

Form

Department of the Treasury Internal Revenue Service

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

7/1/2012

6/30/2013

Check if applicable:	Name of organization	LOVE FROM MARGOT FOUNDATION		
<input type="checkbox"/> Address change	Doing Business As			45-4845389
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	Telephone number	
<input checked="" type="checkbox"/> Initial return	2740 BROADWAY ST.		(510) 302-1441	
<input type="checkbox"/> Terminated	City, town or post office, state, and ZIP code			Gross receipts \$
<input type="checkbox"/> Amended return	OAKLAND	CA	94612	231,386
<input type="checkbox"/> Application pending	Name and address of principal officer:			Is this a group return for affiliates? <input type="checkbox"/> <input checked="" type="checkbox"/>
	MICHAEL MURPHY 2740 BROADWAY ST., OAKLAND, CA 94612			Are all affiliates included? <input type="checkbox"/> <input type="checkbox"/>
Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)		
	▶ www.lovefrommargot.com			Group exemption number ▶

Form of organization: Corporation Trust Association Other ▶ Year of formation: 2012 State of legal domicile: CA

Activities & Governance	Briefly describe the organization's mission or most significant activities: The Organization collects donations from the public to support individuals, their families and support network of individuals who will provide emotional and psychological support to patients diagnosed with cancer and other serious medical conditions.		
	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	Number of voting members of the governing body (Part VI, line 1a)		4
	Number of independent voting members of the governing body (Part VI, line 1b)		4
	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		0
	Total number of volunteers (estimate if necessary)		4
Total unrelated business revenue from Part VIII, column (C), line 12		0	
Net unrelated business taxable income from Form 990-T, line 34		0	
Revenue	Contributions and grants (Part VIII, line 1h)		231,386
	Program service revenue (Part VIII, line 2g)		0
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	231,386
Expenses	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		127,107
	Benefits paid to or for members (Part IX, column (A), line 4)		0
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	Professional fundraising fees (Part IX, column (A), line 11e)		1,455
	Total fundraising expenses (Part IX, column (D), line 25) ▶	3,005	
	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		43,549
	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	172,111
Revenue less expenses. Subtract line 18 from line 12	0	59,275	
Net Assets or Fund Balances	Total assets (Part X, line 16)	0	59,275
	Total liabilities (Part X, line 26)	0	0
	Net assets or fund balances. Subtract line 21 from line 20	0	59,275

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

Signature of officer _____ Date _____
Type or print name and title _____

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
SIJOON NOE	SIJOON NOE	10/31/2013		P00049254
Firm's name ▶ NOE AND COMPANY		Firm's EIN ▶ 57-1194853		
Firm's address ▶ 8105 EDGEWATER DR., SUITE 220, OAKLAND, CA 94621		Phone no. 510-553-1231		

May the IRS discuss this return with the preparer shown above? (see instructions)

Check if Schedule O contains a response to any question in this Part III

Briefly describe the organization's mission:

The mission of the Organization is to make direct grants for those economically challenged individuals diagnosed with cancer and facing other serious medical conditions in Northern California.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 131,149 including grants of \$) (Revenue \$)

The Organization made direct grants for those economically challenged individuals, families and support network of individuals who provided emotional and psychological support to patients diagnosed with cancer and facing other serious medical conditions in Northern California.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

▶ 131,149

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

X

Is the organization required to complete (see instructions)?

X

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?

X

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

X

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?

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?

X

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?

X

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

X

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?

X

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?

X

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

X

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?

X

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?

X

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?

X

Did the organization report an amount for other liabilities in Part X, line 25?

X

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.

X

Did the organization obtain separate, independent audited financial statements for the tax year?

X

Was the organization included in consolidated, independent audited financial statements for the tax year?

X

Is the organization a school described in section 170(b)(1)(A)(ii)?

X

Did the organization maintain an office, employees, or agents outside of the United States?

X

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?

X

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?

X

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?

X

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?

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

Did the organization operate one or more hospital facilities?

