# SCANNED JUN 1 3 2013

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A	For the	e 2012 cale	ndar year, or tax year beginning January 1 , 2012, and endir	ng Decei	mber 31	, 20 12		
В	Check I	f applicable		D Employer identification number				
	Address	s change	Doing Business As			45-4576337		
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	nte	E Telephor	ne number		
$\checkmark$	Initial re	eturn	PO Box 4422			(206)420-6613		
	Termina		City, town or post office, state, and ZIP code					
$\bar{\Box}$		ed return	Seattle, WA 98194		<b>G</b> Gross re	ceipts \$	346,294	
$\overline{\mathcal{Q}}$		tion pending	F Name and address of principal officer Katie Sparrow	H(a) Is this	a group return for affiliates? Yes Vo			
_			4227 Letitia Ave. S. Seattle, WA 98118	1 ' '	Il affiliates included? Yes No			
$\overline{}$	Tax-exe	empt status	□ 501(c)(3)			list (see instruction		
J	Website			H(c) Grou	p exemption	number ▶		
ĸ			✓ Corporation Trust Association Other ► L Year of forma			of legal domicile	WA	
P	art l	Summ	ary					
	1		scribe the organization's mission or most significant activities:					
_	ļ	•	ch, develop, and distribute, free of charge, computer software and configu	rations that a	id in the c	reation of a free	society	
2							<b></b> -	
Activities & Governance								
λe	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	1 25% of	its net assets.		
Ğ	3				3		3	
φ (2)	4		of independent voting members of the governing body (Part VI, line 1b)		4		3	
ř	5							
cţi	6		nber of volunteers (estimate if necessary)		6		0	
⋖	7a		elated business revenue from Part VIII, column (C), line 12		7a		0	
	Ь		ated business taxable income from Form 990-T, line 34		7b		0	
		-		Prior Ye	ear	Current Ye	ar	
ø.	8	Contribu	nons and grants (Part VIII, line 1h)			•	20,000	
anne	8		service revenue (Part VIII, line 1h)			-	20,000 326,294	
evenue		Program						
Revenue	9	Program Investme	service revenue (Part VIII, line 2g)					
Revenue	9 10	Program Investme Other rev	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)			-		
Revenue	9 10 11	Program Investme Other rev Total reve	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				326,294	
Revenue	9 10 11 12	Program Investme Other rev Total reve Grants a	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal PartyVIII, column (A), line 12)				326,294	
	9 10 11 12 13	Program Investme Other rev Total reve Grants as Benefits	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  nd similar amounts paid (Part IX, column (A), lines 1-3). 2013				326,294	
	9 10 11 12 13 14	Program Investme Other rev Total reve Grants and Benefits Salaries,	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal Party VIII, column (A), line 12)  nd similar amounts paid (Part IX, column (A), lines 1-3)				326,294	
	9 10 11 12 13 14 15	Program Investme Other rev Total reve Grants an Benefits Salaries, Profession Total fun	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  nd similar amounts paid (Part IX, column (A), lines 1–3)		1. The state of th		326,294	
Expenses Revenue	9 10 11 12 13 14 15 16a	Program Investme Other rev Total reve Grants an Benefits Salaries, Profession Total fun	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  nd similar amounts paid (Part IX, column (A), lines 1-3)  paid to or for members (Part IX, column (A), line 4)  other compensation, employee benefits (Part IX, column (A), lines 5-10)  inal fundraising fees (Part IX, column (A), line 11e)		Control of the Contro		326,294	
	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants and Benefits Salaries, Profession Total fun- Other ex	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and 7d)  enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  nd similar amounts paid (Part IX, column (A), lines 1–3)		(S) Zeb		326,294 346,294 233,168	
	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants at Benefits Salaries, Profession Total fundother ex Total exp	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Int income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Indianae—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Indianae amounts paid (Part IX, column (A), lines 1–3) . Z[1] 3 Indianae amounts		S. C. Sept.		326,294 346,294 233,168	
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other rev Total reve Grants at Benefits Salaries, Profession Total fundother ex Total exp	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Induce—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Induced income (Part IX, column (A), lines 1–3) . Z[1] 3 Induced income add lines 13 - Z[1] 3 Induced income add lines 12 - Z[1] 3 Induced income ad	Beginning of Cu	43%	End of Yes	326,294 346,294 233,168 26,074 259,242 87,052	
