASEHOLD IMPROVEMENTS	010194	SL	40.00	16	29,518.			29,518.	15,498.		738.
108	LEASEHOLD IMPROVEMENTS	010195	SL	40.00	16	1,855.			1,855.	790.		46.
109	LEASEHOLD IMPROVEMENTS	010195	SL	40.00	16	2,425.			2,425.	991.		61.
110	LEASEHOLD IMPROVEMENTS	010199	SL	20.00	16	67,160.			67,160.	45,334.		3,358.
111	LEASEHOLD IMPROVEMENTS	060198	SL	10.00	16	8,675.			8,675.	8,675.		0.
112	LEASEHOLD IMPROVEMENTS	020199	SL	120M	16	1,299.			1,299.	812.		11.
113	LEASEHOLD IMPROVEMENTS	030100	SL	20.00	16	37,063.			37,063.	23,165.		1,853.
114	LEASEHOLD IMPROVEMENTS	030100	SL	10.00	16	3,191.			3,191.	3,191.		0.
115	LEASEHOLD IMPROVEMENTS	010100	SL	40.00	16	373,010.			373,010.	116,419.		9,325.
116	LEASEHOLD IMPROVEMENTS	010104	SL	10.00	16	6,948.			6,948.	5,906.		695.
117	LEASEHOLD IMPROVEMENTS	060104	SL	10.00	16	5,858.			5,858.	4,979.		586.
118	LEASEHOLD IMPROVEMENTS	030105	SL	10.00	16	64,279.			64,279.	47,137.		6,428.
119	LEASEHOLD IMPROVEMENTS	050107	SL	10.00	16	413,033.			413,033.	213,401.		41,303.
120	BUILDING IMPROVEMENTS	VARI	ESSL	10.00	16	110,478.			110,478.	110,478.		0.
121	LEASEHOLD IMPROVEMENTS	VARI	ESSL	10.00	16	300,563.			300,563.	300,563.		0.
123	FURNITURES AND FIXTURES	VARI	ESSL	7.00	16	433,231.			433,231.	433,231.		0.
124	COMPUTER AND TELEPHONE	VARI	ESSL	5.00	16	160,864.			160,864.	160,864.		0.

228102  
05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

ION REPORT  
- CURRENT YEAR FEDERAL - LIBERATION PROGRAMS, INC.

(D) - Asset disposed

# EXTENSION FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T EXT

**FOR THE YEAR ENDING**

JUNE 30, 2013

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**PREPARED FOR:**

LIBERATION PROGRAMS, INC.  
129 GLOVER AVENUE  
NORWALK, CT 06850-1311

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**PREPARED BY:**

COHNREZNICK LLP  
76 BATTERSON PARK ROAD  
FARMINGTON, CT 06032

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**AMOUNT DUE:**

NO PAYMENT IS REQUIRED.

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**MAIL CHECK PAYABLE TO:**

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**MAIL EXTENSION AND (CHECK IF APPLICABLE) TO:**

DEPARTMENT OF REVENUE SERVICES  
STATE OF CONNECTICUT  
PO BOX 5014  
HARTFORD, CT 06102-5014

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**EXTENSION MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

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**SPECIAL INSTRUCTIONS:**

INCLUDE THE ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER AND  
FORM CT-990T EXT ON THE REMITTANCE.

**Form CT-990T EXT**  
**Application for Extension of Time to File**  
**Unrelated Business Income Tax Return**

**2012**

See instructions. Complete this return in blue or black ink only.

Enter Income Year Beginning **JUL 1**, 2012, and Ending **JUN 30**, 2013

<b>Taxpayer</b> (Please type or print)	Organization name <b>LIBERATION PROGRAMS, INC.</b>	<b>CT Tax Registration Number</b>
	Address Number and street PO Box <b>129 GLOVER AVENUE</b>	<b>DRS use only</b> <b>- - 20</b>
	City or town State ZIP code <b>NORWALK, CT 06850-1311</b>	<b>Federal Employer ID Number (FEIN)</b> <b>06-0867006</b>

**Request for six-month extension of time to file Form CT-990T only**

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

**Check type of organization:** ☒ Corporation ☐ Domestic trust ☐ Foreign trust ☐ Other

An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2012, or until **05/15/14** for fiscal year ending **06/30/13**.