X

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

Check if Schedule O contains a response to any question in this Part V

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X	
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X	
If the sum of lines 1a and 2a is greater than 250, you may be required to (see instructions)				
Did the organization have unrelated business gross income of \$1,000 or more during the year?				X
If "Yes," has it filed a Form 990-T for this year?				
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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				X
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				X
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				X
If "Yes," did the organization notify the donor of the value of the goods or services provided?				
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				X
If "Yes," indicate the number of Forms 8282 filed during the year				
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				X
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				X
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
Did the organization make any taxable distributions under section 4966?				
Did the organization make a distribution to a donor, donor advisor, or related person?				
Enter:				
Initiation fees and capital contributions included on Part VIII, line 12				
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
Enter:				
Gross income from members or shareholders				
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
Is the organization filing Form 990 in lieu of Form 1041?				
If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
Is the organization licensed to issue qualified health plans in more than one state?				
See the instructions for additional information the organization must report on Schedule O.				
Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
Enter the amount of reserves on hand				
Did the organization receive any payments for indoor tanning services during the tax year?				X
If "Yes," has it filed a Form 720 to report these payments?				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. [X]

Enter the number of voting members of the governing body at the end of the tax year. 4
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.
Enter the number of voting members included in line 1a, above, who are independent. 4
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X
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? X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X
Did the organization become aware during the year of a significant diversion of the organization's assets? X
Did the organization have members or stockholders? X
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? X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
The governing body? X
Each committee with authority to act on behalf of the governing body? X
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? X

Did the organization have local chapters, branches, or affiliates? X
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?
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X
Describe in Schedule O the process, if any, used by the organization to review this Form 990.
Did the organization have a written conflict of interest policy? X
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X
Did the organization regularly and consistently monitor and enforce compliance with the policy? X
Did the organization have a written whistleblower policy? X
Did the organization have a written document retention and destruction policy? X
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
The organization's CEO, Executive Director, or top management official. X
Other officers or key employees of the organization.
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?

List the states with which a copy of this Form 990 is required to be filed
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL MURPHY 510-302-1441
2740 BROADWAY ST., OAKLAND, CA 94612

Check if Schedule O contains a response to any question in this Part VII

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 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 key employees, if any. See instructions for definition of "key employee."
- List the organization's five 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 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 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 nor any related organization compensated any current officer, director, or trustee.

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MICHAEL MURPHY ----- PRESIDENT	4.00 ----- 0.00	X		X					
NEAL MITCHELL ----- SECRETARY	1.00 ----- 0.00	X		X					
DALE BONGLUM ----- V. PRESIDENT	1.00 ----- 0.00	X		X					
AURONA DEOLIVEINA ----- DIRECTOR	1.00 ----- 0.00	X							
-----	-----								
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Check if Schedule O contains a response to any question in this Part VIII.

			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	Federated campaigns	0				
	Membership dues	0				
	Fundraising events	0				
	Related organizations	0				
	Government grants (contributions)	0				
	All other contributions, gifts, grants, and similar amounts not included above	231,386				
	Noncash contributions included in lines 1a-1f: \$	0				
Add lines 1a-1f	▶	231,386				
Program Service Revenue	-----		0			
	-----		0			
	-----		0			
	-----		0			
	-----		0			
	All other program service revenue		0			
Add lines 2a-2f	▶	0				
Other Revenue	Investment income (including dividends, interest, and other similar amounts)	▶	0			
	Income from investment of tax-exempt bond proceeds	▶	0			
	Royalties	▶	0			
	Gross rents	(i) Real (ii) Personal				
	Less: rental expenses					
	Rental income or (loss)	0 0				
	Net rental income or (loss)	▶	0			
	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	Less: cost or other basis and sales expenses					
	Gain or (loss)	0 0				
	Net gain or (loss)	▶	0			
	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	0				
	Less: direct expenses	0				
	Net income or (loss) from fundraising events	▶	0			
Gross income from gaming activities. See Part IV, line 19	0					
Less: direct expenses	0					
Net income or (loss) from gaming activities	▶	0				
Gross sales of inventory, less returns and allowances	0					
Less: cost of goods sold	0					
Net income or (loss) from sales of inventory	▶	0				
Miscellaneous Revenue						
-----		0				
-----		0				
-----		0				
All other revenue		0				
Add lines 11a-11d	▶	0				
See instructions	▶	231,386	0	0	0	

