

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 129 GLOVER AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06850-1311 F Name and address of principal officer: ALAN MATHIS SAME AS C ABOVE	D Employer identification number ** - ***7006 E Telephone number (203) 851-2077 G Gross receipts \$ 9,769,437. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ LIBERATIONPROGRAMS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1971 M State of legal domicile: CT		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES TREATMENT AND PREVENTION PROGRAMS FOR ALCOHOL AND DRUG ABUSERS AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	131
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	5,131,062.
9	Program service revenue (Part VIII, line 2g)	9	5,727,494.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	3,714,039.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-43,102.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	38,802.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	8,840,801.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	19,405.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,918.	16b	5,805,276.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	2,969,741.
19	Revenue less expenses. Subtract line 18 from line 12	19	9,345,099.
20	Total assets (Part X, line 16)	20	-504,298.
21	Total liabilities (Part X, line 26)	21	1,113,243.
22	Net assets or fund balances. Subtract line 21 from line 20	22	4,172,008.
23		23	5,331,359.
24		24	6,361,108.
25		25	6,407,216.
26		26	-2,189,100.
27		27	-1,075,857.

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.

Sign Here	Signature of officer ALAN MATHIS, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY NARDONE Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN *****8771 Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ ** - ***8099 Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 Phone no. 959-200-7000	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ **4,164,325.** including grants of \$) (Revenue \$ **2,993,094.**)

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 \$ **1,834,355.** including grants of \$) (Revenue \$ **884,320.**)

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 \$ **686,804.** including grants of \$) (Revenue \$ **128,080.**)

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 \$ **510,589.** including grants of \$ **24,405.**) (Revenue \$)**4e** Total program service expenses **7,196,073.**

Part IV Checklist of Required Schedules

	Yes	No
1 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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 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>	17	X
18 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>	18 X	
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. 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>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 24		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 131		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a 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)?	4a		X
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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a 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 Enter the number of voting members included in line 1a, above, who are independent		15		
2 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
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a 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 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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	
11a 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c 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
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
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).		
16a 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 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 ContractorsCheck if Schedule O contains a response or note to any line 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) BARBARA MOCCIA BOARD MEMBER	1.00	X						0.	0.	0.
(2) CHRISTY SADLER BOARD MEMBER	1.00	X						0.	0.	0.
(3) DAVID M. MOROSAN BOARD MEMBER	1.00	X						0.	0.	0.
(4) DEBRA W. HERTZ CHAIR	1.00	X		X				0.	0.	0.
(5) DENNIS MONSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) EDWARD POLLAK BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOHN P. BASSLER BOARD MEMBER	1.00	X						0.	0.	0.
(8) KWAME MOSES BOARD MEMBER	1.00	X						0.	0.	0.
(9) MARY LOU SHEFFRIN BOARD MEMBER	1.00	X						0.	0.	0.
(10) MICHAEL URBAN BOARD MEMBER	1.00	X						0.	0.	0.
(11) MORT LOWENTHAL TREASURER	1.00	X		X				0.	0.	0.
(12) SHELLE CLEVELAND BOARD MEMBER	1.00	X						0.	0.	0.
(13) SHERRY SOPIN VICE CHAIR	1.00	X		X				0.	0.	0.
(14) SUSAN DIMATTIA SECRETARY	1.00	X		X				0.	0.	0.
(15) SUZANNE GREY BOARD MEMBER	1.00	X						0.	0.	0.
(16) ALAN J. MATHIS PRESIDENT AND CHIEF EXECUTIVE OFFICE	40.00			X				174,530.	0.	19,494.
(17) OMAR GARRO CHIEF FINANCIAL OFFICER	40.00			X				96,189.	0.	36,472.

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) CARY OSTROW CHIEF PROGRAM OFFICER	40.00					X		104,573.	0.	28,368.
(19) JOHNNI CUCCO-MALLOY CHIEF DEVELOPMENT & ADMIN	40.00					X		107,245.	0.	29,122.
(20) NANCY NAVARETTA CHIEF OPERATING OFFICER	40.00					X		123,077.	0.	6,844.
(21) SIMON OVANEISSIAN CHIEF MEDICAL OFFICER	40.00					X		201,534.	0.	27,577.
1b Sub-total								807,148.	0.	147,877.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								807,148.	0.	147,877.

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 **5**

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
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		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	86,943.				
	b Membership dues	1b					
	c Fundraising events	1c	124,200.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,626,442.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	889,909.				
	g Noncash contributions included in lines 1a-1f: \$		21,564.				
	h Total. Add lines 1a-1f	▶ 5,727,494.					
Program Service Revenue	2 a MEDICAID PAYMENTS	Business Code	624100	2,697,842.	2,697,842.		
	b FEEs FROM GOVERNMENT A		624100	1,065,680.	1,065,680.		
	c OTHER		624100	241,972.	241,972.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 4,005,494.					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶		17.		
4 Income from investment of tax-exempt bond proceeds		▶					
5 Royalties		▶					
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses		16,131.	0.				
c Rental income or (loss)		16,131.					
d Net rental income or (loss)		▶ 16,131.					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)		▶					
8 a Gross income from fundraising events (not including \$ 124,200. of contributions reported on line 1c). See Part IV, line 18		a	20,301.				
b Less: direct expenses		b	42,507.				
c Net income or (loss) from fundraising events		▶ -22,206.					
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶						
12 Total revenue. See instructions.	▶			9,726,930.	4,005,494.	0.	-6,058.

