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## 2010 Tax Return(s)

**Prepared for** Angel Charity for Children, Inc.  
Client Code: 175-0001

**Account Number** 134298  
**Release Number** 2010.05041

**Prepared by** Keegan, Linscott & Kenon, P.C.  
33 N. Stone Avenue, Suite 1100  
Tucson, AZ  
85701  
  
(520) 884-0176

**Processing** Date: 01/25/2012  
Time: 16:09:17

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

- Per IR-2011-120, Forms 990, 990-EZ and 990-PF will have an automatic extension of time to file returns if the original due date is January 17, 2012 or February 15, 2012. The return will be timely filed if it is filed by March 30, 2012. The reason for this extension is because the IRS is suspending Exempt Organization e-filing for the period January 1, 2012 until February 29, 2012 to update its MeF system. Use the corresponding filing deadline overrides on the Letters and Filing Instructions worksheet to indicate this extended due date for transmittal letter/filing instruction purposes. Any calculations, such as late payment interest/penalties should be done using overrides. If the return's six month extended due date falls on these dates the organization can't obtain any additional extensions. However, the IRS will not assess a late filing penalty if the return is filed by March 30, 2012, because there is a reasonable cause for late filing. To avoid a late filing notice, the organization should attach a Reasonable Cause statement to the return. Refer to IR-2011-120 for the wording to be included in the statement and/or for additional information in this regard. Note: The suspension of electronic filing does not pertain to Forms 990-N and 8868. (27412)
- Arizona. Form 99 is missing the Arizona transaction privilege tax number. Use Form 99 General Information worksheet to complete this information as required. (24550)
- Depreciation. Federal Form 4562 related to Form 990 Page 10, was prepared but contains no current year or prior year depreciation or amortization. This may result in incomplete depreciation records and should be reviewed and corrected as necessary. Please review all depreciation input and correct as necessary. To remove this form and all associated depreciation records it will be necessary to delete the 'entity' of this version of Form 4562. (20970)
- Form 990. Page 11, Part X. The ending cash amount includes a rounding adjustment of \$ 2. (20051)

### INFORMATIONAL

- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$21,342 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 7 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)

## Return Information

- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)
- Form 990. Page 1. The preparer's PTIN and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer PTIN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)
- Form 990. Page 5, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)
- Schedule D (Form 990). Page 4. Part XI is not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section, Suppress reconciliation statements when not required field to suppress the preparation of Schedule D, Part XI. (30414)
- Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on the Depreciation Options and Overrides worksheet, Prepare Form 4562 if not req'd field. (30144)
- Form 8868. Form 8868, Part II has been prepared to request an additional extension of time to file Form 990. Form 8868 must be filed by November 15, 2011.

If Form 8868 is NOT being filed electronically.

Mail Form 8868 to: Internal Revenue Service Center  
Ogden, UT 84201-0045

Note that specific extension filing instructions may be prepared by making the appropriate entry on the Letters and Filing Instructions worksheet, Filing Instructions and Cover Letter section, Extension filing instructions field and/or the Letters and Filing Instructions worksheet, Transmittal Letter section, Extension transmittal letter field. (30124)

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....825,031

Section: Prior Year Expenses

Revenue less expenses - O/R.....28,608

Worksheet: Schedule D - Supplemental Financial Statements

Section: Endowment Funds

Ending balance.....1,655,203

Ending balance - prior year.....1,422,075

Ending Bal 2nd yr back.....1,441,261

199,425.00  
440,000.00  
6,400.00  

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645,825.00

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smacondonald - 11/09/09 09:39AM Worksheet Form 990

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	3,450.00	8,496.00
noncash misc supplies	4,758.00	
		<1,239.00>
	<hr/> 8,208.00	<hr/> 7,257.00

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egeerasimovich - 11/02/11 07:39PM Worksheet Schedule G

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	30,559.00
non-cash	2,963.00
	<hr/> 33,522.00

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egeerasimovich - 11/02/11 07:40PM Worksheet Schedule G

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	18,035.00
non-cash	3,045.00
	<hr/> 21,080.00

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egeerasimovich - 11/03/11 01:03PM Worksheet Schedule G

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	77,887.00
non-cash	6,008.00
	<hr/> 83,895.00