Check if Schedule O contains a response to any question in this Part IX

	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	78,358	78,358		
Grants and other assistance to individuals in the United States. See Part IV, line 22	48,749	48,749		
Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
Benefits paid to or for members	0			
Compensation of current officers, directors, trustees, and key employees	0			
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
Other salaries and wages	0			
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
Other employee benefits	0			
Payroll taxes	0			
Fees for services (non-employees):				
Management	18,250		18,250	
Legal	19,382		19,382	
Accounting	325		325	
Lobbying	0			
Professional fundraising services. See Part IV, line 17	1,455			1,455
Investment management fees	0			
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
Advertising and promotion	0			
Office expenses	0			
Information technology	1,550			1,550
Royalties	0			
Occupancy	0			
Travel	4,042	4,042		
Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
Conferences, conventions, and meetings	0			
Interest	0			
Payments to affiliates	0			
Depreciation, depletion, and amortization	0	0	0	0
Insurance	0			
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.)				
-----	0			
-----	0			
-----	0			
-----	0			
All other expenses	0			
Add lines 1 through 24e	172,111	131,149	37,957	3,005
Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response to any question in this Part X

		Beginning of year	End of year
Assets	Cash—non-interest-bearing	0	54,296
	Savings and temporary cash investments		4,979
	Pledges and grants receivable, net	0	0
	Accounts receivable, net	0	0
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	Notes and loans receivable, net	0	0
	Inventories for sale or use		
	Prepaid expenses and deferred charges		
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0	
	Less: accumulated depreciation	0	0
	Investments—publicly traded securities	0	0
	Investments—other securities. See Part IV, line 11	0	0
	Investments—program-related. See Part IV, line 11	0	0
	Intangible assets	0	0
Other assets. See Part IV, line 11	0	0	
Add lines 1 through 15 (must equal line 34)	0	59,275	
Liabilities	Accounts payable and accrued expenses		
	Grants payable		
	Deferred revenue		
	Tax-exempt bond liabilities		
	Escrow or custodial account liability. Complete Part IV of Schedule D		
	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	Secured mortgages and notes payable to unrelated third parties	0	0
	Unsecured notes and loans payable to unrelated third parties	0	0
	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	0
	Add lines 17 through 25	0	0
Net Assets or Fund Balances	▶ <input checked="" type="checkbox"/>		
	Unrestricted net assets		59,275
	Temporarily restricted net assets		
	Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC958), check here ▶ <input type="checkbox"/> and complete lines 30 through 34.		
	Capital stock or trust principal, or current funds		
	Paid-in or capital surplus, or land, building, or equipment fund		
Retained earnings, endowment, accumulated income, or other funds			
Total net assets or fund balances	0	59,275	
Total liabilities and net assets/fund balances	0	59,275	

Check if Schedule O contains a response to any question in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)	231,386
Total expenses (must equal Part IX, column (A), line 25)	172,111
Revenue less expenses. Subtract line 2 from line 1	59,275
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	0
Net unrealized gains (losses) on investments	
Donated services and use of facilities	
Investment expenses	
Prior period adjustments	
Other changes in net assets or fund balances (explain in Schedule O)	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	59,275

Check if Schedule O contains a response to any question in this Part XII

Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
Were the organization's financial statements compiled or reviewed by an independent accountant?			X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
Were the organization's financial statements audited by an independent accountant?			X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?			X
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

(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.")					231,386	231,386
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	231,386	231,386
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)						211,749
Subtract line 5 from line 4.						19,637

	2008	2009	2010	2011	2012	Total
Amounts from line 4	0	0	0	0	231,386	231,386
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						231,386
Gross receipts from related activities, etc. (see instructions)						0

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 6, column (f) divided by line 11, column (f)) 0.00%
 Public support percentage from 2011 Schedule A, Part II, line 14 0.00%

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

(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.")						0
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	0	0
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.)						0

	2008	2009	2010	2011	2012	Total
Amounts from line 6	0	0	0	0	0	0
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	0	0

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)) 0.00%
 Public support percentage from 2011 Schedule A, Part III, line 15 0.00%

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

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(check one):

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the _____ or a _____

Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use _____ for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use _____ for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an _____ religious, charitable, etc., purpose. Do not complete any of the parts unless the _____ applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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(see instructions). Use duplicate copies of Part I if additional space is needed.