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fun Other ex Total exp Revenue	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Induce—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Induced income (Part IX, column (A), lines 1–3) . Z[1] 3 Induced income add lines 13 - Z[1] 3 Induced income add lines 12 - Z[1] 3 Induced income ad		43%		326,294 346,294 233,168 26,074 259,242 87,052	
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other rev Total reve Grants a Benefits Salaries, Professio Total fun Other exp Total exp Revenue Total ass Total liab	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Int income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Indianue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Indianue amounts paid (Part IX, column (A), lines 1-3) . Z[1] 3 Indianue amounts		urrent Year		326,294 346,294 233,168 26,074 259,242 87,052	
	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other rev Total reve Grants al Benefits Salaries, Professio Total fun Other ext Total exp Revenue Total ass Total liab Net asse	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Int income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Indianae—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Indianae amounts paid (Part IX, column (A), lines 1–3) . Z[1] 3 Indianae amounts		urrent Year		326,294  346,294  233,168  26,074 259,242 87,052 ar 87,083	
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program Investme Other rev Total reve Grants al Benefits Salaries, Professio Total fun Other ex Total exp Revenue  Total ass Total liab Net asse Signat	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Indianae—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Indianae amounts paid (Part IX, column (A), lines 1–3) . Z[1] 3 Indianae amounts pa	Beginning of Cu	urrent Year 0 0	End of Yea	326,294  346,294  233,168  26,074  259,242  87,052  87,083  31  87,052	
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program Investme Other rev Total reve Grants an Benefits Salaries, Professio Total fun Other ex Total exp Revenue  Total ass Total liab Net asse Signal	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Industry (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Industry (Part IX, column (A), lines 1-3) . Z[1] 3 Industry (Part IX, column (A), lin	Beginning of Cu	urrent Year 0 0 0	End of Yea	326,294  346,294  233,168  26,074  259,242  87,052  87,083  31  87,052	
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fun Other ext Total exp Revenue  Total ass Total liab Net asse Signat attes of perputat, and comple	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Induce—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Induced similar amounts paid (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–5) Induced to or for members (Part IX, column (A	Beginning of Cu	urrent Year 0 0 0	End of Yea	326,294  346,294  233,168  26,074  259,242  87,052  87,083  31  87,052	
Rychart Salances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22	Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fun Other ext Total exp Revenue  Total ass Total liab Net asse Signat attes of perputat, and comple	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Induce—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Induced similar amounts paid (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–3) . Z[1] 3 Induced to or for members (Part IX, column (A), lines 1–5) Induced to or for members (Part IX, column (A	Beginning of Cu	urrent Year 0 0 0	End of Yea	326,294  346,294  233,168  26,074  259,242  87,052  87,083  31  87,052	
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II der pena e, correct	Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fun Other ext Total exp Revenue  Total ass Total liab Net asse Signat attes of perputat, and comple	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Intenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Industry (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Industry (Part IX, column (A), lines 1-3) . Z[1] 3 Industry (Part IX, column (A), lin	Beginning of Cu	urrent Year 0 0 0	End of Yea	326,294  346,294  233,168  26,074  259,242  87,052  87,083  31  87,052	