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2012, or fiscal year beginning **JULY 1**, 2012, and ending **JUNE 30, 2013**. ☒ Yes ☐ No

If **No**, the reason for the Connecticut extension is \_\_\_\_\_

*Notification will be sent only if extension request is denied*

**Tentative Return**

<b>Computation</b>	1. Tentative amount of tax due for this income year, including surtax if applicable. See instr. ...	1.		00
	2. <i>Reserved for future use</i> .....	2.		
	3. Total amount of tax due for this income year: Enter amount from Line 1 .....	3.		00
	4a. Tax credits .....	4a.		00
	4b. Payments of estimated tax .....	4b.		00
	4c. Overpayment from prior year .....	4c.		00
	4. Total tax credit and payments: Add Lines 4a, 4b, and 4c .....	4.		00
5. <b>Balance due with this return:</b> Subtract Line 4 from Line 3 .....	5.		0 00	

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and "2012 Form CT-990T EXT" on the check and attach it to the return.

**Mail this return to:** Department of Revenue Services  
State of Connecticut  
PO Box 5014  
Hartford CT 06102-5014

Visit the DRS [www.ct.gov/DRS](http://www.ct.gov/DRS)  
**Taxpayer Service Center (TSC)** Taxpayer Service Center  
at [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay  
this return electronically.

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary <b>PRESIDENT AND CEO</b>	Title <b>PRESIDENT AND CEO</b>	Date	Telephone number <b>(203) 851-2077</b>
Paid preparer's signature		Date	Preparer's SSN or PTIN <b>P01058771</b>
Firm's name and address <b>COHNREZNICK LLP</b> <b>76 BATTERSON PARK ROAD</b> <b>FARMINGTON, CT</b>	<b>06032</b>		FEIN <b>06-0754920</b> Telephone number <b>(860) 678-6000</b>

1019

241911  
01-18-13

**Form CT-990T**  
**Connecticut Unrelated Business Income Tax Return**

**2012**

Complete this return in blue or black ink only.

Enter Income Year Beginning **JULY 1**, 2012, and Ending **JUNE 30**, 2013

<b>Taxpayer</b> (Please type or print)	Organization name (please type or print) <b>LIBERATION PROGRAMS, INC.</b>	<b>CT Tax Registration Number</b>
	Address number and street PO Box <b>129 GLOVER AVENUE</b>	<b>DRS use only</b> <b>- - 20</b>
	City or town State ZIP code <b>NORWALK, CT 06850-1311</b>	<b>Federal Employer ID Number (FEIN)</b> <b>06-0867006</b>

**Check and Complete All Applicable Boxes**

If the organization is annualizing its income check here ☐

**Change of:** ☐ Mailing address ☐ Closing month (Attach explanation.) **Return status:** ☐ Amended return ☐ Initial return ☐ Final return

**If final return:** ☐ Dissolved ☐ Withdrawn ☐ Merged/reorganized: Enter survivor's CT Tax Reg. Number. \_\_\_\_\_

**Type of organization:** ☒ Corporation ☐ Domestic trust ☐ Foreign trust ☐ Other: Explain \_\_\_\_\_

1. Date unrelated trade or business began in Connecticut: \_\_\_\_\_

2. Nature of unrelated trade or business income activity: **DEVELOPMENT OF SUPPORTIVE HOUSING**

3. **Corporation only:** Enter state of incorporation: \_\_\_\_\_ Date of organization: \_\_\_\_\_

Date qualified in Connecticut if not incorporated in Connecticut: \_\_\_\_\_

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

**Computation of Income**

1. Federal unrelated business taxable income from 2012 federal Form 990-T, Part II, Line 34	1	00
2. Federal net operating loss deduction from 2012 federal Form 990-T, Part II, Line 31	2	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3	00
4. <b>Total:</b> Add Lines 1, 2, and 3	4	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5	00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6	00

**Computation of Tax**

1. Unrelated business taxable income from Line 6 above. <b>If 100% Connecticut, enter also on Line 3</b>	1	00
2. Apportionment fraction from <i>Schedule A</i> , Line 5, page 2. Carry to six places	2	
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	3	00
4. Operating loss carryover from <i>Schedule B</i> , Line 13 on page 2	4	00
5. Income subject to tax: Subtract Line 4 from Line 3	5	00
6. <b>Tax:</b> Multiply Line 5 by 7.5% (.075)	6	00