1	MICHAEL MURPHY ----- 2740 BROADWAY ST. ----- OAKLAND CA 94612 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 131,179	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	VOLKSWAGEN OF OAKLAND ----- 2740 BROADWAY ST. ----- OAKLAND CA 94612 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 89,082	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PREMIER CHRYSLER JEEP DODGE ----- 13000 I-10 SERVICE ROAD ----- NEW ORLEANS CA 70128 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MR. AND MRS WALTER ----- 2030 E. FLAMINGO ROAD, #290 ----- LAS VEGAS NV 89119 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Complete columns through the following line entry.
 For organizations completing Part III, enter the total of religious, charitable, etc., contributions of for the year. (Enter this information once. See instructions.) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed.

-----	----- ----- -----	----- ----- -----	----- ----- -----
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	----- ----- ----- For. Prov. Country	----- ----- -----	
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	+		
	----- ----- ----- For. Prov. Country	----- ----- -----	

Department of the Treasury
Internal Revenue Service

Name of the organization

LOVE FROM MARGOT FOUNDATION

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Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Complete if the organization answered "Yes" to Form 990

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
FAMILY CARE SF, INC 2433 OCEAN AVE.			20,832				
JOHN MUIR BEHAVIORAL HE 2740 GRANT ST.			5,785				
ST. GREGORY RETREAT CEN 5875 FLEUR DR.			49,900				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

Enter total number of other organizations listed in the line 1 table 0

Department of the Treasury
Internal Revenue Service

Name of the organization

LOVE FROM MARGOT FOUNDATION

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Form 990 Part VI Section B Line 11b: The board president reviews Form 990 before it is filed.

Form 990 Part VI Section B Line 12c: The Organization monitors and enforces this compliance at
the board of director meeting annually.

Form 990 Part VI Section C Line 19: The Organization makes its financial statements, conflict
of interest policy and governing documents available to the general public upon request.

California Exempt Organization Annual Information Return

2012

199

Calendar Year 2012 or fiscal year beginning month 7 day 1 year 2012, and ending month 6 day 30 year 2013

Corporation/Organization Name LOVE FROM MARGOT FOUNDATION			California corporation number 3450893
Address (suite, room, or PMB no.) 2740 BROADWAY ST.			FEIN 45-4845389
City OAKLAND	State CA	ZIP Code 94612	

First Return Yes No
 Amended Return Yes No
 IRC Section 4947 (a)(1) trust Yes No
 Final Return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: ● _____
 Check accounting method:
 (1) Cash (2) Accrual (3) Other
 Federal return filed?
 (1) 990T (2) 990(PF) (3) Sch H (990)
 Is this a group filing for the subordinates/affiliates? . . . ● Yes No
 If "Yes," attach a roster. See instructions
 Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name?

 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? . . ● Yes No
 If "Yes," explain, and attach copies of revised documents.

If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● Yes No
 If "Yes," complete and attach form FTB 3509.
 Is the organization exempt under R&TC Section 23701g? ● Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
 If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required ●
 Is the organization a Limited Liability Company? ● Yes No
 Did the organization file Form 100 or Form 109 to report taxable income? ● Yes No
 Is the organization under audit by the IRS or has the IRS audited in a prior year? ● Yes No

Receipts and Revenues	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	0	00
	Gross dues and assessments from members and affiliates ●	0	00
	Gross contributions, gifts, grants, and similar amounts received. ●	231,386	00
	Total gross receipts for filing requirement test. Add line 1 through line 3. If the result is less than \$50,000, see General Instruction B ●	231,386	00
	Cost of goods sold ●	0	00
	Cost or other basis, and sales expenses of assets sold ●	0	00
	Total costs. Add line 5 and line 6	0	00
Total gross income. Subtract line 7 from line 4 ●	231,386	00	
Expenses	Total expenses and disbursements. From Side 2, Part II, line 18 ●	172,111	00
	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	59,275	00
	Filing fee \$10 or \$25. See General Instruction F	0	00
	Total payments	0	00
	Penalties and Interest. See General Instruction J	0	00
	Use tax. See General Instruction K ●	0	00
	Add line 11, line 13, and line 14. Then subtract line 12 from the result	0	00

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

Signature of officer ▶	Title	Date	● Telephone
Preparer's signature ▶ SIJOON NOE		10/31/2013	● PTIN P00049254
Firm's name (or yours, if self-employed) and address ▶ NOE AND COMPANY 8105 EDGEWATER DR., SUITE 2 OAKLAND, CA 94621			● FEIN 57-1194853 ● Telephone 510-553-1231

