990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2014, and ending , 20 For the 2014 calendar year, or tax year beginning B Check if applicable: Name of organization D Employer identification number 80 0034805 Address change Room/suite E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Esmeralda Avenue Initial return (775)853Final return/terminate City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending G Accounting Method: Cash Accrual H Check ▶ ☐ if the organization is not I Website: ▶ lifebout com required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 501(c)(3) 501(c) (527) ◀ (insert no.) ☐ 4947(a)(1) or Corporation Trust Association **K** Form of organization: L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$130,004.21 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 Investment income 4 4 **5a** Gross amount from sale of assets other than inventory 5b 0 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 004 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors . 13 14 14 15 15 16 16 17 Total expenses. Add lines 10 through 16 . . 17 100.379.09 18 Net Assets 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) 79,420,10 19 Other changes in net assets or fund balances (explain in Schedule O) . - 176,731, 03. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 WHO SEPSCEDE

Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar	ny question in this			
			N .	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			174,165.10	22	97,813.16
23	Land and buildings			U	23	0
24	Other assets (describe in Schedule O)			2/022	24 5	5,255.00
25	Total assets					03,068.16
26	,				26	0
27	Net assets or fund balances (line 27 of column				27	103,068.4
Par						Evmanage
	Check if the organization used Schedule				(Regi	Expenses uired for section
Wha	t is the organization's primary exempt purpose? E	cate public as	bout human exti	netion dangers)(3) and 501(c)(4)
as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise man ons benefited, and other relevant information for ea	anner, describe the			organ	izations; optional for s.)
28	Maintain and regarde wassite.		cial andra to			
	educational materials in amor	e user friend !	1 formati	p.7.0.20.54		4,084.27
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗆	28a	
29	Provided free dinner to our memb	ers at the wa	orld Fature 2014			
	conference. Members were encou	raged to discus	TS important i	ssues at		: eriar
	this dinner.					1,341.44
		includes foreign gra		▶ 🗆	29a	
30	Or Kevin J. Anlergen & June.			Nebost		
	at a Challenger and Centers for Sp					1,247.04
	distrubuted educational muterials a	bout Lifeboat	Foundation + its	hissian.		1/211107
		includes foreign gra		▶ 🗌	30a	
31	Other program services (describe in Schedule O)					
00		includes foreign gra			31a	1072 15
32	Total program service expenses (add lines 28a t				32	6,8 13.25
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				IStruc	lions for Part IV)
	Officer if the organization used ochedule		(c) Reportable	(d) Health benefits,	Τ.	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe		
		devoted to position	(if not paid, enter -0-)	benefit plans, and deferred compensation		her compensation
E	ic Klien 1853 Bragmure Dr.	President				^
0	Par NV 99521	60 hours I week	15,379,93	0		0
-	hois Haley, 662 Riverside Do	Vile President	12 16 17	6		
L	awrenceville, GA 36045	5 hours/week	0	0		0
	arl Martinez, 2124 Petrosban Cto, Unit	Treasurer	12			
L	us Vegas, NV 84108	I hour / week	U	0		0
5	ergio M.L. Tarrero, Urh Lomas	Director	۸	0		
i	Reblo Marbelly, Malega 29602 Spain	1 harlweek	U	0		0
ì	Deblo Marbella, Malega 29602 Spain Philippe Van Nedervelde, Hageveld 37	Director	0	0		٨
E	rembodegem, Belgium B-4320	Thoursweek	V	· ·		U
	/ / / / / / / / / / / / / / / / / / / /					
2					-	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a □			
b	Did the organization file Form 1120-POL for this year?	37b		×
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 outstanding at the end of the tax year covered by this return? .	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308		/
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► None- Nevada doesn't require this return the organization's books are in care of ► Eric Klien Telephone no. ► 175	in,		
42a	The organization's books are in care of ► Locklen Telephone no. ► 175	853		12
h	Located at \blacktriangleright 1853 Bragmore Dr. Reas NV ZIP + 4 \blacktriangleright 319 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	521	-42	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:	420		\sim
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
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		. •	-
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		Y

