

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

**2004**

**Open to Public Inspection**

**A For the 2004 calendar year, or tax year beginning** , 2004, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Lifeboat Foundation		<b>D Employer identification number</b> 80:0034805
		Number and street (or P.O. box, if mail is not delivered to street address); Room/suite 1638 Esmeralda Avenue		<b>E Telephone number</b> (775) 783-8443
		City or town, state or country, and ZIP + 4 Minden, NV 89423		<b>F Group Exemption Number</b> ▶

• 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:** ▶ http://lifeboat.com

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require 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 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		15,721.12																										
	2	Program service revenue including government fees and contracts		0																										
	3	Membership dues and assessments		75.28																										
	4	Investment income		0																										
	5a	Gross amount from sale of assets other than inventory				0																								
	5b	Less: cost or other basis and sales expenses				0																								
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).																												
	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)					0																							
6b	Less: direct expenses other than fundraising expenses					0																								
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances					0																								
7b	Less: cost of goods sold					0																								
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe ▶)																													
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																													
Expenses	10	Grants and similar amounts paid (attach schedule)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe ▶ office supplies)																												
17	<b>Total expenses</b> (add lines 10 through 16)																													
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																												
	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)																												
	20	Other changes in net assets or fund balances (attach explanation)																												
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)																												

**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 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,056.01	48.92
23	Land and buildings	0	0
24	Other assets (describe ▶)	3,195.00	3,195.00
25	<b>Total assets</b>	4,251.01	3,243.92
26	<b>Total liabilities</b> (describe ▶)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	4,251.01	3,243.92

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

Col. No. 108421

Form 990-EZ (2004)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Educate about Dangers of Human Extinction</u>		
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.		
28	<u>Improved graphics on website so more people would be attracted to our educational materials.</u>	14,637.50
	(Grants \$)	28a
29	<u>Provided educational materials to members.</u>	49.35
	(Grants \$)	29a
30	<u>Researched the dangers of human extinction.</u>	27.00
	(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$) 31a
32	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32 14,713.85</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
<u>Erick Klien, 3540 W. Sahara Ave #356 Las Vegas, NV 89102</u>	<u>President 8 Hours/week</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>J.R. Co. Security, 7895 E. Alameda Dr. #110 Scottsdale, AZ 85260</u>	<u>vice president 5 Hours/week</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<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.		<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.		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6083(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a 0</u>		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<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?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <u>38b</u>		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u>		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>None - Nevada doesn't require this return.</u>		<input checked="" type="checkbox"/>
42	The books are in care of ▶ <u>Erick Klien</u> Telephone no. ▶ <u>(775) 783-8443</u> Located at ▶ <u>3540 W. Sahara Ave #356 Las Vegas, NV</u> ZIP + 4 ▶ <u>89102</u>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <u>43</u>		<input checked="" type="checkbox"/>

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.

Please Sign Here: Erick Klien Signature of officer Date April 15, 2005  
Erick Klien, President 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. W): \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_