May the FTB discuss this return with the preparer shown above? See instructions ● Yes No

Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Gross sales or receipts from all business activities. See instructions	●		0	00
Interest	●		0	00
Dividends	●		0	00
Gross rents	●		0	00
Gross royalties	●		0	00
Gross amount received from sale of assets (See Instructions)	●		0	00
Other income. Attach schedule	●		0	00
Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1			0	00
Contributions, gifts, grants, and similar amounts paid. Attach schedule	●		127,107	00
Disbursements to or for members.	●		0	00
Compensation of officers, directors, and trustees. Attach schedule	●		0	00
Other salaries and wages	●		0	00
Interest	●		0	00
Taxes	●		0	00
Rents	●		0	00
Depreciation and depletion (See instructions)	●		0	00
Other Expenses and Disbursements. Attach schedule	●		45,004	00
expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9			172,111	00

Cash		0.	●	59,275.
Net accounts receivable		0.	●	0.
Net notes receivable		0.	●	0.
Inventories		0.	●	0.
Federal and state government obligations		0.	●	0.
Investments in other bonds		0.	●	0.
Investments in stock		0.	●	0.
Mortgage loans		0.	●	0.
Other investments. Attach schedule		0.	●	0.
Depreciable assets	0.		0.	
Less accumulated depreciation	(0.)	0.	(0.)	0.
Land		0.	●	0.
Other assets. Attach schedule		0.	●	0.
Total assets		0.		59,275.
Accounts payable		0.	●	0.
Contributions, gifts, or grants payable		0.	●	0.
Bonds and notes payable		0.	●	0.
Mortgages payable		0.	●	0.
Other liabilities. Attach schedule		0.		0.
Capital stock or principle fund		0.	●	0.
Paid-in or capital surplus. Attach reconciliation		0.	●	0.
Retained earnings or income fund		0.	●	59,275.
Total liabilities and net worth		0.		59,275.

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

Net income per books	●	59,275.	Income recorded on books this year not included in this return. Attach schedule	●	0.
Federal income tax	●		Deductions in this return not charged against book income this year.		
Excess of capital losses over capital gains	●		Attach schedule	●	0.
Income not recorded on books this year. Attach schedule	●	0.	Total. Add line 7 and line 8		0.
Expenses recorded on books this year not deducted in this return. Attach schedule	●	0.	Net income per return.		
Total. Add line 1 through line 5		59,275.	Subtract line 9 from line 6		59,275.

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LOVE FROM MARGOT FOUNDATION

2740 BROADWAY ST.

OAKLAND, CA 94612

3450893

45-4845389

7/1/2012

6/30/2013

231,386

59,275

- | | | |
|---|--|---|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X |

Organization's area code and telephone number (510) 302-1441

Organization's e-mail address www.lovefrommargot.com

Signature of authorized officer

Printed Name

Title

Date

230,261

Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
MICHAEL MURPHY	2740 BROADWAY ST.	OAKLAND	CA	94612				131,179
VOLKSWAGEN OF OAKLAND	2740 BROADWAY ST.	OAKLAND	CA	94612				89,082
PREMIER CHRYSLER JEEP DODGE	13000 I-10 SERVICE ROAD	NEW ORLEANS	CA	70128				5,000
MR. AND MRS WALTER	2030 E. FLAMINGO ROAD, #290	LAS VEGAS	NV	89119				5,000

127,107

	Class of Activity	Name of Donee	Street Address of Donee	City	State	Zip Code	Relationship to Donor	Amount Donee Received
	GRANTS TO ORGANIZATION							78,358
	DONATIONS TO INDIVIDUALS							48,749

Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
MICHAEL MURPHY					PRESIDENT	4	
NEAL MITCHELL					SECRETARY	1	
DALE BONGLUM					V. PRESIDENT	1	
AURONA DEOLIVEINA					DIRECTOR	1	

Pension plans, employee benefits	0
Legal fees	19,382
Accounting fees	325
Other professional fees	19,705
Travel, conferences, and meetings	4,042
Printing and publications	0
Special events direct expenses	0
Office expenses	0
Other expenses	1,550
<hr/>	
Total	45,004