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egeerasimovich - 11/03/11 01:29PM Worksheet Schedule M

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	15,079.00
	531.00
	3,045.00
	<hr/> 18,655.00

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ckeegan - 01/25/10 05:43PM Worksheet Form 990

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gross	29,640.00	28,372.00
cost	<28,319.00>	<27,854.00>
	<u>1,321.00</u>	<u>518.00</u>

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egeerasimovich - 11/24/10 01:25PM Worksheet Form 990

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2,030.00
<1,699.00>
<u>331.00</u>

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egeerasimovich - 11/24/10 05:11PM Worksheet Schedule I

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197,425.00
2,000.00
<u>199,425.00</u>

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List

## 2010 Return Summary

Angel Charity for Children, Inc.

86-0472794

Form 990:

Total Revenue	1,246,142.
Total Expenses	1,130,183.
Excess <Deficit>	115,959.
Beginning Net Assets	1,968,263.
Changes in Net Assets	0.
Ending Net Assets	2,084,222.

Balance Sheet Analysis

Ending Total Assets	3,305,251.
Ending Total Liabilities	1,221,029.
Ending Total Net Assets or Fund Balances	2,084,222.
Ending Total Assets Minus Liabilities and Net Assets	0.
Ending Net Assets Difference Between Page 1 and Page 11	0.

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Arizona Form 99:

Total Revenue	2,141,860.
Total Expenses	2,025,901.
Excess <Deficit>	115,959.

Keegan, Linscott & Kenon, P.C.  
33 North Stone Avenue Suite 1100  
Tucson, Az. 85701  
Phone: (520) 884-0176 Fax: (520) 884-8767

January 24, 2012

Erin Vincent, General Chair  
Angel Charity for Children, Inc.  
P.O. Box 14225  
Tucson, AZ 85732

Dear Erin:

Enclosed is the organization's 2010 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before February 15, 2012.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

ARIZONA FORM 99 RETURN:

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

Please sign and mail Form 99 on or before February 15, 2012.

No payment is required.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Per discussions with Sue Gibbs, Guardian Angel, and Shari Lowell, General Chairman, you have informed our office that member dues paid should be treated as income from the special event charity ball. You informed us that members contribute \$500 annually which is counted towards their purchase of ball tickets if they attend the ball. In the future, please ensure your treasurer properly distinguishes between member dues that are credited towards ball tickets and member dues that are paid in but not credited towards ball tickets so these



amounts can be properly reported on the tax return.

Very Truly Yours,

Carla J. Keegan

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## FEDERAL INFORMATIONAL FORMS

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## FILEABLE FORMS

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011**

<b>B</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	<b>C Name of organization</b> <b>Angel Charity for Children, Inc.</b>		<b>D Employer identification number</b> <b>86-0472794</b>
	Doing Business As		<b>E Telephone number</b> <b>520-326-3686</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>3,133,661.</b>
	<b>P.O. Box 14225</b>		
City or town, state or country, and ZIP + 4 <b>Tucson, AZ 85732</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer: Erin Vincent same as C above</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <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)	
<b>J Website:</b> <b>www.angelcharity.org</b>		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1982</b> <b>M State of legal domicile:</b> <b>AZ</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To improve the quality of life for the children in our community.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>33</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>857,932.</b>	<b>1,067,120.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>49,284.</b>	<b>272,870.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>&lt;82,185.&gt;</b>	<b>&lt;93,848.&gt;</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>825,031.</b>	<b>1,246,142.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>714,738.</b>	<b>1,049,544.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,751.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>81,685.</b>	<b>80,639.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>796,423.</b>	<b>1,130,183.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>28,608.</b>	<b>115,959.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,738,238.</b>	<b>3,305,251.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>769,975.</b>	<b>1,221,029.</b>
		<b>1,968,263.</b>	<b>2,084,222.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>Erin Vincent, General Chair</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>Carla J. Keegan</b>		
<b>Paid Preparer Use Only</b>	Firm's name ▶ <b>Keegan, Linscott &amp; Kenon, P.C.</b>	Firm's EIN ▶	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ <b>33 N. Stone Avenue, Suite 1100 Tucson, AZ 85701</b>	Phone no. <b>(520) 884-0176</b>	PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To improve the quality of life for the children in our community. This is accomplished through an established program of fund raising for the beneficiary or beneficiaries selected annually by General Membership.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 575,000. including grants of \$ 575,000. ) (Revenue \$ ) San Miguel High School: To reduce the remaining mortgage incurred to build the school's Student Center which houses activities for the Corporate Internship and Student Life programs. San Miguel High School's mission is to provide financially disadvantaged students with an opportunity for a college and career preparatory experience.

