Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form ▶

OMB No 1545-1150

2012

Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Name of organization: FREELOVE CHARITY ORGANIZATION INC

Number and street (or P O box, if mail is not delivered to street address): 725 AVENUE OF THE AMERICAS — Room/suite: 2A

City or town: NEW YORK — state or country: NY — ZIP + 4: 10010

27-0511967

Telephone number

Group Exemption Number ▶

Accounting Method [X] Cash [ ] Accrual Other (specify) ▶ ▶

(check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

Check ▶ [X] if the organization is required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization its gross receipts are normally more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 11,601

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	Contributions, gifts, grants, and similar amounts received		11,601
	Program service revenue including government fees and contracts		
	Membership dues and assessments		
	Investment income		
	Gross amount from sale of assets other than inventory		
	Less cost or other basis and sales expenses		
	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0
	Gaming and fundraising events		
	Gross income from gaming (attach Schedule G if greater than $15,000)		
	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 line 6c)		0
	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)		0
	Other revenue (describe in Schedule O)		
	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		11,601
Expenses	Grants and similar amounts paid (list in Schedule O)		
	Benefits paid to or for members		
	Salaries, other compensation, and employee benefits		
	Professional fees and other payments to independent contractors		
	Occupancy, rent, utilities, and maintenance		
	Printing, publications, postage, and shipping		
	Other expenses (describe in Schedule O)		11,593
	Add lines 10 through 16 . . . ▶		11,593
Net Assets	Excess or (deficit) for the year (Subtract line 17 from line 9)		8
	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) .		21
	Other changes in net assets or fund balances (explain in Schedule O)		
	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		29

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(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . ☐

	Beginning of year	End of year
Cash, savings, and investments	21	8
Land and buildings		
Other assets (describe in Schedule O)		
. . . . .	21	8
(describe in Schedule O) .		
(line 27 of column (B) agree with line 21)	21	8

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. ☐

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

What is the organization's primary exempt purpose? FOOD DISTRIBUTION TO THE POOR

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

(Grants $) If this amount includes foreign grants, check here ▶ ☐

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

(Grants $) If this amount includes foreign grants, check here ▶ ☐

Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐

(add lines 28a through 31a) . . ▶ 0

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

Name and title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Asaf Graziani	Hr/WK 3 00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

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			X
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)			X
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)?			X
If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			
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			X
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			X
Enter amount of political expenditures, direct or indirect, as described in the instructions ▶			
Did the organization file for this year?			X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			X
If "Yes," complete Schedule L, Part II and enter the total amount involved			
Section 501(c)(7) organizations Enter			
Initiation fees and capital contributions included on line 9			
Gross receipts, included on line 9, for public use of club facilities			
Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
Section 501(c)(3) and 501(c)(4) 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			X
Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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			X

List the states with which a copy of this return is filed ▶ _____

The organization's books are in care of ▶ _____ Telephone no ▶ _____

Located at ▶ _____ City _____ ST _____ ZIP + 4 ▶ _____

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)?			X
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for			
At any time during the calendar year, did the organization maintain an office outside the U S ?			X
If "Yes," enter the name of the foreign country ▶ _____			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			X
Did the organization receive any payments for indoor tanning services during the year?			X
If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?			X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
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)			X

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X
Did the organization make any transfers to an exempt non-charitable related organization? . X
If "Yes," was the related organization a section 527 organization?.

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

Name and title of each employee paid more than $100,000	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Name None Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			

Total number of other employees paid over $100,000 ▶ NONE

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

Name and address of each independent contractor paid more than $100,000	Type of service	Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

Total number of other independent contractors each receiving ove
Did the organization complete Schedule A? All section 501(
nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying
true, correct, and complete Declaration of preparer (other than officer) is based on all informat

▶ Signature of officer

▶ ASAF GRAZIANI, PRESIDENT
Type or print name and title

Print/Type preparer's name | Preparer's sig

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See ins

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

FREELOVE CHARITY ORGANIZATION INC. 27-0511967

(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)

- [ ] A church, convention of churches, or association of churches described in
- [ ] A school described in (Attach Schedule E)
- [ ] A hospital or a cooperative hospital service organization described in
- [ ] A medical research organization operated in conjunction with a hospital described in 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 (Complete Part II)
- [ ] A federal, state, or local government or governmental unit described in
- [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in (Complete Part II)
- [ ] A community trust described in (Complete Part II)
- [ ] 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 (Complete Part III)
- [ ] An organization organized and operated exclusively to test for public safety See
- [ ] 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

Check the box that describes the type of supporting organization and complete lines 11e through 11h

[ ] Type I [ ] Type II [ ] Type III–Functionally integrated [ ] Type III–Non-functionally integrated

- [ ] 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)

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 [ ]

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

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?			
A family member of a person described in (i) above?			X
A 35% controlled entity of a person described in (i) or (ii) above?			X
			X

Provide the following information about the supported organization(s)

Name of supported organization	EIN	Type of organization (described on lines 1–9 above or IRC section)	Is the organization in col listed in your governing document?		Did you notify the organization in col of your support?		Is the organization in col organized in the U S ?		(vii) Amount of monetary support
									0

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[redacted]

(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.)

▶	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					11,601	11,601
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Add lines 1 through 3	0	0	0	0	11,601	11,601
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)						
Subtract line 5 from line 4						11,601

▶	2008	2009	2010	2011	2012	Total
Amounts from line 4	0	0	0	0	11,601	11,601
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
Add lines 7 through 10						11,601
Gross receipts from related activities, etc (see instructions)						

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 ▶ [X]

Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	100 00%
Public support percentage from 2011 Schedule A, Part II, line 14	100.00%

If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and The organization qualifies as a publicly supported organization ▶ [ ]

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 The organization qualifies as a publicly supported organization ▶ [ ]

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 Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

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 Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [ ]

[redacted]

(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.)

▶	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")					11,601	11,601
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						0
Gross receipts from activities that are not an unrelated trade or business under section 513						0
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Add lines 1 through 5	0	0	0	0	11,601	11,601
Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
Add lines 7a and 7b	0	0	0	0	0	0
(Subtract line 7c from line 6)						11,601

▶	2008	2009	2010	2011	2012	Total
Amounts from line 6	0	0	0	0	11,601	11,601
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
Add lines 10a and 10b	0	0	0	0	0	0
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
(Add lines 9, 10c, 11, and 12)	0	0	0	0	11,601	11,601

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 ▶ ☐

Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))		100 00%
Public support percentage from 2011 Schedule A, Part III, line 15		100 00%

Investment income percentage for (line 10c, column (f) divided by line 13, column (f))		0 00%
Investment income percentage from Schedule A, Part III, line 17		0 00%

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 The organization qualifies as a publicly supported organization ▶ ☒

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 The organization qualifies as a publicly supported organization ▶ ☐

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

[redacted] Complete this part to 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).

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

Name of the organization

FREELOVE CHARITY ORGANIZATION INC

27-0511967

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 24

Form 990-EZ, Part I, Line 16, Other Expenses. DIRECT COSTS FOR PROGRAMS - FOOD PROGRAM FOR NEEDY / FOOD DISTRIBUTION 11,316

Form 990-EZ, Part I, Line 16, Other Expenses CREDIT CARD FEES 253

Name of the organization

FREELOVE CHARITY ORGANIZATION INC. 27-0511967