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 or note to any line 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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	24,405.	24,405.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	327,610.		327,610.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,297,447.	3,969,513.	218,972.	108,962.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,001.	61,576.	8,560.	1,865.
9 Other employee benefits	640,779.	548,001.	76,184.	16,594.
10 Payroll taxes	467,439.	401,998.	56,092.	9,349.
11 Fees for services (non-employees):				
a Management				
b Legal	45,864.	22,605.	23,259.	
c Accounting	63,500.		63,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	115,482.	102,794.	12,688.	
12 Advertising and promotion	78.		78.	
13 Office expenses	132,706.	112,907.	19,074.	725.
14 Information technology				
15 Royalties				
16 Occupancy	1,230,629.	962,411.	267,814.	404.
17 Travel	36,973.	33,724.	2,875.	374.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,205.	6,978.	10,685.	542.
20 Interest	1,782.	1,782.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	272,698.	234,087.	38,479.	132.
23 Insurance	88,255.	10,696.	77,559.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	439,492.	381,988.	55,677.	1,827.
b FOOD COSTS	274,771.	274,753.	18.	
c EQUIPMENT REPAIR & LEAS	44,258.	42,807.	1,307.	144.
d TAXES	19,313.	3,048.	16,265.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,613,687.	7,196,073.	1,276,696.	140,918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	346,104.	1	946,186.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	157,380.	3	197,932.
	4 Accounts receivable, net	414,762.	4	321,821.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,379.	9	73,195.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,820,812.		
	b Less: accumulated depreciation	10b 3,998,502.	10c	2,822,310.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	665,975.	13	834,906.
	14 Intangible assets	1,888.	14	3,586.
	15 Other assets. See Part IV, line 11	127,536.	15	131,423.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,172,008.	16	5,331,359.	
Liabilities	17 Accounts payable and accrued expenses	1,094,500.	17	888,093.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	25,852.	23	13,962.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,240,756.	25	5,505,161.
	26 Total liabilities. Add lines 17 through 25	6,361,108.	26	6,407,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,189,100.	27	-1,075,857.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-2,189,100.	33	-1,075,857.
	34 Total liabilities and net assets/fund balances	4,172,008.	34	5,331,359.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,726,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,613,687.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,113,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,189,100.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,075,857.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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 checked="" 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	X
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	X

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

-*7006

Part I	Reason for Public Charity Status (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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5149459.	5248340.	5175539.	5131062.	5727494.	26431894.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5149459.	5248340.	5175539.	5131062.	5727494.	26431894.
5 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)						
6 Public support. Subtract line 5 from line 4.						26431894.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5149459.	5248340.	5175539.	5131062.	5727494.	26431894.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,276.	58,005.	55,803.	38,805.	16,148.	189,037.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	119,965.	72,730.	56,286.	49,365.	20,301.	318,647.
11 Total support. Add lines 7 through 10						26939578.
12 Gross receipts from related activities, etc. (see instructions)					12	21,418,786.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.12	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.26	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ ►**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012.** 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 ☐ ►

Supplemental Information.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

-*7006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization	Employer identification number
LIBERATION PROGRAMS, INC.	** - ***7006

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VINCE & LINDA MCMAHON FAMILY FOUNDATION INC. 1241 E. MAIN STREET STAMFORD, CT 06902	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

-*7006

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

LIBERATION PROGRAMS, INC.**** - ***7006****Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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.**

OMB No. 1545-0047

2013**Open to Public
Inspection**▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990.**Name of the organization**

LIBERATION PROGRAMS, INC.

Employer identification number

-*7006

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?

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)?

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 _____

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		1,677,570.	381,926.	1,295,644.
c Leasehold improvements		3,783,097.	2,510,444.	1,272,653.
d Equipment				
e Other		1,329,450.	1,106,132.	223,318.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,822,310.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN ELMCREST		
(2) TERRACE SUPPORTIVE		
(3) HOUSING	834,906.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	834,906.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO SUBSIDIARY ORGANIZATIONS	5,505,161.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,505,161.	

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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 X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN

ACCORDANCE WITH THE INCOME TAX TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS

BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC"). THE

ORGANIZATION FILES FEDERAL AND STATE OF CONNECTICUT INCOME TAX RETURNS,

WHICH REPRESENT THE MAJOR TAX JURISDICTIONS OF THE ORGANIZATION. FEDERAL

AND STATE TAX YEARS 2009 THROUGH 2013 REMAIN OPEN FOR AUDIT UNDER THE

VARIOUS STATUTES OF LIMITATIONS. THE ORGANIZATION DOES NOT BELIEVE THERE

ARE ANY UNCERTAIN TAX POSITIONS AT JUNE 30, 2014 AND 2013.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	----------------------------------------------------

[illegible]

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number	
--------------------------------	--

-*7006

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	144,501.			144,501.
	2 Less: Contributions	124,200.			124,200.
	3 Gross income (line 1 minus line 2)	20,301.			20,301.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	24,796.			24,796.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,711.			17,711.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42,507.
11 Net income summary. Subtract line 10 from line 3, column (d)				-22,206.	