4b (Code: ) (Expenses \$ 400,544. including grants of \$ 400,544. ) (Revenue \$ ) Northwest YMCA Teen Center: To build a 5,300 sq. ft. extension that will provide dedicated space for youth socialization, recreation along with a computer room for studying and homework help.

4c (Code: ) (Expenses \$ 34,000. including grants of \$ 34,000. ) (Revenue \$ ) Pima Library Foundation: To fund the library system's Homework Help program, an after-school tutoring service providing immediate help for students in person or online.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 40,878. including grants of \$ 40,000. ) (Revenue \$ )

4e Total program service expenses 1,050,422.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a-14b.



**Part VI 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>		33
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>		33
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	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
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Linda Schultz - (520) 326-3686**  
**P.O. Box 14225, Tucson, AZ 85732**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Erin Vincent General Chairman	20.00	X		X				0.	0.	0.
Carla Keegan Vice Chairman	20.00	X		X				0.	0.	0.
Melissa Almquist Chairman Elect	20.00	X		X				0.	0.	0.
Ronda Argueta Corresponding Secretary	5.00	X		X				0.	0.	0.
Michelle Brown Recording Secretary	5.00	X		X				0.	0.	0.
Linda Schultz Treasurer	10.00	X		X				0.	0.	0.
Mary Clements Assistant Treasurer	10.00	X		X				0.	0.	0.
Kelly Medvec 2009 Treasurer	5.00	X						0.	0.	0.
Pattie Feder Bylaws/Parliamentarian	2.00	X		X				0.	0.	0.
Louise Thomas Guardian Angel Emeritus	10.00	X						0.	0.	0.
Millie Economidis Guardian Angel Emeritus	5.00	X						0.	0.	0.
Nancy Rodolph Guardian Angel	5.00	X						0.	0.	0.
Sue Gibbs Guardian Angel	5.00	X						0.	0.	0.
Margaret Larsen Guardian Angel	5.00	X						0.	0.	0.
Gina Murphy-Darling Immediate Past Chair	5.00	X						0.	0.	0.
Mary Jean Rhenman Member at Large	5.00	X						0.	0.	0.
Amanda Saffer Member at Large	5.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Cris Ciasca Underwriting Chairman	10.00	X		X				0.	0.	0.
Gina Slattery Director	5.00	X						0.	0.	0.
Jill Garcia Director	5.00	X						0.	0.	0.
Hillary Greener Director	5.00	X						0.	0.	0.
Barbara Schaefer Director	5.00	X						0.	0.	0.
Nancy Davis Director	5.00	X						0.	0.	0.
Deanna Miles Director	5.00	X						0.	0.	0.
Kimberly Clements Director	5.00	X						0.	0.	0.
Susan Grana Director	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
The Westin La Paloma 3800 E. Sunrise Drive, Tucson, AZ 85718	Facilities, guest services	176,766.
Events Made Special, Inc. 2100 N. Wilmot Rd., #206, Tucson, AZ 85712	Event Production	153,749.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

