

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

OMB No. 1545-1150

**2010**Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning and ending

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Foundation Foundation dba MyBillofRights.org**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**2021 N Alvarado**

City or town, state or country, and ZIP + 4  
**Phoenix, AZ 85004**

**D** Employer identification number  
**20-3487592**

**E** Telephone number  
**602-368-4422**

**F** Group Exemption Number ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

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

**I** Website: ▶ **www.mybillofrights.org**

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **40793.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>40793.</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>40793.</b>
	10	Grants and similar amounts paid (list in Schedule O)	10	
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	<b>575.</b>
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O) <b>See Schedule O</b>	16	<b>8508.</b>
17		<b>Total expenses.</b> Add lines 10 through 16	17	<b>9083.</b>
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>31710.</b>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>-26885.</b>	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>4825.</b>	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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

**X**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments .....	1890.	22 11100.
23	Land and buildings .....		23
24	Other assets (describe in Schedule O) .....		24
25	<b>Total assets</b> .....	1890.	25 11100.
26	<b>Total liabilities</b> (describe in Schedule O) <b>See Schedule O</b> .....	28775.	26 6275.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	-26885.	27 4825.

Part III		Statement of Program Service Accomplishments (see the instructions for Part III.)	
----------	--	---	--

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

**X**

What is the organization's primary exempt purpose? **See Schedule O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Monument design development fees

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

28a

29 Website design and maintance

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

0.

Part IV	List of Officers, Directors, Trustees, and Key Employees.
---------	---

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

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

7

[illegible]

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

**X**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments .....	1890.	22 11100.
23	Land and buildings .....		23
24	Other assets (describe in Schedule O) .....		24
25	<b>Total assets</b> .....	1890.	25 11100.
26	<b>Total liabilities</b> (describe in Schedule O) <b>See Schedule O</b> .....	28775.	26 6275.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	-26885.	27 4825.

Part III		Statement of Program Service Accomplishments (see the instructions for Part III.)	
----------	--	---	--

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

**X**

What is the organization's primary exempt purpose? **See Schedule O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Monument design development fees

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

28a

29 Website design and maintance

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

0.

Part IV	List of Officers, Directors, Trustees, and Key Employees.
---------	---

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

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

7

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	6275.
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	AZ	
42a The organization's books are in care of	Chris Dickey	Telephone no. 512-609-8322
Located at	40 N IH 35 # PB4, Austin, TX	ZIP + 4 78701
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

Form 990-EZ (2010)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?		
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?		
If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		
49b		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☒ Yes ☐ No

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.

**Sign Here** Signature of officer **Chris Dickey, President** Date \_\_\_\_\_  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jeffrey M. Rose, C.P.A.	Jeffrey M. Rose, C	05/10/11		
	Firm's name <b>▶ J. M. ROSE</b>	Firm's EIN <b>▶</b>			
	Firm's address <b>▶ P.O Box 519</b>	Phone no. <b>(818) 992-5800</b>			
	<b>Woodland Hills, CA 91365</b>				

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No



## Foundation Foundation

Schedule A (Form 990 or 990-EZ) 2010 dba MyBillofRights.org

20-3487592 Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	42064.	17064.	49212.	10610.	40793.	159743.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	42064.	17064.	49212.	10610.	40793.	159743.
5 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) .....						
6 Public support. Subtract line 5 from line 4.						159743.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	42064.	17064.	49212.	10610.	40793.	159743.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10						159743.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. 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 stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	100.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	100.00	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. 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 stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.) .....						

**14** First five years. 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 stop here. ☐ **►**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 stop here. The organization qualifies as a publicly supported organization. ☐ **►**

**b 33 1/3% support tests - 2009.** 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 stop here. The organization qualifies as a publicly supported organization. ☐ **►**

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐ **►**



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	Foundation Foundation dba MyBillofRights.org	Employer identification number 20-3487592
--------------------------	---	--

**Form 990-EZ, Part I, Line 16, Other Expenses:**

Description of Other Expenses:	Amount:
Program purpose expenses	6375.
Filing fees	125.
Bank charges	24.
Postage	148.
Promotional materials	1536.
Office expense	300.
Total to Form 990-EZ, line 16	8508.