Sign
Here

Signature of officer

Type or print name and title

Print/Type preparer's name

Preparer

Use Only

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? (see For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2012)			Page 2
Part				
1	Check if Schedule O contains a response Briefly describe the organization's mission:	e to any question in this Part III .	· · · · · · · · · · · · · · · · · · ·	🗸
•	To research, develop, and distribute, free of charge	computer coffware and configuration		-6 - 6
2	Did the organization undertake any significant pr			
	prior Form 990 or 990-EZ?			✓ Yes  ☐ No
3	Did the organization cease conducting, or maservices?	ake significant changes in how it		
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accepenses. Section 501(c)(3) and 501(c)(4) organithe total expenses, and revenue, if any, for each	izations are required to report the a	largest program service amount of grants and all	es, as measured by locations to others,
4a	(Code: ) (Expenses \$ 213,166	including grants of \$	) (Revenue \$	312,099 )
	The open source LEAP platform allows any service	provider to offer reliable and secure	communication services,	especially designed
	for the needs of for human rights activists, journalist	sts, and civil society. In 2012, we impl	emented the first service	for the platform,
	•			
4b	(Code: ) (Expenses \$ 25,125	including grants of \$	) (Revenue \$	34 105 )
	LEAP provides technical system administration sur	pport services to assist other nonprof	its in deploying the LEAP	platform and
	and maintaining computer systems.			
			****	
			····	•••••
	•••••			
	•••••			
	•••••••••••••••••••••••••••••••••••••••		•••••	
	·			
		<del></del>		
	70.1			·
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
				•••••••
		***************************************		
			•••••	
	Other program services (Describe in Schedule O.			
	(Expenses \$ 238,291 including grants of \$	\$ ) (Revenue \$	346.294 )	

238,291

4e Total program service expenses ▶

Part	V Checklist of Required Schedules			ugo u
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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		
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? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		<i>'</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		1
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? If "Yes," complete Schedule D, Part VII	11a		
С	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? If "Yes," complete Schedule D, Part VIII	11b		1
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? If "Yes," complete Schedule D, Part IX	11c		<b>√</b>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<b>√</b>
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)? If "Yes," complete Schedule D, Part X.	11f		<b>∀</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	-	✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	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? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>√</b>
	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? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Part	Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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):			<b>13</b>
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	1
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R,			1
38	Part VI	37	<b>√</b>	•

Part	<del>-</del>			_
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	r	res	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>'</u>		-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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		✓
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.	_ <u>5</u> '		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>V</b>
D	gifts were not tax deductible?	C.		}
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		1
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
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	١,		
	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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	. [		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	.	[	
b	Gross income from other sources (Do not net amounts due or paid to other sources	.		
	against amounts due or received from them.)			
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.	·		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is ticensed to issue qualified health plans	· · .		
С	Enter the amount of reserves on hand		]	
14a		14a		✓
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in						
Sect	Check if Schedule O contains a response to any question in this Part VI			. 🗸			
0000	ion A. Governing Body and Management	<del></del>	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 3	,	<b></b>				
	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.						
b 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-					
3	any other officer, director, trustee, or key employee?  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?	2		<b>√</b>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del> </del>	1			
6	Did the organization have members or stockholders?	6		1			
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		1			
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		1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	1				
ь	Each committee with authority to act on behalf of the governing body?	8b	✓				
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	<u> </u>	1			
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	<b>√</b>			
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	1				
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		1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		<b>√</b>			
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	✓			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a b	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<b>✓</b>			
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		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		<b>V</b>			
	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					
Secti	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(	c)(3)s	only)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.		•	olicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Proving Theriot Org. Cibbs Houston Bourg 1999 3nd Aug. State 1999 See 1999 1999 1999 1999 1999 1999	of the					

-nm	QQA	(2012)	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 no.	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				(0	C)					
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	neck s pe d a d	rson	than on the state of the state	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Harry Reeves Halpin, President	11	1						0	0	
(2) Katie Sparrow, Vice President/Secretary	1	1						0	0	(
(3) Blaine Cook, Treasurer		✓						0	0	
(4)	1		i			i				
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)						,-				
(12)										
(13)										
(14)										