See Part VII, Section A Continuation sheets

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Judy Myers Director	5.00	X						0.	0.	0.
Becky Rebenstorf Director	5.00	X						0.	0.	0.
Adaline Klemmedson Director	5.00	X						0.	0.	0.
Carrie Durham Director	5.00	X						0.	0.	0.
Camerone Parker Director	5.00	X						0.	0.	0.
Susan Preimesberger Director	5.00	X						0.	0.	0.
Jennifer Miller Director	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	397,277.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	669,843.				
	g	Noncash contributions included in lines 1a-1f: \$		318,093.				
	h	<b>Total.</b> Add lines 1a-1f		1,067,120.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		42,803.	42,803.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			230,067.	230,067.	
	8 a	Gross income from fundraising events (not including \$ 397,277. of contributions reported on line 1c). See Part IV, line 18	a		665,333.			
		b	Less: direct expenses	b	839,569.			
		c	Net income or (loss) from fundraising events		<174,236.>			<174,236.>
	9 a	Gross income from gaming activities. See Part IV, line 19	a		128,130.			
b		Less: direct expenses	b	56,149.				
c		Net income or (loss) from gaming activities		71,981.	71,981.			
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	Other Income		900099	5,716.	5,716.			
	b	Endowment Fundraising	900099	1,370.	1,370.			
	c	Meeting Revenue (A&A)	900099	1,321.	1,321.			
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d			8,407.			
12	<b>Total revenue.</b> See instructions.			1,246,142.	353,258.	0.	<174,236.>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,049,544.	1,049,544.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	100.		100.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	8,208.		8,208.	
14 Information technology	8,897.		8,897.	
15 Royalties				
16 Occupancy	11,639.		11,639.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,880.		4,880.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>Bank Charges</b>	16,106.		16,106.	
b <b>Misc.</b>	15,092.		8,341.	6,751.
c <b>Endowment Expenses</b>	14,533.		14,533.	
d <b>Charity Selection</b>	878.	878.		
e <b>Nominating/New Members</b>	306.		306.	
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,130,183.	1,050,422.	73,010.	6,751.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	625,850.	<b>1</b>	515,900.	
	<b>2</b> Savings and temporary cash investments .....	628,765.	<b>2</b>	1,057,671.	
	<b>3</b> Pledges and grants receivable, net .....	21,274.	<b>3</b>	49,567.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,462.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,462.	0.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,422,075.	<b>12</b>	1,655,202.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	40,274.	<b>15</b>	26,911.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,738,238.	<b>16</b>	3,305,251.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....	552,756.	<b>18</b>	1,029,275.	
	<b>19</b> Deferred revenue .....	217,219.	<b>19</b>	191,754.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	769,975.	<b>26</b>	1,221,029.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	546,188.	<b>27</b>	429,019.	
	<b>28</b> Temporarily restricted net assets .....	1,248,254.	<b>28</b>	1,455,394.	
	<b>29</b> Permanently restricted net assets .....	173,821.	<b>29</b>	199,809.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	1,968,263.	<b>33</b>	2,084,222.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,738,238.	<b>34</b>	3,305,251.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,246,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,130,183.
3	Revenue less expenses. Subtract line 2 from line 1	3	115,959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,968,263.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,084,222.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	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
3b	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.		

Form 990 (2010)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization: **Angel Charity for Children, Inc.** Employer identification number: **86-0472794**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.") .....	900,043.	1,254,192.	1,155,118.	857,932.	1,067,120.	5,234,405.
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 <b>Total.</b> Add lines 1 through 3 .....	900,043.	1,254,192.	1,155,118.	857,932.	1,067,120.	5,234,405.
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 <b>Public support.</b> Subtract line 5 from line 4.						5,234,405.

**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 .....	900,043.	1,254,192.	1,155,118.	857,932.	1,067,120.	5,234,405.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	82,051.	100,628.	66,126.	56,540.	42,803.	348,148.
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.) .....	11,202.	13,849.	16,208.	4,173.	8,407.	53,839.
11 <b>Total support.</b> Add lines 7 through 10						5,636,392.
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,511,819.
13 <b>First five years.</b> 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 <b>stop here</b> .....	<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	92.87	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	92.48	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 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 Total.</b> 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 Public support</b> (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 Total support</b> (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 <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> 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 B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Angel Charity for Children, Inc.

Employer identification number

86-0472794

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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 **General Rule** or a **Special Rule**.

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

**General Rule**

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.

