

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

Open to Public
Inspection

A-For the 2007 calendar year, or tax year beginning

, 2007, and ending

, 20

B Check if applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

LIFERING INC.

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

1440 BROADWAY

Room/suite

312

City or town, state or country, and ZIP + 4

OAKLAND, CA

94612-4142

D Employer identification number

94-3267919

E Telephone number

(510) 763-0779

F Group Exemption
Number ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach
a completed Schedule A (Form 990 or 990-EZ).G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www.lifering.org

H Check ☒ if the organization
is not required to attach
Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) ☒ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is
not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	12,556
2	Program service revenue including government fees and contracts	2	5,450
3	Membership dues and assessments	3	0
4	Investment income	4	2.8
5a	Gross amount from sale of assets other than inventory	5a	0
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	614
6b	Less: direct expenses other than fundraising expenses	6b	773
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	<159>
7a	Gross sales of inventory, less returns and allowances	7a	15,649
7b	Less: cost of goods sold	7b	13,084
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	2,565
8	Other revenue (describe ▶)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	20,440
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	2,150
14	Occupancy, rent, utilities, and maintenance	14	13,288
15	Printing, publications, postage, and shipping	15	1,830
16	Other expenses (describe ▶ LIABILITY INSURANCE)	16	4,493
17	Total expenses. Add lines 10 through 16	17	20,440
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	<1321>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	25,135
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,805

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,356	22 16,095
23 Land and buildings	0	23 0
24 Other assets (describe ▶ INVENTORY, PREPAID SUPPLIES)	26,960	24 29,710
25 Total assets	35,316	25 36,805
26 Total liabilities (describe ▶ SALES TAX LIABILITY)	99	26 65
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,218	27 36,740

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108421

Form 990-EZ (2007)

SCANNED JUL 1 2008

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Provide administrative support, literature and web services for 70-80 face-to-face and 10 internet meetings, helping 1000 recovering alcoholics and addicts each week. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,500
29	Organize annual Congress for lifering participants from throughout the world to congregate and learn more about recovery from addiction. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,800
30	Educate several hundred addiction counselors and psychologists as to the availability of lifering resources and philosophy at 3 national conferences. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,200
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	13,500

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input checked="" type="checkbox"/>

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b		<input checked="" type="checkbox"/>

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40e		<input checked="" type="checkbox"/>

41 List the states with which a copy of this return is filed. ▶ CA

42a The books are in care of ▶ John Bateman Telephone no. ▶ (510) 763 0779
 Located at ▶ 1440 Broadway, Suite 312, Oakland, Ca ZIP + 4 ▶ 94612-2023

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

	Yes	No
42b		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

	Yes	No
42c		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43**

**Please
Sign
Here**

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

▶ John S. Bateman
 Signature of officer

▶ June 26, 2008
 Date

▶ John S. Bateman
 Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's
signature ▶

Date

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4 ▶

EIN ▶

Phone no ▶ ()

Part IV

94-3267919

Officers, Directors, Trustees and Key Employees

Name and Address	Title & Average No. Hours/week	Compensation	Benefits	Expense Account and Other Allowances
Martin Nicolaus Berkeley, Ca	CEO/30	\$0	\$0	\$0
John Bateman San Francisco, Ca	CFO/15	\$0	\$0	\$0
James Ringland Oakland, Ca	Secretary/15	\$0	\$0	\$0
Robert Bradley Morgantown, WV	Director/10	\$0	\$0	\$0
Chet Gardiner Tucson, AZ	Director/10	\$0	\$0	\$0
Kathleen Gargan Denver, Co	Director/10	\$0	\$0	\$0
Mona Hirson Rye, NY	Director/10	\$0	\$0	\$0
Own Poole Walnut Creek, Ca	Director/10	\$0	\$0	\$0
Andy Ross Wichita, KS	Director/10	\$0	\$0	\$0
Michael Walsh Victoria, BC Canada	Director/10	\$0	\$0	\$0
Carola Ziermann Walnut Creek, Ca	Director/10	\$0	\$0	\$0