Parl	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (conti	nued)		-90
	(A) Name and title		per officer and a director/trustee) compensation comp					compensation from am		(F) Estimated amount of other			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensation om the anization i related nizations	l
(15)													
(16)						<u>.</u>							
(17)										, <u>.</u>			
(18)													
(19)						-							
(20)													
(21)										, , , , , , , , , , , , , , , , , , , ,			
(22)												<del></del>	
(23)													
(24)						!							
(25)													
1b c	Sub-total	VII, Section	 n A			 	· .	<u> </u>	0	0	·		0
d	<b>Total (add lines 1b and 1c)</b>						shove	) w	0	0	O of		0
	reportable compensation from the organi											IV.	NI -
3	Did the organization list any former of employee on line 1a? If "Yes," complete												No
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole c	com	per	satio	n a	nd other comp	ensation from th	ne J		✓_
	organization and related organizations individual								·		4		<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization										al5		<b>√</b>
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												ζ
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compens		
None									· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) wno			

Par	t VIII	Statement of Revenue				_
		Check if Schedule O contains a response to any quest	tion in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
য় য	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
S, E	С	Fundraising events 1c				
Sift.	d	Related organizations 1d				
ii.	е	Government grants (contributions) 1e 292,099				
tion or S	f	All other contributions, gifts, grants,				
혈美		and similar amounts not included above 1f 54,195				
id of	g	Noncash contributions included in lines 1a-1f: \$				
	h	<b>Total.</b> Add lines 1a–1f ▶	346,294			
Ę.		Business Code				
eve.	2a	LEAP Development	312,099	0	0	C C
e e	Ь	Technical Support Services	34,195	0	0	
Ξ̈	C					
တ္တ	d					
<u>ra</u>	e	All other program control				
Program Service Revenue	f g	All other program service revenue .  Total. Add lines 2a–2f	240.504		<del> </del>	
<u> </u>	3	Investment income (including dividends, interest,	346,294			
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis		Ì		
		and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)				
/enne	8a	Gross income from fundraising events (not including \$				
Other Revenu		of contributions reported on line 1c). See Part IV, line 18 a				
돌	b	Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities >				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b				
	<u> </u>	Net income or (loss) from sales of inventory ▶				
	<u> </u>	Miscellaneous Revenue Business Code				
	11a					
	b					
	С	All				
	d	All other revenue				
	42	Total revenue. See instructions.				
	1 12	LOTAL REVENUE SEE INSTRUCTIONS	346 304	O.	^	

	90 (2012)				Page 10
	X Statement of Functional Expenses	anista ali solumna. A	ll ather areaments.		duma (A)
Secuc	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D)
8b, 9t	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	124,394	122,110	2,285	
9	Other employee benefits	9,413	9,413		
10	Payroll taxes	15,814	15,814		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting				
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 Schedule O.)	99,361	99,361		
12	Advertising and promotion				
13	Office expenses	259		259	
14	Information technology	50		50	
15	Royalties				
16	Occupancy				
17 18	Travel	2,655	2,655		
19	Conferences, conventions, and meetings	145	145		<del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	240	240		
23	Insurance				
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.)				
а	Payroll Service	386		386	
b	Licenses, Permits, Application Fees	1,140		1,140	
С	Bank Fees	261		261	
d	Reimbursement for startup expenses	5,123	5,123		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	259,242	254,861	4,381	
26	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)				