**Special Rules**

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 (1) \$5,000 or (2) 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, aggregate contributions of more than \$1,000 for use *exclusively* 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 *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** 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 **must** 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 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization <b>Angel Charity for Children, Inc.</b>	Employer identification number <b>86-0472794</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Larry and Carol Larson 7630 North Canyon Spirit Way Tucson, AZ 85718	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Nancy and Jim Rodolph 5810 North Camino Preciado Tucson, AZ 85718	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Mel and Enid Zuckerman, Zuckerman Family Foundation 8600 East Rockcliff Road Tucson, AZ 85750	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	George Mason Green & Lois C. Green Foundation 2440 E. Broadway Tucson, AZ 85719	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Demi Rogers 3334 E. Milber Street Tucson, AZ 85714	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Tohono O'odham Nation P.O. Box 837 Sells, AZ 85634	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Angel Charity for Children, Inc.</b>	Employer identification number <b>86-0472794</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Tucson Conquistadores Foundation <hr/> 6450 Broadway <hr/> Tucson, AZ 85710 <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
Angel Charity for Children, Inc.	86-0472794

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  <b>Angel Charity for Children, Inc.</b>	<b>Employer identification number</b>  <b>86-0472794</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Angel Charity for Children, Inc.

Employer identification number

86-0472794

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,422,075.	1,441,261.	1,565,949.		
b Contributions	3.	23,263.			
c Net investment earnings, gains, and losses	267,658.	39,183.	<124,688.>		
d Grants or scholarships	20,000.	68,913.			
e Other expenditures for facilities and programs					
f Administrative expenses	14,533.	12,719.			
g End of year balance	1,655,203.	1,422,075.	1,441,261.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,462.	2,462.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) Board Restricted		
(B) Principal	1,376,445.	Cost
(C) Board Restricted Income	20,966.	Cost
(D) Board Restricted Gain	57,983.	Cost
(E) Endowment Principal	179,457.	Cost
(F) Endowment Income	20,294.	Cost
(G) Endowment Gain	57.	Cost
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,655,202.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,246,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,130,183.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	115,959.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	115,959.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Department of the Treasury  
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

## 2010

**Open To Public  
Inspection**

Name of the organization

Angel Charity for Children, Inc.

Employer identification number

86-0472794

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Charity Ball	Fashion Show	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	827,852.	149,780.	84,978.	1,062,610.
	2	Less: Charitable contributions	307,552.	83,895.	5,830.	397,277.
	3	Gross income (line 1 minus line 2)	520,300.	65,885.	79,148.	665,333.
Direct Expenses	4	Cash prizes	10,000.			10,000.
	5	Noncash prizes	288,891.			288,891.
	6	Rent/facility costs				
	7	Food and beverages	167,644.	21,080.	2,625.	191,349.
	8	Entertainment	79,138.			79,138.
	9	Other direct expenses	200,277.	33,522.	36,392.	270,191.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 839,569 )
	11	Net income summary. Combine line 3, column (d), and line 10				<174,236.>

**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))	
		1	Gross revenue			128,130.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			34,808.	34,808.
	4	Rent/facility costs			7,685.	7,685.
	5	Other direct expenses			13,656.	13,656.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 56,149 )	
8	Net gaming income summary. Combine line 1, column d, and line 7				71,981.	

9 Enter the state(s) in which the organization operates gaming activities: AZ  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: Gaming at charity events. No cash payouts, only donated gifts.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>	The organization's facility	.00	%
<b>13b</b>	An outside facility	100.00	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ The Organization

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**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 ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       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?  Yes  No

**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 IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Angel Charity for Children, Inc.

Employer identification number  
**86-0472794**

**Part I** General Information on Grants and Assistance

- 1** 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?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations 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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
San Miguel High School (Cristo Rey Network) - 6601 S San Fernando Rd - Tucson, AZ 85756	04-3730980	501(c)(3)	575,000.	0.			Provide funding to pay off mortgage incurred to build the school's Student Center
Northwest YMCA Teen Center (YMCA of Southern Arizona) - PO Box 1111 - Tucson, AZ 85702	86-0101237	501(c)(3)	400,544.	0.			To build a 5,300 sq. ft. extension along with a computer room for studying
Pima County Library Foundation PO Box 13245 Tucson, AZ 85711	86-1034492	501(c)(3)	34,000.	0.			To fund the an after-school tutoring service program
Gabriel's Angels Inc 1550 E Maryland Avenue, Suite 1 Phoenix, AZ 85014	86-0991198	501(c)(3)	40,000.	0.			To certify 16 new canine therapy teams in Tucson to work with abused, neglected and at-risk

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

See Part IV for Column (h) descriptions



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part II, line 1, Column (h):

