

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Sierra Vista Community Hospital Auxiliary, Inc.	
		D Employer identification number 86-0431251	
		E Telephone number (520) 417-3911	
		F Group Exemption Number . . . ▶	
		G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ www.svrhc.org

J Tax-exempt status (check only one)— 501(c) (3) ◀ (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 \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **120,926**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	2,054
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	2,497
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less: cost or other basis and sales expenses	377
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-377
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	62,733
6b	Less: direct expenses other than fundraising expenses	24,222	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	38,511	
7a	Gross sales of inventory, less returns and allowances	53,643	
7b	Less: cost of goods sold	41,143	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	12,500	
8	Other revenue (describe ▶ _____)	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	55,185	
Expenses	10	Grants and similar amounts paid (attach schedule)	11,500
	11	Benefits paid to or for members	0
	12	Salaries, other compensation, and employee benefits	0
	13	Professional fees and other payments to independent contractors	0
	14	Occupancy, rent, utilities, and maintenance	0
	15	Printing, publications, postage, and shipping	2,303
	16	Other expenses (describe ▶ <u>See Attached Statement</u>)	4,028
17	Total expenses. Add lines 10 through 16 ▶	17,830	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	37,355
	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)	189,618
	20	Other changes in net assets or fund balances (attach explanation)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	226,973

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	189,618	22 226,973
23	Land and buildings		23
24	Other assets (describe ▶ _____)	0	24 0
25	Total assets	189,618	25 226,973
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,618	27 226,973

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining 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 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?		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a |		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a |		
b	Gross receipts, included on line 9, for public use of club facilities 39b |		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>none</u> ; section 4912 ▶ <u>none</u> ; section 4955 ▶ <u>none</u>		
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 is it 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		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 ▶ <u>none</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>none</u>		
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.		X
41	List the states with which a copy of this return is filed. ▶ <u>AZ</u>		
42 a	The organization's books are in care of ▶ <u>Secretary & Treasurer</u> Telephone no. ▶ <u>(520) 417-3911</u> Located at ▶ <u>Gift Shop, 300 El Camino Real</u> City <u>Sierra Vista</u> ST <u>AZ</u> ZIP + 4 ▶ <u>85635</u>		
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)?		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.?		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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	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
Name <u>None</u> Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Sign Here 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. _____

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____

Phone no. _____

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0		0		0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0		0		0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0
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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test–2009. 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 type="checkbox"/>		
b 33 1/3% support test–2008. 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–2009. 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–2008. 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"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	764	4,352	1,146	7,451	2,054	15,767
2 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	120,813	134,126	145,572	111,598	53,643	565,752
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	121,577	138,478	146,718	119,049	55,697	581,519
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						581,519

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	121,577	138,478	146,718	119,049	55,697	581,519
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,425	4,666	9,093	6,474	2,497	25,155
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,425	4,666	9,093	6,474	2,497	25,155
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	124,002	143,144	155,811	125,523	58,194	606,674
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95.85%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.40%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.15%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.60%

19a 33 1/3% support tests—2009. 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—2008. 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 . . . ▶

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Candelight Ball (event type)	Other Various (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	33,918	28,815	0	62,733
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	33,918	28,815	0	62,733
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	548	23,674	0	24,222
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶					( 24,222)
11	Net income summary. Combine line 3, column (d), and line 10 ▶					38,511

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Revenue	1	Gross revenue . . . . .			0
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(0)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$ 0			
Description of services provided ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Part I, Line 16 (990-EZ) - Other Expenses

4,028

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,193
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	1,460
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Bank Fees	13	1,373
14	Misc	14	1
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

ARIZONA FORM 99 Arizona Exempt Organization Annual Information Return 2009

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For the calendar year 2009 or fiscal year beginning _____ and ending _____.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		CHECK ONE: Calendar year <input checked="" type="checkbox"/> Fiscal year <input type="checkbox"/>	
Business telephone number 520-41704981	Please Type or Print	Name Sierra Vista Community Hospital Auxiliary, Inc.	Employer identification number (EIN) 86-0431251
		Number and street or PO Box 300 El Camino Real	AZ transaction privilege tax number
		City or town, state and ZIP code Sierra Vista, ARIZONA 85635	

Check box if: This is a first return Name change Address change

82 CHECK BOX IF: Return filed under extension.	3-mos. Fed 82 C <input type="checkbox"/>	6-mos. AZ - Fed 82 F <input type="checkbox"/>
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A Date Arizona operations began 05/30/1905

B Nature of Arizona activities Hospital Auxiliary

C Check federal form filed: 990 990-EZ Other (specify) _____

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Attach copy of federal return.