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				
Direct Expenses	2 Cash prizes				
	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. Subtract line 7 from line 1, column (d)				

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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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.** 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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number
-*7006

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREENWICH 1 LAFAYETTE CT GREENWICH, CT 06830	00*: *--**-* 05073		5,675.	0.			LOCAL PREVENTION COUNCIL FUNDS
THE COMMUNITY FUND OF DARIEN 701 POST ROAD DARIEN, CT 06820	00*: *--**-* 07083		3,300.	0.			LOCAL PREVENTION COUNCIL FUNDS
NEW CANAAN CARES 91 ELM STREET NEW CANAAN, CT 06840	00*: *--**-* 03083		3,300.	0.			LOCAL PREVENTION COUNCIL FUNDS
STAMFORD FOCUS ON YOUTH COUNCIL 888 WASHINGTON BLVD STAMFORD, CT 06901	00*: *--**-* 01093		7,130.	0.			LOCAL PREVENTION COUNCIL FUNDS
RYASAP 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	00*: *--**-* 07093		5,000.	0.			LOCAL PREVENTION COUNCIL FUNDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.
- 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) (2013)

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. 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" on Form 990, Part IV, line 23.**

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

**** - ***7006**

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 directors, trustees, and officers, including 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2013

Part III	Supplemental Information
-----------------	---------------------------------

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number

-*7006

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 12C:

MANAGEMENT REVIEWS CONFLICT OF INTEREST STATEMENTS FOR
POTENTIAL CONFLICTS.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LIBERATION PROGRAMS, INC.

Employer identification number
****-***7006**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on 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
***** ** ** ** ***** , *** - **_***0218 4 ELMCREST TERRACE NORWALK, CT 06850	PROVIDES FACILITIES FOR PROGRAMS WHICH PROVIDE TREATMENT OF DRUG ABUSE	CONNECTICUT	501 (C) (2)		LIBERATION PROGRAMS		X
***** ***** - **_***5030 4 ELMCREST TERRACE NORWALK, CT 06850	MAKES CHARTABLE GRANTS FOR PREVENTION AND TREATMENT OF DRUG ABUSERS	CONNECTICUT	501 (C) (3)	SEC170(B)(1) (A)(VI)	LIBERATION PROGRAMS		X

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

Schedule R (Form 990) 2013

Part VTransactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?		Yes	No
a	Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)	X	
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		X

2 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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF LMG PROGRAMS	K	351,552.	LEASE AGREEMENT
(2) FRIENDS OF LMG PROGRAMS	E	4,714,894.	ADVANCES FOR RENT
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

: **-9372

129 GLOVER AVENUE

NORWALK, CT 06850

PRIMARY ACTIVITY: AFFORDABLE HOUSING

DIRECT CONTROLLING ENTITY:

2013 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
1	VEHICLES	VARIOUS	SL	5.00		16	130,821.				130,821.	130,821.		0.	130,821.
2	LAND	VARIOUS	L				30,695.				30,695.			0.	
3	VEHICLES	02/01/06	SL	5.00		16	4,560.				4,560.	4,560.		0.	4,560.
4	FURN, FIX, & EQUIPMENT	04/01/06	SL	10.00		16	6,397.				6,397.	6,397.		0.	6,397.
5	FURN, FIX, & EQUIPMENT	07/01/05	SL	10.00		16	5,312.				5,312.	4,248.		531.	4,779.
6	FURN, FIX, & EQUIPMENT	10/01/06	SL	7.00		16	10,955.				10,955.	10,564.		391.	10,955.
7	FURN, FIX, & EQUIPMENT	03/01/07	SL	5.00		16	1,793.				1,793.	1,793.		0.	1,793.
8	COMPUTER SOFTWARE	09/28/07	SL	5.00		16	2,035.				2,035.	2,035.		0.	2,035.
9	BUILDING IMPROVEMENTS	08/06/08	SL	5.00		16	5,550.				5,550.	3,839.		93.	3,932.
10	BUILDING IMPROVEMENTS	02/27/08	SL	5.00		16	2,880.				2,880.	2,880.		0.	2,880.
11	VEHICLE IMPROVEMENTS	03/04/08	SL	5.00		16	6,480.				6,480.	6,480.		0.	6,480.
12	TELEPHONES	03/28/08	SL	5.00		16	94,914.				94,914.	73,541.		0.	73,541.
13	SECURITY SYSTEM	04/01/09	SL	10.00		16	17,132.				17,132.	5,569.		1,713.	7,282.
14	SECURITY SYSTEM	10/01/08	SL	10.00		16	11,675.				11,675.	5,548.		1,168.	6,716.
15	BATHROOM RENOVATION	04/01/09	SL	10.00		16	6,680.				6,680.	2,839.		668.	3,507.
16	SEWER PLUMBING REROUTING	02/01/09	SL	20.00		16	18,823.				18,823.	4,156.		941.	5,097.
17	HVAC RENOVATION	02/01/09	SL	20.00		16	50,897.				50,897.	11,240.		2,545.	13,785.
18	FACILITY REWIRE	12/01/08	SL	20.00		16	6,226.				6,226.	1,479.		311.	1,790.