Name of Organization or Government: Gabriel's Angels Inc

(h) Purpose of Grant or Assistance: To certify 16 new canine therapy teams in Tucson to work with abused, neglected and at-risk children

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization <b>Angel Charity for Children, Inc.</b>	Employer identification number <b>86-0472794</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 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 ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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
<b>Total</b> .....				▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Louise Thomas	Guardian Angel Emer	151,649.	Events Made		X
Louise Thomas	Guardian Angel Emer	2,100.	Ball ticket		X

**Part V Supplemental Information**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Louise Thomas

(b) Relationship Between Interested Person and Organization:

Guardian Angel Emeritus

(c) Amount of Transaction \$ 151,649.

(d) Description of Transaction: Events Made Special is owned by the noted interested person and provided services and materials for Angel Charity Ball.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Louise Thomas

(b) Relationship Between Interested Person and Organization:

Guardian Angel Emeritus

(c) Amount of Transaction \$ 2,100.

(d) Description of Transaction: Ball tickets were provided to Events Made Special in addition to compensation for services. Events Made Special is owned by the noted interested person and provided services and materials for Angel Charity Ball.

(e) Sharing of Organization Revenues? = No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization: **Angel Charity for Children, Inc.** Employer identification number: **86-0472794**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	18,655.	FMV per donor
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>New gifts for</u> )	X	83	185,908.	FMV per donor
26 Other ▶ ( <u>New gifts for</u> )	X	600	94,864.	FMV sold
27 Other ▶ ( <u>Stationary an</u> )	X	30	18,666.	FMV per donor
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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

Angel Charity for Children, Inc.

Employer identification number

86-0472794

Form 990, Part III, Line 4d, Other Program Services:

Gabriel's Angels - \$40,000: To certify 16 new canine therapy teams in  
Tucson to work with abused, neglected and at-risk children

Expenses \$ 40,000. including grants of \$ 40,000. Revenue \$ 0.

Charity Selection Expenses - Expenses incurred by the Organization as  
part of the process of reviewing applications and selecting  
beneficiaries.

Expenses \$ 878. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 6: The organization is comprised of an  
all volunteer membership who is committed to the mission of helping  
children.

Form 990, Part VI, Section A, line 7a: Members approve the slated members  
of the governing body.

Form 990, Part VI, Section A, line 7b: Members approve various matters  
including the beneficiaries of the organization for the year.

Form 990, Part VI, Section B, line 11: Treasurer and President are  
presented a copy of the Form 990 to review before it is filed.

Form 990, Part VI, Section B, Line 12c: Members are required to disclose  
any relationships that could present a conflict of interest.

Name of the organization  
**Angel Charity for Children, Inc.**

Employer identification number  
**86-0472794**

Form 990, Part VI, Section B, Line 15: The organization currently does not currently have any employees. However, the organization has developed a policy regarding compensation should there be a decision to employ any one in the future.

Form 990, Part VI, Section C, Line 19: The organization's governing documents, conflict of interest policy, and financial statements are available to the public by request.

2010 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	Apple Computer	06/21/04	SL	5.00		HY17	2,462.		2,462.					0.	
	* Total 990 Page 10 Depr						2,462.		2,462.		0.	0.		0.	0.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number	
	Angel Charity for Children, Inc.	86-0472794	
	Number, street, and room or suite no. If a P.O. box, see instructions.	P.O. Box 14225	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Tucson, AZ 85732	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

Linda Schultz

• The books are in the care of  P.O. Box 14225 - Tucson, AZ 85732

Telephone No.  (520) 326-3686 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until February 15, 2012.

5 For calendar year \_\_\_\_\_, or other tax year beginning APR 1, 2010, and ending MAR 31, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension  
Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  CPA Date



**ARIZONA FORM 99** **Arizona Exempt Organization Annual Information Return** **2010**

For the  calendar year 2010 or  fiscal year beginning 04/01/10 and ending 03/31/11

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	PIs Type or Print	Name <b>Angel Charity for Children, Inc.</b>	Employer identification number (EIN) <b>86-0472794</b>
Business telephone number <b>520-326-3686</b>		Number and street or PO Box <b>P.O. Box 14225</b>	AZ transaction privilege tax number
		City or town, state and ZIP code <b>Tucson, AZ 85732</b>	

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

**82** Return filed under extension.  3-mos. Fed 82 C  6-mos. AZ - Fed 82 F

A Date Arizona operations began 01/01/1982

B Nature of Arizona activities FUNDRAISE FOR CHILDREN CHARITY

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Enclose a copy of the organization's federal return.