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

Description	Beg. of Year	End of Year
Loan payable C Dickey	28775.	6275.

**Form 990-EZ, Part III, Primary Exempt Purpose - Promote the awareness of  
the bill of rights**

**Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:**

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,  
or indirectly, on a personal benefit contract.

Department of the Treasury  
Internal Revenue Service

**► 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

# 2010

### Open To Public Inspection

Name of the organization	Foundation Foundation dba MyBillofRights.org
--------------------------	---

Employer identification number  
20-3487592

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Chris Dickey - or	X		28775.	6275.		X	X		X	
<b>Total</b>				6275.						

<b>Total</b>	<b>\$</b>	<b>6275.</b>
--------------	-----------	--------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<b>Part V</b>	<b>Supplemental Information</b>
---------------	---------------------------------

**Complete this part to provide additional information for responses to questions on Schedule L (see instructions).**

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Chris Dickey

(a) Purpose of Loan: organization was short of funds to pay current bills

(b) Loan to or from organization? = To

(c) Original Principal Amount \$ 28775. (d) Balance Due \$ 6275.

(e) Loan in Default? = No

(f) Approved by Board or Committee? = Yes

(g) Written Agreement? = Yes

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

		(a) Beginning of year		(b) End of year	
<b>Assets</b>					
A1	Cash	1890	00	A1	11100 00
A2a	Accounts receivable	A2a	00		
	b Less: allowance for doubtful accounts	A2b	00		
	c Line A2a less line A2b. Enter difference in column (b)		00	A2c	00
A3a	Other notes and loans receivable - attach schedule	A3a	00		
	b Less: allowance for doubtful accounts	A3b	00		
	c Line A3a less line A3b. Enter difference in column (b)		00	A3c	00
A4	Inventories		00	A4	00
A5	Investments (securities) - attach schedule		00	A5	00
A6	Investments (other) - attach schedule		00	A6	00
A7a	Land, buildings, and equipment; basis	A7a	00		
	b Less: accumulated depreciation - attach schedule	A7b	00		
	c Line A7a less line A7b. Enter difference in column (b)		00	A7c	00
A8	Other assets - describe		00	A8	00
A9	Total assets - add lines A1 through A8	1890	00	A9	11100 00

<b>Liabilities</b>					
A10	Accounts payable and accrued expenses		00	A10	00
A11	Mortgages and other notes payable - attach schedule		00	A11	00
A12	Other liabilities - describe <b>See Statement 2</b>	28775	00	A12	6275 00
A13	Total liabilities - add lines A10 through A12	28775	00	A13	6275 00

<b>Net Assets</b>					
A14	Capital stock or trust principal		00	A14	00
A15	Paid-in or capital surplus		00	A15	00
A16	Retained earnings or accumulated income	-26885	00	A16	4825 00
A17	Total net assets - add lines A14 through A16	-26885	00	A17	4825 00
A18	Total liabilities and net assets - add lines A13 and A17	1890	00	A18	11100 00

**Certification** 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here \_\_\_\_\_  
 Officer's signature \_\_\_\_\_ Date \_\_\_\_\_ President \_\_\_\_\_  
 Title \_\_\_\_\_

Paid Preparer's Jeffrey M. Rose, C.P.A. 05/10/11 95-2868068  
 Use Only Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's EIN, PTIN or SSN \_\_\_\_\_

J. M. ROSE 95-2868068  
 Firm's name (or preparer's, if self-employed) \_\_\_\_\_ Firm's ☒ EIN or ☐ SSN \_\_\_\_\_

P.O Box 519 91365 (818) 992-5800  
Woodland Hills, CA \_\_\_\_\_  
 Firm's address \_\_\_\_\_ ZIP code \_\_\_\_\_ Firm's telephone number \_\_\_\_\_

AZ 99	Misc Expenses	Statement 1
Description		Amount
Professional fees to independent contractors		575.
Program purpose expenses		6375.
Filing fees		125.
Bank charges		24.
Postage		148.
Promotional materials		1536.
Office expense		300.
Total to Form 99, Page 1, Line 19		9083.

AZ 99	Other Liabilities	Statement 2
Description	Beg of Year	End of Year
Loan payable C Dickey	28775.	6275.
Total to Form 99, Page 2, Line A12	28775.	6275.