328111
05-01-13

(D) - Asset disposed

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

2013 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
19	NEW WATER HEATERS	03/01/09	SL	20.00		16	10,663.				10,663.	2,310.		533.	2,843.
20	SAGE 50 FUNDRAISING SYSTEM	08/01/08	SL	5.00		16	8,083.				8,083.	7,950.		133.	8,083.
21	BEDROOM FURNITURE	09/01/08	SL	5.00		16	15,296.				15,296.	14,785.		511.	15,296.
22	TABLES	09/01/08	SL	5.00		16	4,651.				4,651.	4,495.		156.	4,651.
23	CHAIRS	09/01/08	SL	5.00		16	3,025.				3,025.	2,924.		101.	3,025.
24	SECURITY SYSTEM	04/01/09	SL	10.00		16	5,845.				5,845.	2,433.		585.	3,018.
25	PAYROLL CLOCK SYSTEM	08/01/09	SL	5.00		16	3,587.				3,587.	2,809.		717.	3,526.
26	LEASEHOLD IMPROVEMENTS	06/01/10	SL	10.00		16	32,346.				32,346.	9,975.		3,235.	13,210.
27	EMR SYSTEM	04/01/10	SL	7.00		16	40,000.				40,000.	18,571.		5,714.	24,285.
28	NEW SIGNAGE	03/01/10	SL	10.00		16	4,350.				4,350.	1,015.		435.	1,450.
29	COMPUTERS AND MONITORS	01/01/10	SL	5.00		16	11,260.				11,260.	7,882.		2,252.	10,134.
30	TV	02/01/10	SL	5.00		16	900.				900.	615.		180.	795.
31	LAPTOP	06/01/10	SL	5.00		16	1,138.				1,138.	703.		228.	931.
32	COMPUTER SOFTWARE	03/01/10	SL	7.00		16	96,456.				96,456.	45,930.		13,779.	59,709.
33	ACCOUNTING SOFTWARE	06/01/10	SL	5.00		16	59,790.				59,790.	47,832.		11,958.	59,790.
34	LEASEHOLD IMPROVEMENTS - GLOVER	06/01/11	SL	12.00	MQ	16	41,205.				41,205.	7,154.		3,434.	10,588.
35	LEASEHOLD IMPROVEMENTS - MILL HILL	01/31/11	SL	10.00	MQ	16	70,437.				70,437.	17,609.		7,044.	24,653.
36	LEASEHOLD IMPROVEMENTS - CATCH BASIN	01/31/11	SL	10.00	MQ	16	2,900.				2,900.	440.		290.	730.

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05-01-13

(D) - Asset disposed

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

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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
37	LEASEHOLD IMPROVEMENTS	01/31/11	SL	10.00	MQ16		77,075.				77,075.	19,269.		7,708.	26,977.
38	LEASEHOLD IMPROVEMENTS	03/01/11	SL	10.00	MQ16		2,175.				2,175.	1,306.		218.	1,524.
39	LEASEHOLD IMPROVEMENTS	05/01/11	SL	10.00	MQ16		22,188.				22,188.	8,136.		2,219.	10,355.
40	HONDA PILOT	12/02/10	SL	5.00	MQ16		31,017.				31,017.	16,025.		6,203.	22,228.
41	HONDA PILOT	12/03/10	SL	5.00	MQ16		33,318.				33,318.	17,215.		6,664.	23,879.
42	JEEP CHEROKEE	05/30/11	SL	5.00	MQ16		35,843.				35,843.	14,935.		7,169.	22,104.
43	OFFICE FURNITURE	05/01/11	SL	12.00	MQ16		71,525.				71,525.	12,914.		5,960.	18,874.
44	OFFICE FURNITURE	11/01/10	SL	10.00	MQ16		2,072.				2,072.	553.		207.	760.
45	FURNITURE	01/01/11	SL	7.00	MQ16		36,524.				36,524.	13,044.		5,218.	18,262.
46	DELL COMPUTERS	05/01/11	SL	5.00	MQ16		21,534.				21,534.	9,690.		4,307.	13,997.
47	IT AC UNIT	06/01/12	SL	10.00	MQ16		6,380.				6,380.	771.		638.	1,409.
48	METH. LINE REHAB	06/01/12	SL	10.00	MQ16		8,688.				8,688.	1,050.		869.	1,919.
49	STAIRS & HALLWAY RENOVATION	11/30/11	SL	10.00	MQ16		6,858.				6,858.	1,143.		686.	1,829.
50	TRAINING ROOM FURNITURE	11/01/11	SL	10.00	MQ16		3,010.				3,010.	502.		301.	803.
51	PARTITIONS FOR GROUP ROOM	02/01/12	SL	10.00	MQ16		6,250.				6,250.	886.		625.	1,511.
52	NEW DISPENSING SYSTEM	06/01/12	SL	7.00	MQ16		22,542.				22,542.	3,489.		3,220.	6,709.
53	NEW DISPENSING SYSTEM	06/01/12	SL	7.00	MQ16		22,542.				22,542.	3,489.		3,220.	6,709.
54	SOFTWARE	03/01/10	SL	5.00	16		4,893.				4,893.	3,262.		979.	4,241.