**81** **66**

<b>Sources of Income</b>	1	Gross sales or receipts from business activities	793,463	00	
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>		00	
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	793,463	00	
	4	Interest	37,848	00	
	5	Dividends	4,955	00	
	6	Rents and royalties		00	
	7	Gain or (loss) from sales of assets, excluding inventory items	230,067	00	
	8	Dues, assessments, etc., from members		00	
	9	Dues, assessments, etc., from affiliated organizations		00	
	10	Contributions, gifts, grants, etc., received	1,067,120	00	
	11	Other income - <i>attach itemized statement</i>	8,407	00	Statement 1
	12	Total income - <i>add lines 3 through 11</i>			12 2,141,860 00
<b>Administrative Expenses</b>	13	Compensation of officers, directors, trustees, etc.		00	
	14	Salaries and wages - <i>other than amounts included on line 2</i>		00	
	15	Interest		00	
	16	Taxes		00	
	17	Rent expense	11,639	00	
	18	Depreciation - <i>attach schedule</i>		00	
	19	Miscellaneous expenses - <i>attach itemized statement</i>	963,840	00	Statement 2
	20	Total expenses - <i>add lines 13 through 19</i>			20 975,479 00
<b>Disbursements From Current Income for the Organization's Exempt Purposes</b>	21	Dues, assessments, etc., to affiliated corporations		00	
	22	Contributions, gifts, grants, etc., paid	1,049,544	00	
	23	Benefit payments to or for members or their dependents:			
	23a	a. Death, sickness, hospitalization, disability, or pension benefits		00	
	23b	b. Other benefits		00	
	24	Dividends and other distributions to members, shareholders, or depositors		00	
	25	Other	878	00	Statement 3
	26	Total - <i>add lines 21 through 25</i>			26 1,050,422 00
<b>Disbursements From Principal for the Organization's Exempt Purposes</b>	27	Dues, assessments, etc., to affiliated corporations		00	
	28	Contributions, gifts, grants, etc., paid		00	
	29	Benefit payments to or for members or their dependents:			
	29a	a. Death, sickness, hospitalization, disability, or pension benefits		00	
	29b	b. Other benefits		00	
	30	Dividends and other distributions to members, shareholders, or depositors		00	
	31	Other		00	
	32	Total - <i>add lines 27 through 31</i>			
<b>Other</b>	33	Other disbursements not itemized above - <i>attach schedule</i>		00	
<b>Accumulation of Income</b>	34	Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i>		115,959	00
	35	Accumulation of income at beginning of year		1,968,263	00
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>		2,084,222	00
<b>Penalty</b>	37	Penalty for late filing or incomplete filing - <i>See instructions</i>			00

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

(a)  
Beginning of year

(b)  
End of year

**Assets**

<b>A1</b> Cash		1,254,615	00	<b>A1</b>	1,573,571	00
<b>A2a</b> Accounts receivable	<b>A2a</b>		00			
<b>b</b> Less: allowance for doubtful accounts	<b>A2b</b>		00			
<b>c</b> Line A2a less line A2b. Enter difference in column (b)			00	<b>A2c</b>		00
<b>A3a</b> Other notes and loans receivable - <i>attach schedule</i>	<b>A3a</b>		00			
<b>b</b> Less: allowance for doubtful accounts	<b>A3b</b>		00			
<b>c</b> Line A3a less line A3b. Enter difference in column (b)			00	<b>A3c</b>		00
<b>A4</b> Inventories			00	<b>A4</b>		00
<b>A5</b> Investments (securities) - <i>attach schedule</i>			00	<b>A5</b>		00
<b>A6</b> Investments (other) - <i>attach schedule</i>	See Statement 4	1,422,075	00	<b>A6</b>	1,655,202	00
<b>A7a</b> Land, buildings, and equipment; basis	<b>A7a</b>	2,462	00			
<b>b</b> Less: accumulated depreciation - <i>attach schedule</i>	<b>A7b</b>	2,462	00			
<b>c</b> Line A7a less line A7b. Enter difference in column (b)			00	<b>A7c</b>		00
<b>A8</b> Other assets - <i>describe</i>	See Statement 5	61,548	00	<b>A8</b>	76,478	00
<b>A9</b> Total assets - add lines A1 through A8		2,738,238	00	<b>A9</b>	3,305,251	00