34

	m 990 (2	•				Page 1
F	art X					
		Check if Schedule O contains a response to any ques	tion in this Part >	<		[
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	86,12
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated Complete Part II of Schedule L	d employees.		5	
Assets	6	Loans and other receivables from other disqualified persons (as defir 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir sponsoring organizations of section 501(c)(9) voluntary employ organizations (see instructions). Complete Part II of Schedule L	ng employers and vees' beneficiary		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	t		9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			1.	
	ь	Less: accumulated depreciation 10b			10c	
	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			13	
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11			15	95
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	-		16	87,08
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	[		18	
	19	Deferred revenue	[		19	
	20	Tax-exempt bond liabilities	[		20	
	21	Escrow or custodial account liability. Complete Part IV of S	chedule D .		21	
Liabilities	22	Loans and other payables to current and former offic trustees, key employees, highest compensated em disqualified persons. Complete Part II of Schedule L	ployees, and		22	
E.	23	Secured mortgages and notes payable to unrelated third pa	1-		23	
_	24	Unsecured notes and loans payable to unrelated third parti	<u>-</u>		24	
	25	Other liabilities (including federal income tax, payables to		<del></del> -	24	
	25	parties, and other liabilities not included on lines 17-24). Co of Schedule D	omplete Part X			
	26	Total liabilities. Add lines 17 through 25	1		25	3.
	20	Organizations that follow SFAS 117 (ASC 958), check he complete lines 27 through 29, and lines 33 and 34.	ere ▶ □ and		26	3:
٥	27	Unrestricted net assets	-		27	
<u>a</u>	28	Temporarily restricted net assets			28	
Д Ш	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.			20	
80	30	Capital stock or trust principal, or current funds	[-		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fu	_		31	
As	32	Retained earnings, endowment, accumulated income, or ot	-		32	
let/	33	Total net assets or fund balances	<u> </u>		33	87,052
~	F		·  -		<del></del>	37,001

Total liabilities and net assets/fund balances .

87,052

	90 (2012)			Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34	46,294
2	Total expenses (must equal Part IX, column (A), line 25)	2			59,242
3	Revenue less expenses. Subtract line 2 from line 1	3			87,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		8	87,052
Par	Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	· · · ·			
4	Accounting method wood to invegous the Forms 000s (1) Oct. 1. Account. 1. Out			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," ex	<del>alaia ua</del>			
	Schedule O.	piain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<del>- ,-</del> -
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com		2a		✓
	reviewed on a separate basis, consolidated basis, or both:	piled of		_	3 -
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		O.L.		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant?	· · ·	2b	$\vdash$	-
	separate basis, consolidated basis, or both:	ou on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		<del> </del>	Ţ	
	Schedule O.	•		^ '	,
За	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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		1

Form **990** (2012)

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Encryption Access Project	<del></del>				45-4576337
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization a	nswered "Yes" to
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	ords to substantiate the amesistance, and the selection	ount of its grants and oth or criteria used to award t	her
	•					
2	For grantmakers. Describ- assistance outside the Unit		the organizati	on's procedures for moni	toring the use of its gra	ants and other
3	Activities per Region. (The fo		I, line 3 table	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Europe	0	5	Independent Contractors	N/A	65,668
(2)	South America	0	1	Independent Contractor	N/A	4,794
(3)	North America	0	11	Independent Contractor	N/A	28,900
(4)						
(5)			·			
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	7			99,361
b	Total from continuation sheets to Part I			2,4129		r- x

0

c Totals (add lines 3a and 3b)

The state of the second second

99,361

	Name of				WO, COO, I GIL II CA	II DE GUDIICAIEG II (	additional space is	necaca.	
org	ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)		,							
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)	,								
(10)						E			
(11)			·						
(12)		-							
(13)									
(14)									
(15)_									
(16)						·			
				ted above that are red					
-			antee or counsel t ganizations or enti	nas provided a section		ncy letter			0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)			···-				
(6)							
(7)			<del></del>				
(8)							
(9)							
(10)							
(11)							
(12)	<u> </u>						L
(13)							
(14)							
(15)			<del></del> .				
(16)							
(17)							
(18)			··		1		

	-
D	•

Schedule	E /E~~	• 000	2012

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	1	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	1	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? In "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
LEAP does	not give grants. The payments listed here are solely for independent contractors who are domiciled outside the United States.
	·····
	······································
	•
	······································

### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Name of the organization Employer Identification number

Par	Excess Bene	fit Transactio	ns (section 501	(c)(3) a	and sect	ion 501(c)(	4) org	anizations only).			43/63			
	Complete if the	ne organization	answered "Ye	s" on F	orm 99	0, Part IV, I	ine 25	a or 25b, or Fo	rm 99	0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	n of trai	nsactio	n		(d) Corrected	
				organiza	ition			(-,					Yes	No
(1)							ļ							
(2)	<del></del>						-							ļ
(3)							ļ						ļ	ļ
(4)														
(5)							ļ							
<u>(6)</u>	Estandha assaust	-6.1	al L., il., a.,		<del></del>									L
2	Enter the amount under section 4958		a by the organ					ea persons au	ring ti	ne ye 	ar ▶ g	<b>;</b>		
3	Enter the amount of	of tax, if any, or	n line 2, above,	reimbu	ursed by	the organ	ızatioı	n		1	▶ \$			
		· - · · ·												
Part	Complete if the	ne organization	rested Person a answered "Ye nount on Form S	s" on F				e 38a or Form 99	90, Pa	ırt IV,	line 2	6; or i	f the	
(a) N	ame of interested person	(b) Relationship with organization		fro	oan to or m the nization?	(e) Origir principal an		(f) Balance due	(g) in c	default?	by bo	proved pard or nittee?	(i) Wi agree	ritten ment?
			•	То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)									<u> </u>					
(4)									<u> </u>	<u></u>	L			
(5)	<del></del>	<u> </u>			<u> </u>	<u></u>			<u> </u>	<u> </u>				
(6)				L	<b></b>				<u> </u>					
_(7)	· · · · · · · · · · · · · · · · · · ·		L	L	<u> </u>				L	<u> </u>	ļ			
_(8)	- <del></del>	<u> </u>	<u> </u>						<u> </u>	<u> </u>	<u> </u>			
(9)					<u> </u>				<u> </u>	<u> </u>	<u> </u>			
(10)	·	<u></u>	<u> </u>		<u> </u>					L	<u> </u>			
Total			<u></u>			<u> </u>	<u> </u>	\$	<u> </u>				L	
Part	Grants or As Complete if the	sistance Bene ne organization	efiting Interest answered "Ye	ed Per s" on F	rsons. Form 99	0, Part IV, I	ine 27	7						
(a)	Name of interested perso		nship between inter- and the organization		(c) Amount	of assistance		(d) Type of assistanc	:e	(e)	) Purpo	se of a	ssistan	ce 
(1)			·											
_(2)	·													
(3)														
(4)					<u> </u>		<u> </u>			<u> </u>				
_(5)_										ļ				
(6)	<del></del>									<u> </u>				
_(7)_										<u> </u>				
(3) (4) (5) (6) (7) (8) (9)										<u> </u>				
(9)										<b> </b>				
(10)										L				

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zation nues?
Elijah Sparrow	Spouse of Officer	\$39.136	W-2 Wages	163	\ \ \ \
Enjan Sparrow	Spouse of Officer	\$30,130	w-z wages	_	+
				+	╁╌
			<del></del>	_	1
			<u> </u>		↓
			· · · · · · · · · · · · · · · · · · ·	<del>-  </del>	<del> </del> —
		<del></del>		<del>-  </del>	+
V Supplemental Information	 				<u>—</u>

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public Inspection

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

LEAP Encryption Access Project	45-4576337
Part VI, Line 11a - The organization's Board reviewed the tax return before it was filed.	
Part VI, Line 19 - The organization's governing documents and policies are available for inspection up	on request.
Part VI, Section B - Written Policies - The Board is in the process of adopting a conflict of interest, whi	stleblower, and document retention
and destruction policy.	
Part III, Question 2 - This is the organization's first Form 990, so none of the activities have been previous	ously reported.
<u></u>	
······································	