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05-01-13

(D) - Asset disposed

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

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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
55	METHADONE LABEL PRINTER	02/01/13	SL	7.00		16	1,050.				1,050.	63.		150.	213.
56	MILL HILL REVITALIZATION	06/30/04	SL	10.00		16	23,352.				23,352.	20,738.		2,335.	23,073.
57	FIRP GRANT ASSETS	06/17/95	SL	20.00		16	26,028.				26,028.	22,775.		1,301.	24,076.
58	KITCHEN RENOVATION	05/01/07	SL	10.00		16	15,164.				15,164.	9,351.		1,516.	10,867.
59	BUILDING IMPROVEMENTS	01/01/04	SL	40.00		16	248,772.				248,772.	6,219.		6,219.	12,438.
60	CARPET	03/01/06	SL	10.00		16	3,060.				3,060.	306.		306.	612.
61	ALARM SYSTEM AND WIRING	01/01/04	SL	10.00		16	2,771.				2,771.	277.		139.	416.
62	BUILDING IMPROVEMENTS	05/01/06	SL	10.00		16	2,425.				2,425.	243.		243.	486.
63	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	127,114.				127,114.	85,802.		6,356.	92,158.
64	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	29,652.				29,652.	19,077.		1,483.	20,560.
65	BUILDING IMPROVEMENTS	01/01/97	SL	40.00		16	40,239.				40,239.	1,006.		1,006.	2,012.
66	BUILDING IMPROVEMENTS	01/01/00	SL	40.00		16	10,500.				10,500.	263.		263.	526.
67	BUILDING IMPROVEMENTS	06/01/00	SL	40.00		16	47,886.				47,886.	1,197.		1,197.	2,394.
68	BUILDING IMPROVEMENTS	03/01/00	SL	40.00		16	82,112.				82,112.	2,053.		2,053.	4,106.
69	BUILDING IMPROVEMENTS	05/01/00	SL	40.00		16	3,582.				3,582.	90.		90.	180.
70	BUILDING IMPROVEMENTS	06/01/00	SL	40.00		16	54,572.				54,572.	1,364.		1,364.	2,728.
71	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	60,855.				60,855.	1,521.		1,521.	3,042.
72	BUILDING IMPROVEMENTS	01/01/01	SL	40.00		16	25,916.				25,916.	648.		648.	1,296.

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05-01-13

(D) - Asset disposed

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

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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
73	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	21,418.				21,418.	535.		535.	1,070.
74	BUILDING IMPROVEMENTS	01/01/01	SL	40.00		16	7,627.				7,627.	191.		191.	382.
75	BUILDING IMPROVEMENTS	10/01/00	SL	40.00		16	16,089.				16,089.	402.		402.	804.
76	BUILDING IMPROVEMENTS	12/01/00	SL	40.00		16	1,111.				1,111.	28.		28.	56.
77	BUILDING IMPROVEMENTS	07/01/00	SL	40.00		16	308.				308.	8.		8.	16.
78	BUILDING IMPROVEMENTS	09/01/00	SL	40.00		16	48,450.				48,450.	1,211.		1,211.	2,422.
79	BUILDING IMPROVEMENTS	07/01/00	SL	40.00		16	129,860.				129,860.	3,247.		3,247.	6,494.
80	BUILDING IMPROVEMENTS	01/01/11	SL	10.00		16	2,745.				2,745.	275.		275.	550.
81	BUILDING IMPROVEMENTS	06/01/11	SL	10.00		16	1,945.				1,945.	195.		195.	390.
82	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	118,533.				118,533.	118,533.		0.	118,533.
83	LEASEHOLD IMPROVEMENTS	05/01/00	SL	20.00		16	940.				940.	541.		47.	588.
84	LEASEHOLD IMPROVEMENTS	06/01/00	SL	20.00		16	2,136.				2,136.	1,228.		107.	1,335.
85	LEASEHOLD IMPROVEMENTS	01/01/00	SL	20.00		16	115,841.				115,841.	72,110.		5,792.	77,902.
86	LEASEHOLD IMPROVEMENTS	10/01/04	SL	10.00		16	148,296.				148,296.	114,930.		14,830.	129,760.
87	LEASEHOLD IMPROVEMENTS	03/01/05	SL	10.00		16	8,345.				8,345.	5,355.		835.	6,190.
88	LEASEHOLD IMPROVEMENTS	01/01/92	SL	40.00		16	2,049,261.				2,049,261.	1,383,239.		51,232.	1,434,471.
89	LEASEHOLD IMPROVEMENTS	01/01/93	SL	40.00		16	23,764.				23,764.	14,851.		594.	15,445.
90	LEASEHOLD IMPROVEMENTS	01/01/94	SL	40.00		16	29,518.				29,518.	16,236.		738.	16,974.