**Liabilities**

<b>A10</b> Accounts payable and accrued expenses			00	<b>A10</b>		00
<b>A11</b> Mortgages and other notes payable - <i>attach schedule</i>			00	<b>A11</b>		00
<b>A12</b> Other liabilities - <i>describe</i>	See Statement 6	769,975	00	<b>A12</b>	1,221,029	00
<b>A13</b> Total liabilities - add lines A10 through A12		769,975	00	<b>A13</b>	1,221,029	00

**Net Assets**

<b>A14</b> Capital stock or trust principal			00	<b>A14</b>		00
<b>A15</b> Paid-in or capital surplus			00	<b>A15</b>		00
<b>A16</b> Retained earnings or accumulated income		1,968,263	00	<b>A16</b>	2,084,222	00
<b>A17</b> Total net assets - add lines A14 through A16		1,968,263	00	<b>A17</b>	2,084,222	00
<b>A18</b> Total liabilities and net assets - add lines A13 and A17		2,738,238	00	<b>A18</b>	3,305,251	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 \_\_\_\_\_ Date \_\_\_\_\_ Title **General Chair**  
 Officer's signature

Paid Preparer's Use Only \_\_\_\_\_ Date \_\_\_\_\_ Preparer's EIN, PTIN or SSN  
 Preparer's signature

**Keegan, Linscott & Kenon, P.C.**

Firm's name (or preparer's, if self-employed)

**86-0750225**

Firm's  EIN or  SSN

**33 N. Stone Avenue, Suite 1100  
 Tucson, AZ**

Firm's address

**85701**

ZIP code

**(520) 884-0176**

Firm's telephone number

AZ 99	Other Income	Statement	1
<u>Description</u>		<u>Amount</u>	
Other Income		5,716.	
Endowment Fundraising		1,370.	
Meeting Revenue (A&A)		1,321.	
Total to Form 99, Page 1, Line 11		<u>8,407.</u>	

AZ 99	Misc Expenses	Statement	2
<u>Description</u>		<u>Amount</u>	
Direct expenses of fundraising events		839,569.	
Direct expenses of gaming activities		56,149.	
Legal fees		100.	
Office expenses		8,208.	
Information technology		8,897.	
Insurance		4,880.	
Bank Charges		16,106.	
Misc.		15,092.	
Endowment Expenses		14,533.	
Nominating/New Members		306.	
Total to Form 99, Page 1, Line 19		<u>963,840.</u>	

AZ 99	Other Expenses	Statement	3
<u>Description</u>		<u>Amount</u>	
Charity Selection		878.	
Total to Form 99, Page 1, Line 25		<u>878.</u>	

AZ 99	Investments (Other)	Statement	4
Description	Beg of Year	End of Year	
Board Restricted Principal	1,376,445.	1,376,445.	
Board Restricted Income	21,014.	20,966.	
Board Restricted Gain	<149,205.>	57,983.	
Endowment Principal	179,457.	179,457.	
Endowment Income	17,190.	20,294.	
Endowment Gain	<22,826.>	57.	
Total to Form 99, Page 2, Line A6	<u>1,422,075.</u>	<u>1,655,202.</u>	

AZ 99	Other Assets	Statement	5
Description	Beg of Year	End of Year	
Pledges and Grants Receivable	21,274.	49,567.	
Deferred Expense	40,274.	26,911.	
Total to Form 99, Page 2, Line A8	<u>61,548.</u>	<u>76,478.</u>	

AZ 99	Other Liabilities	Statement	6
Description	Beg of Year	End of Year	
Deferred Revenue	217,219.	191,754.	
Contributions, Gifts, Grants Payable	552,756.	1,029,275.	
Total to Form 99, Page 2, Line A12	<u>769,975.</u>	<u>1,221,029.</u>	