81	66
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Sources of Income	1	Gross sales or receipts from business activities	1	0 00		
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2	0 00		
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	3	0 00		
	4	Interest	4	00		
	5	Dividends	5	00		
	6	Rents and royalties	6	0 00		
	7	Gain or (loss) from sales of assets, excluding inventory items	7	0 00		
	8	Dues, assessments, etc., from members	8	0 00		
	9	Dues, assessments, etc., from affiliated organizations	9	00		
	10	Contributions, gifts, grants, etc., received	10	0 00		
	11	Other income - <i>attach itemized statement</i>	11	0 00		
	12	Total income - <i>add lines 3 through 11</i>	12	0 00		
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	0 00		
	14	Salaries and wages - <i>other than amounts included on line 2</i>	14	0 00		
	15	Interest	15	0 00		
	16	Taxes	16	0 00		
	17	Rent expense	17	0 00		
	18	Depreciation - <i>attach schedule</i>	18	0 00		
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19	0 00		
	20	Total expenses - <i>add lines 13 through 19</i>	20	0 00		
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21	00	
		22	Contributions, gifts, grants, etc., paid	22	00	
23		Benefit payments to or for members or their dependents:				
23a		a. Death, sickness, hospitalization, disability, or pension benefits	23a	00		
23b		b. Other benefits	23b	00		
24		Dividends and other distributions to members, shareholders, or depositors	24	00		
25		Other	25	00		
26	Total - <i>add lines 21 through 25</i>	26	0 00			
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27	00		
	28	Contributions, gifts, grants, etc., paid	28	00		
	29	Benefit payments to or for members or their dependents:				
	29a	a. Death, sickness, hospitalization, disability, or pension benefits	29a	00		
	29b	b. Other benefits	29b	00		
	30	Dividends and other distributions to members, shareholders, or depositors	30	00		
	31	Other	31	00		
32	Total - <i>add lines 27 through 31</i>	32	0 00			
33	Other disbursements not itemized above - <i>attach schedule</i>	33	0 00			
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i>	34	0 00		
	35	Accumulation of income at beginning of year	35	00		
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36	0 00		
37	Penalty for late filing or incomplete filing. <i>See instructions</i>	37	00			

THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

Schedule A - Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.	(a) Beginning of year	(b) End of year
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Assets

A1 Cash		0 00			0 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)		0 00	A2c		0 00
A3a Other notes and loans receivable - <i>attach schedule</i>	A3a	00			
b Less: allowance for doubtful accounts	A3b	00			
c Line A3a less line A3b. Enter difference in column (b)		0 00	A3c		0 00
A4 Inventories		0 00	A4		0 00
A5 Investments (securities) - <i>attach schedule</i>		0 00	A5		0 00
A6 Investments (other) - <i>attach schedule</i>		0 00	A6		0 00
A7a Land, buildings, and equipment; basis	A7a	0 00			
b Less: accumulated depreciation - <i>attach schedule</i>	A7b	0 00			
c Line A7a less line A7b. Enter difference in column (b)		0 00	A7c		0 00
A8 Other assets - <i>describe</i>		0 00	A8		0 00
A9 Total assets - add lines A1 through A8		0 00	A9		0 00

Liabilities

A10 Accounts payable and accrued expenses		0 00			0 00
A11 Mortgages and other notes payable - <i>attach schedule</i>		0 00	A11		0 00
A12 Other liabilities - <i>describe</i>		0 00	A12		0 00
A13 Total liabilities - add lines A10 through A12		0 00	A13		0 00

Net Assets

A14 Capital stock or trust principal		0 00			0 00
A15 Paid-in or capital surplus		0 00	A15		0 00
A16 Retained earnings or accumulated income		0 00	A16		0 00
A17 Total net assets - add lines A14 through A16		0 00	A17		0 00
A18 Total liabilities and net assets - add lines A13 and A17		0 00	A18		0 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

Signature of officer	Date	Title
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Paid Preparer's Use Only

Preparer's signature	Date	Business telephone number
Firm's name (or preparer's, if self-employed)	Preparer's TIN	
Firm's address	Zip code	

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

Line 19 (AZ 99) - Miscellaneous Expenses

1	Other expenses reported on Form 990 or 990EZ	1	<u>4,028</u>
2	.....	2	<u> </u>
3	.....	3	<u> </u>
4	.....	4	<u> </u>
5	.....	5	<u> </u>
6	.....	6	<u> </u>
7	.....	7	<u> </u>
8	.....	8	<u> </u>
9	.....	9	<u> </u>
10	Total	10	<u>4,028</u>