**Computation of Amount Payable**

1. Tax: Include surtax if applicable. See instructions	1	00
2. <i>Reserved for future use</i>	2	
3. Total Tax: Enter the amount from Line 1	3	00
4. Tax credits from <b>Form CT-1120K</b> , Part III, Line 9. <b>Do not exceed amount on Line 1</b>	4	00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5	0 00
6a. Paid with application for extension from <b>Form CT-990T EXT</b>	6a	00
6b. Paid with estimates from <b>Forms CT-990T ESA, ESB, ESC, &amp; ESD</b>	6b	00
6c. Overpayment from prior year	6c	00
6. <b>Tax Payments:</b> Enter the total of Lines 6a, 6b, and 6c	6	00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7	00
8. Add Penalty (8a) Interest (8b) <b>CT-1120I</b> Interest (8c)	8	00
9. Amount to be credited to 2013 estimated tax (9a) Refunded (9b)	9	00

**For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.**

9c. Checking ☐ Savings ☐ 9d. Routing number \_\_\_\_\_

9e. Account number \_\_\_\_\_ 9f. Will this refund go to a bank account outside the U.S.? ☐ Yes

10. **Balance due with this return:** Add Line 7 and Line 8 10 0 00

Visit the DRS website at

www.ct.gov/DRS

TSC

www.ct.gov/TSC to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut,  
PO Box 5014, Hartford CT 06102-5014

Make check payable to:  
Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records.	Signature of officer or fiduciary	Date	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Title <b>PRESIDENT AND CEO</b>	Telephone number <b>(203) 851-2077</b>	
	Officer's email address		
	Paid preparer's signature	Date	Preparer's SSN or PTIN <b>P01058771</b>
	Firm's name and address <b>COHNREZNICK LLP FARMINGTON, CT 06032</b>	FEIN <b>06-0754920</b>	Telephone number <b>(860) 678-6000</b>

1019



**Schedule A - Unrelated Business Income Apportionment:** See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property  (Average value)	1. (a) Inventories	00	00	
	(b) Tangible property	00	00	
	(c) Real property	00	00	
	(d) Capitalized rent	00	00	
	<b>1. Total</b>	00	00	
Receipts	2. (a) Sales of tangibles	00	00	
	(b) Services	00	00	
	(c) Rentals	00	00	
	(d) Other	00	00	
	<b>2. Total</b>	00	00	
Wages, salaries, and other compensation	<b>3. Total</b>	00	00	
	<b>4. Total:</b> Add Lines 1, 2, and 3 in Column C.			
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C, Line 4; and also on front page, Computation of Tax, Line 2.</i>			

**Schedule B - Connecticut Apportioned Operating Loss Carryover**

1. 2000 Connecticut net operating loss available for use in 2012	1.	00
2. 2001 Connecticut net operating loss available for use in 2012	2.	00
3. 2002 Connecticut net operating loss available for use in 2012	3.	00
4. 2003 Connecticut net operating loss available for use in 2012	4.	00
5. 2004 Connecticut net operating loss available for use in 2012	5.	00
6. 2005 Connecticut net operating loss available for use in 2012	6.	00
7. 2006 Connecticut net operating loss available for use in 2012	7.	00
8. 2007 Connecticut net operating loss available for use in 2012	8.	00
9. 2008 Connecticut net operating loss available for use in 2012	9.	00
10. 2009 Connecticut net operating loss available for use in 2012	10.	00
11. 2010 Connecticut net operating loss available for use in 2012	11.	00
12. 2011 Connecticut net operating loss available for use in 2012	12.	00
13. <b>Total:</b> Add Lines 1 through 12. Enter here and on <i>Computation of Tax, Line 4.</i>	13.	00

**Schedule C - Computation of Net Operating Loss Carryforward**

1. Enter amount from <i>Computation of Income, Line 6</i> , if less than zero	1.	00
2. Add back specific deduction from 2012 federal Form 990-T, Part II, Line 33	2.	00
3. Subtotal: Add Line 1 and Line 2	3.	00
4. Apportionment fraction from <i>Schedule A, Line 5</i>	4.	
5. 2012 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	00

Form CT-990T Page 2 (Rev. 01/13)