328111
05-01-13

(D) - Asset disposed

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

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
91	LEASEHOLD IMPROVEMENTS	01/01/95	SL	40.00		16	1,855.				1,855.	836.		46.	882.
92	LEASEHOLD IMPROVEMENTS	01/01/95	SL	40.00		16	2,425.				2,425.	1,052.		61.	1,113.
93	LEASEHOLD IMPROVEMENTS	01/01/99	SL	20.00		16	67,160.				67,160.	48,692.		3,358.	52,050.
94	LEASEHOLD IMPROVEMENTS	06/01/98	SL	10.00		16	8,675.				8,675.	8,675.		0.	8,675.
95	LEASEHOLD IMPROVEMENTS	02/01/99	SL	120M		16	1,299.				1,299.	823.		11.	834.
96	LEASEHOLD IMPROVEMENTS	03/01/00	SL	20.00		16	37,063.				37,063.	25,018.		1,853.	26,871.
97	LEASEHOLD IMPROVEMENTS	03/01/00	SL	10.00		16	3,191.				3,191.	3,191.		0.	3,191.
98	LEASEHOLD IMPROVEMENTS	01/01/00	SL	40.00		16	373,010.				373,010.	125,744.		9,325.	135,069.
99	LEASEHOLD IMPROVEMENTS	01/01/04	SL	10.00		16	6,948.				6,948.	6,601.		347.	6,948.
100	LEASEHOLD IMPROVEMENTS	06/01/04	SL	10.00		16	5,858.				5,858.	5,565.		293.	5,858.
101	LEASEHOLD IMPROVEMENTS	03/01/05	SL	10.00		16	64,279.				64,279.	53,565.		6,428.	59,993.
102	LEASEHOLD IMPROVEMENTS	05/01/07	SL	10.00		16	413,033.				413,033.	254,704.		41,303.	296,007.
103	BUILDING IMPROVEMENTS	VARIOUS	SL	10.00		16	110,478.				110,478.	110,478.		0.	110,478.
104	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	10.00		16	300,563.				300,563.	300,563.		0.	300,563.
105	FURNITURES AND FIXTURES	VARIOUS	SL	7.00		16	433,231.				433,231.	433,231.		0.	433,231.
106	COMPUTER AND TELEPHONE	VARIOUS	SL	5.00		16	160,864.				160,864.	160,864.		0.	160,864.
107	COMPUTER SOFTWARE	VARIOUS	SL	5.00		16	26,989.				26,989.	26,989.		0.	26,989.
* TOTAL 990 PAGE 10 DEPR							6,788,349.				6,788,349.	4,073,799.		287,539.	4,361,338.

328111
05-01-13

(D) - Asset disposed

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

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

2013Attachment
Sequence No. **179**

LIBERATION PROGRAMS, INC.

FORM 990 PAGE 10

** - ***7006

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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 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 2014. 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	287,539.

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 2013	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 2013 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 2013 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	287,539.
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	

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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
27 Property used 50% or less in a qualified business use:								
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
42 Amortization of costs that begins during your 2013 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2013 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
1	VEHICLES	VARI	ESSL	5.00	16	130,821.			130,821.	130,821.		0.
2	LAND	VARI	ESSL			30,695.			30,695.			0.
3	VEHICLES	020106	SL	5.00	16	4,560.			4,560.	4,560.		0.
4	FURN, FIX, & EQUIPMENT	040106	SL	10.00	16	6,397.			6,397.	6,397.		0.
5	FURN, FIX, & EQUIPMENT	070105	SL	10.00	16	5,312.			5,312.	4,248.		531.
6	FURN, FIX, & EQUIPMENT	100106	SL	7.00	16	10,955.			10,955.	10,564.		391.
7	FURN, FIX, & EQUIPMENT	030107	SL	5.00	16	1,793.			1,793.	1,793.		0.
8	COMPUTER SOFTWARE	092807	SL	5.00	16	2,035.			2,035.	2,035.		0.
9	BUILDING IMPROVEMENTS	080608	SL	5.00	16	5,550.			5,550.	3,839.		93.
10	BUILDING IMPROVEMENTS	022708	SL	5.00	16	2,880.			2,880.	2,880.		0.
11	VEHICLE IMPROVEMENTS	030408	SL	5.00	16	6,480.			6,480.	6,480.		0.
12	TELEPHONES	032808	SL	5.00	16	94,914.			94,914.	73,541.		0.
13	SECURITY SYSTEM	040109	SL	10.00	16	17,132.			17,132.	5,569.		1,713.
14	SECURITY SYSTEM	100108	SL	10.00	16	11,675.			11,675.	5,548.		1,168.
15	BATHROOM RENOVATION	040109	SL	10.00	16	6,680.			6,680.	2,839.		668.
16	SEWER PLUMBING REROUTING	020109	SL	20.00	16	18,823.			18,823.	4,156.		941.
17	HVAC RENOVATION	020109	SL	20.00	16	50,897.			50,897.	11,240.		2,545.
18	FACILITY REWIRE	120108	SL	20.00	16	6,226.			6,226.	1,479.		311.