								Yes	S NO
46		organization engage, directly or i							Ι,
		dates for public office? If "Yes,"		, Part I			. 40	6	X
Part		ction 501(c)(3) organization							
	All	section 501(c)(3) organization	ns must answer que	estions 47-49b and	d 52, and co	mplete th	e tables	for li	nes
	50	and 51.							
	Ch	eck if the organization used So	hedule O to respond	to any question in	this Part VI				. П
			,					Yes	s No
47	Did the	organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect	during the	tax [-	- 110
7,		"Yes," complete Schedule C, Pa				_		,	X
	•								1
48		ganization a school as described							X
49a		organization make any transfers							X
b		was the related organization a s							
50		e this table for the organization's							
	employe	es) who each received more tha	n \$100,000 of compe	nsation from the org	anization. If t	here is non	e, enter	"None	."
			(b) Average	(c) Reportable	(d) Health				
	(a) Nan	ne and title of each employee	hours per week	compensation	honofit plane	to employee and deferred	(e) Estima	ated am ompens	
			devoted to position	(Forms W-2/1099-MISC	compe		Other o	ompone	oution
-	Λ1-	28							
	, , ,	ne	-						
			-						
			_						
f	Total nui	mber of other employees paid ov	ver \$100.000	. > 0	'				
51		e this table for the organization			nt contractor	who eacl	receive	d mo	re than
31		0 of compensation from the organization			it contractor.	WIIO Caci	11000170	a moi	io triai
	(a) Nan	ne and business address of each indepen	dent contractor	(b) Type of se	ervice	(c) Compens	ation	
-	M.	0							
	Non	E		-					
	2								
				-					
								~	
				1					
				1					
	Total nu	mbor of other independent centr	actors and receiving	over \$100,000					
		mber of other independent contr	0	t was at come and to make the court at		1 11			
52		organization complete Sched				nust attac			1
	complete	ed Schedule A					. > XY	es	No
		perjury, I declare that I have examined this					nowledge a	ınd belie	ef, it is
true, co	errect, and co	emplete. Declaration of preparer (other that	n officer) is based on all info	ormation of which prepare	r nas any knowle	age.			
	A	En lh							
Sign		Signature of officer			Dat				
Here	1	Eric Klien, Presid	\sim		ov 15,	2015			
		Type or print name and title			,				
	I Dui	nt/Type preparer's name	Preparer's signature		Date:	T	PTIN	1	
Paid		1.750 brobard a name				Check L self-emplo	l It		
Prep					T		,00		
Use	Only Fir	m's name >			Firr	n's EIN ▶			
					2000				
Marit	Fir	m's address ▶ ccuss this return with the prepare	or about about 2 Cas	instructions	Pho	one no.	▶ □ v		Ne

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Open to Public

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

OMB No. 1545-0047

Name of the organization - Febout Foundation 0034805 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

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.)

-	If the organization falls to qualify	under the te	Sta liated Del	ow, piease co	implete i art	11.)	
	on A. Public Support	(-) 0040	(I-) 0044	(-) 0010	(1) 0010	() (0)	(O.T.)
Calen 1	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35 050 67	49 603 22	49.350.40	48 907 52	13.02747	196,746.68
2	Gross receipts from admissions, merchandise	20,00001	11,000,00	, 1/2- 1	10,101,30	/	0) 000
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	479,91	610, 89	580.17	2,189.65	2,480.86	6,341.48
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	٥	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	٥	O	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	36,337,98	50,214.11	49,930,57	51,097,17	15,508,33	203,088.16
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	7,585	7,500		,		74,012.4
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	6	0	0	0	0
С	Add lines 7a and 7b	7,585	7,500	25,180,90	31,706,57	2,040,00	74,012.47
8	Public support (Subtract line 7c from line 6.)						129,075.69
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	36,337.98	50,214.11	49,930,57	51,097.17	15,508,33	203,088.16
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	50,10	10,54	268, 22	50.67	0	379.53
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	6	0
С	Add lines 10a and 10b	50,10	10.54	268.22	50.67	0	379.53
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	Ó	6	6	0	0	6
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	36,388.08	50,224.65	50,148,79	51,147.84	15,508.33	203,467.6
14	First five years. If the Form 990 is for the organization, check this box and stop he					ear as a sectio	, , , ,
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2014 (line	8, column (f) di	ivided by line 1	3, column (f))		15 63	\$ 44 %
16	Public support percentage from 2013 Sci					16 65	.87 %
-	on D. Computation of Investment In				(0)		A 4 A
17	Investment income percentage for 2014 (•		-			002 %
18 19a	Investment income percentage from 201 331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, a	nd line 15 is m		%, and line
b	331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization di		-	1.5			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Liteboat Foundation	80 00 34805
Part I, N. 10	
World Future Society dimer - 1,541.	94
Challenger Centers for Space Science El	
Part I, N, 20	
We have received donations in Litcoins and other	e cybercurrencies and
they have dropped significantly. It would not	
significantly appreciated in the future, Durendo	
such cybercurrencies.	
Part I, N.24	
HP Parilien Elite HPE-570+ -800 2 Ca.	non ip4300 printestink-201
	office equipment & supplies - 6
HPXW400 workstation -250	
Sapphire Radeon HD 7950 -300	
Vision Tek Radeon 7850 -200	
Corsair AX 750-150	h
ASUS GTX 770-400	
9258T AC Power Controller - 75	
Jon-1 KDL 55 HX 800 monitor -1,000	
Microsoft Office 2010, Writeable Blu-rays,	
External Drive -250	
Adobe Photoshup C55-300	
Adobe Illustrator (56-300	
Brother Intellitax 2820 -100	
Ultra ULT 33046 2000 VA 1200W Back -	7.25