328102
05-01-13

(D) - Asset disposed

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

2013 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
19	NEW WATER HEATERS	030109	SL	20.00	16	10,663.			10,663.	2,310.		533.
20	SAGE 50 FUNDRAISING SYSTEM	080108	SL	5.00	16	8,083.			8,083.	7,950.		133.
21	BEDROOM FURNITURE	090108	SL	5.00	16	15,296.			15,296.	14,785.		511.
22	TABLES	090108	SL	5.00	16	4,651.			4,651.	4,495.		156.
23	CHAIRS	090108	SL	5.00	16	3,025.			3,025.	2,924.		101.
24	SECURITY SYSTEM	040109	SL	10.00	16	5,845.			5,845.	2,433.		585.
25	PAYROLL CLOCK SYSTEM	080109	SL	5.00	16	3,587.			3,587.	2,809.		717.
26	LEASEHOLD IMPROVEMENTS	060110	SL	10.00	16	32,346.			32,346.	9,975.		3,235.
27	EMR SYSTEM	040110	SL	7.00	16	40,000.			40,000.	18,571.		5,714.
28	NEW SIGNAGE	030110	SL	10.00	16	4,350.			4,350.	1,015.		435.
29	COMPUTERS AND MONITORS	010110	SL	5.00	16	11,260.			11,260.	7,882.		2,252.
30	TV	020110	SL	5.00	16	900.			900.	615.		180.
31	LAPTOP	060110	SL	5.00	16	1,138.			1,138.	703.		228.
32	COMPUTER SOFTWARE	030110	SL	7.00	16	96,456.			96,456.	45,930.		13,779.
33	ACCOUNTING SOFTWARE	060110	SL	5.00	16	59,790.			59,790.	47,832.		11,958.
34	LEASEHOLD IMPROVEMENTS - GLOV	060111	SL	12.00	16	41,205.			41,205.	7,154.		3,434.
35	LEASEHOLD IMPROVEMENTS - MILL	013111	SL	10.00	16	70,437.			70,437.	17,609.		7,044.
36	LEASEHOLD IMPROVEMENTS - CATC	013111	SL	10.00	16	2,900.			2,900.	440.		290.

2013 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
37	LEASEHOLD IMPROVEMENTS	013111	SL	10.00	16	77,075.			77,075.	19,269.		7,708.
38	LEASEHOLD IMPROVEMENTS	030111	SL	10.00	16	2,175.			2,175.	1,306.		218.
39	LEASEHOLD IMPROVEMENTS	050111	SL	10.00	16	22,188.			22,188.	8,136.		2,219.
40	HONDA PILOT	120210	SL	5.00	16	31,017.			31,017.	16,025.		6,203.
41	HONDA PILOT	120310	SL	5.00	16	33,318.			33,318.	17,215.		6,664.
42	JEEP CHEROKEE	053011	SL	5.00	16	35,843.			35,843.	14,935.		7,169.
43	OFFICE FURNITURE	050111	SL	12.00	16	71,525.			71,525.	12,914.		5,960.
44	OFFICE FURNITURE	110110	SL	10.00	16	2,072.			2,072.	553.		207.
45	FURNITURE	010111	SL	7.00	16	36,524.			36,524.	13,044.		5,218.
46	DELL COMPUTERS	050111	SL	5.00	16	21,534.			21,534.	9,690.		4,307.
47	IT AC UNIT	060112	SL	10.00	16	6,380.			6,380.	771.		638.
48	METH. LINE REHAB STAIRS & HALLWAY	060112	SL	10.00	16	8,688.			8,688.	1,050.		869.
49	RENOVATION TRAINING ROOM	113011	SL	10.00	16	6,858.			6,858.	1,143.		686.
50	FURNITURE PARTITIONS FOR	110111	SL	10.00	16	3,010.			3,010.	502.		301.
51	GROUP ROOM	020112	SL	10.00	16	6,250.			6,250.	886.		625.
52	NEW DISPENSING SYSTEM	060112	SL	7.00	16	22,542.			22,542.	3,489.		3,220.
53	NEW DISPENSING SYSTEM	060112	SL	7.00	16	22,542.			22,542.	3,489.		3,220.
54	SOFTWARE	030110	SL	5.00	16	4,893.			4,893.	3,262.		979.

2013 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
55	METHADONE LABEL PRINTER	020113	SL	7.00	16	1,050.			1,050.	63.		150.
56	MILL HILL REVITALIZATION	063004	SL	10.00	16	23,352.			23,352.	20,738.		2,335.
57	FIRP GRANT ASSETS	061795	SL	20.00	16	26,028.			26,028.	22,775.		1,301.
58	KITCHEN RENOVATION BUILDING	050107	SL	10.00	16	15,164.			15,164.	9,351.		1,516.
59	IMPROVEMENTS	010104	SL	40.00	16	248,772.			248,772.	6,219.		6,219.
60	CARPET	030106	SL	10.00	16	3,060.			3,060.	306.		306.
61	ALARM SYSTEM AND WIRING	010104	SL	10.00	16	2,771.			2,771.	277.		139.
62	BUILDING IMPROVEMENTS	050106	SL	10.00	16	2,425.			2,425.	243.		243.
63	LEASEHOLD IMPROVEMENTS	010199	SL	20.00	16	127,114.			127,114.	85,802.		6,356.
64	LEASEHOLD IMPROVEMENTS	010199	SL	20.00	16	29,652.			29,652.	19,077.		1,483.
65	BUILDING IMPROVEMENTS	010197	SL	40.00	16	40,239.			40,239.	1,006.		1,006.
66	BUILDING IMPROVEMENTS	010100	SL	40.00	16	10,500.			10,500.	263.		263.
67	BUILDING IMPROVEMENTS	060100	SL	40.00	16	47,886.			47,886.	1,197.		1,197.
68	BUILDING IMPROVEMENTS	030100	SL	40.00	16	82,112.			82,112.	2,053.		2,053.
69	BUILDING IMPROVEMENTS	050100	SL	40.00	16	3,582.			3,582.	90.		90.
70	BUILDING IMPROVEMENTS	060100	SL	40.00	16	54,572.			54,572.	1,364.		1,364.
71	BUILDING IMPROVEMENTS	120100	SL	40.00	16	60,855.			60,855.	1,521.		1,521.
72	BUILDING IMPROVEMENTS	010101	SL	40.00	16	25,916.			25,916.	648.		648.

2013 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
73	BUILDING	120100	SL	40.00	16	21,418.			21,418.	535.		535.
74	BUILDING	010101	SL	40.00	16	7,627.			7,627.	191.		191.
75	BUILDING	100100	SL	40.00	16	16,089.			16,089.	402.		402.
76	BUILDING	120100	SL	40.00	16	1,111.			1,111.	28.		28.
77	BUILDING	070100	SL	40.00	16	308.			308.	8.		8.
78	BUILDING	090100	SL	40.00	16	48,450.			48,450.	1,211.		1,211.
79	BUILDING	070100	SL	40.00	16	129,860.			129,860.	3,247.		3,247.
80	BUILDING	010111	SL	10.00	16	2,745.			2,745.	275.		275.
81	BUILDING	060111	SL	10.00	16	1,945.			1,945.	195.		195.
82	LEASEHOLD	010199	SL	20.00	16	118,533.			118,533.	118,533.		0.
83	LEASEHOLD	050100	SL	20.00	16	940.			940.	541.		47.
84	LEASEHOLD	060100	SL	20.00	16	2,136.			2,136.	1,228.		107.
85	LEASEHOLD	010100	SL	20.00	16	115,841.			115,841.	72,110.		5,792.
86	LEASEHOLD	100104	SL	10.00	16	148,296.			148,296.	114,930.		14,830.
87	LEASEHOLD	030105	SL	10.00	16	8,345.			8,345.	5,355.		835.
88	LEASEHOLD	010192	SL	40.00	16	2049261.			2049261.	1383239.		51,232.
89	LEASEHOLD	010193	SL	40.00	16	23,764.			23,764.	14,851.		594.
90	LEASEHOLD	010194	SL	40.00	16	29,518.			29,518.	16,236.		738.

2013 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
91	LEASEHOLD IMPROVEMENTS	010195SL		40.00	16	1,855.			1,855.	836.		46.
92	LEASEHOLD IMPROVEMENTS	010195SL		40.00	16	2,425.			2,425.	1,052.		61.
93	LEASEHOLD IMPROVEMENTS	010199SL		20.00	16	67,160.			67,160.	48,692.		3,358.
94	LEASEHOLD IMPROVEMENTS	060198SL		10.00	16	8,675.			8,675.	8,675.		0.
95	LEASEHOLD IMPROVEMENTS	020199SL		120M	16	1,299.			1,299.	823.		11.
96	LEASEHOLD IMPROVEMENTS	030100SL		20.00	16	37,063.			37,063.	25,018.		1,853.
97	LEASEHOLD IMPROVEMENTS	030100SL		10.00	16	3,191.			3,191.	3,191.		0.
98	LEASEHOLD IMPROVEMENTS	010100SL		40.00	16	373,010.			373,010.	125,744.		9,325.
99	LEASEHOLD IMPROVEMENTS	010104SL		10.00	16	6,948.			6,948.	6,601.		347.
100	LEASEHOLD IMPROVEMENTS	060104SL		10.00	16	5,858.			5,858.	5,565.		293.
101	LEASEHOLD IMPROVEMENTS	030105SL		10.00	16	64,279.			64,279.	53,565.		6,428.
102	LEASEHOLD IMPROVEMENTS	050107SL		10.00	16	413,033.			413,033.	254,704.		41,303.
103	BUILDING IMPROVEMENTS	VARI	ESSL	10.00	16	110,478.			110,478.	110,478.		0.
104	LEASEHOLD IMPROVEMENTS	VARI	ESSL	10.00	16	300,563.			300,563.	300,563.		0.
105	FURNITURES AND FIXTURES	VARI	ESSL	7.00	16	433,231.			433,231.	433,231.		0.
106	COMPUTER AND TELEPHONE	VARI	ESSL	5.00	16	160,864.			160,864.	160,864.		0.
107	COMPUTER SOFTWARE	VARI	ESSL	5.00	16	26,989.			26,989.	26,989.		0.
* TOTAL 990 PAGE 10						6788349.			6788349.	4073799.		287,539.
DEPR												