

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

2008

Department of the Treasury Internal Revenue Service

year may use this form

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

Open to Public

OMB No 1545-1150

Α	For the 2008 calendar year, or tax year beginning 3/01 , 2008, and ending 2/28	_	, 2009		
В	Check if applicable.	D Employ	Employer identification number		
⊢	Address change use IRS Desert Lily Quilters, Inc.	41-2	2115364		
-		E Telepho	ne number		
  -	Initial return See Yuma, AZ 85364	928-	-345-0646		
⊨	dermination   Specific				
E	Amended return Application pending	F Group Numbe	Exemption et		
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting r	nethod:	X Cash Accrual		
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (speci	fy) ►			
ı	Website: ► N/A required to a	ittach Sch	organization is <b>not</b> nedule B (Form 990,		
<u> </u>	Organization type (check only one) — [A] Sur(c) ( 4 ) = (insert io.)   [454/(a)(1) or   [527]		. 4		
K	Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts an \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete	e normaii return.	y <b>not</b> more than		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		30,790.		
P	art. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in				
1 2 21	1 Contributions, gifts, grants, and similar amounts received	1			
	2 Program service revenue including government fees and contracts	. 2	28,265.		
	3 Membership dues and assessments	. 3	2,525.		
ರಾ	4 Investment income	4			
2010	5a Gross amount from sale of assets other than inventory				
C. 3	b Less: cost or other basis and sales expenses	<b>20</b>			
R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)				
V	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here .				
<b>S</b>	a Gross revenue (not including \$of contributions				
168491	reported on line 1)				
	b Less: direct expenses other than fundraising expenses				
W.	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	60	1		
$\geq$	7a Gross sales of inventory, less returns and allowances				
2	b Less: cost of goods sold				
, of	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>7c</u>			
SCH.NNED	8 Other revenue (describe >	). 8			
<i>"</i> —	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		30,790.		
	10 Grants and similar amounts paid (attach schedule)	10	10,100.		
F	11 Benefits paid to or for members	. 11			
ž	12 Salaries, other compensation, and employee benefits	. 12			
Ē	13 Professional feese@lefthefeayments to independent contractors	13			
EXPENSE	14 Occupancy, rent, utilities; and maintenance	. 14	6,362.		
S	15 Printing, publications, postage, and shipping	. 15	1,961.		
	1 16 Other expenses (describe ♥ SeeuStatement 2	16	8,518.		
	17 Total expenses (add lines 10 through 6)		26,941.		
	18 Excess or (defroit) for the year (Subtract line 17 from line 9)	. 18	3,849.		
N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear			
N S	figure reported on prior year's return)	. 19	18,572.		
T	20 Other changes in net assets or fund balances (attach explanation)				
تے	21 Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	22,421.		
Pa	Int II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in				
	(See the instructions for Part II.)  (A) Beginning of		(B) End of year		
22		72. 22	22,421.		
23		23			
24		24	20 421		
25			22,421.		
26		0. <b>26</b> 72. <b>27</b>	<u>0.</u> 22,421.		
41	net assets of runu parances (line 27 of column (b) must agree with line 21)   10, 5	14. 41	46,461.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Form 990-EZ (2008) Desert Lily Qu				-21	15364 Page 2
Part III Statement of Program S	ervice Accomplishment	t <b>s</b> (See the instruct	ions.)		Expenses
What is the organization's primary exempt purpose? See Statement 3  Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each				and 4947	quired for 501(c)(3) (4) organizations and (a)(1) trusts; optional
program title.  28 See Statement 4		<del></del>		for o	thers.)
(Grants \$ ) If t	this amount includes foreign of	arants check here		28 a	1,241.
29 See Statement 5				===	
				]	
	his amount includes foreign g			29 a	346.
30 <u>See Statement 6</u>					
	his amount includes foreign g			30 a	
31 Other program services (attach schedul (Grants \$ ) If the	<sup>le).</sup> See Statement·7· his amount includes foreign g	rants check here		31 a	
32 Total program service expenses (add I				32	1,587.
PartilV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	is and	(e) Expense account and other allowances
Dawn A Batson	President	0.		0.	0.
7601 East 26th Street Yuma, AZ 85365	1		}		
Robyn Stricklin	Secretary	0.		0.	0.
1621 7th Avenue	] ō		ļ		
Yuma, AZ 85364					
Donna Helm	Treasurer			0.	0.
13591 E 50th Drive Yuma, AZ 85367	1				
Tama, 115 0000.					
	]				
		·			<del></del>
	{				
				- 1	
		··· -			
				ı	
			<del></del>		
				į	
				İ	
	<del></del>			-	<del></del>
	i	1			
	}	j			
PAA	7755400101 011	(14/09			Form <b>990-EZ</b> (2008)
BAA	TEEA0812L 01/	14/09			1 01111 330 EZ (2000)

* F _ C	att Vast Other mormation (Note the Statement requirement in General instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			1.0
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		Х
37	'a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 b	ξέ` <u>, .</u>	X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	B. 2	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	1. 十二		
	501(c)(7) organizations. Enter:	15° m 24	.,	
	a Initiation fees and capital contributions included on line 9	1 1 1	_8 ·	
	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	br.	型.
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	, J	,	- <u></u>
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 ь		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	沙腹		
	d Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	اخظ	X
41	List the states with which a copy of this return is filed > None			
		- 0		
42	a The books are in care of ► Evelyn Stapley  Located at ► 11322 South Avenue 12E #178 Yuma AZ  ZIP + 4 ► 85367	<u>5-06</u>	46	 
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? .	42 b	S. SK T &	X
	If 'Yes,' enter the name of the foreign country: . •			2,17
			:	44.74
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42 -	<u></u>	ئىنت X
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 — Check here	. •	$\square$ N	I/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			I/A
			res	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	14		x
<b>4</b> 5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	15 J	l l	Х

	-LZ (2006) Desert Dily Quilte			41-21			age
Part VI	Section 501(c)(3) organization and complete the tables for lin	ns only. All section !	501(c)(3) organız	ations must answer	questions	46-4	19
	<del></del>			<del></del>		1	т
<b>46</b> Did	the organization engage in direct or indir public office? If 'Yes,' complete Schedule	ect political campaign ac	ctivities on behalf of	or in opposition to candid	lates	Yes	No
					46	├	<del>  -</del>
	the organization engage in lobbying activities organization operating a school as des				47_48	<u> </u>	$\vdash$
					48 49 a	<del></del>	├
	the organization make any transfers to a	· · · · · · · · · · · · · · · · · · ·	=		49a 49b	<u> </u>	├─
	'es,' was the related organization(s) a sec	-	• • • • • • • • • • • • • • • • • • • •		\ <del></del>	L	Ь
50 Con	aplete this table for the five highest comp eived more than \$100,000 of compensation	ensated employees (other	er than officers, directly	ctors, trustees and key en	nployees) w	ho ea	ch
		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Ex	pense	
(	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou	nt and owance:	s
	<del></del>		<del></del>				
		1					
	<del></del>	<del> </del>			<del> </del>		
		1					
				<del> </del>			
		1					
	<del></del>	<del>     </del>	<del></del>				
		1					
		1		1			
Total numbe	r of other employees paid over \$100,000						
51 Com from	plete this table for the five highest competence the organization. If there is none, enter	ensated independent con None.' 	tractors who each re	eceived more than \$100,0	00 of compe 	ensatio	nc 
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	ı
		<del></del>	<del></del>				
		<del>,</del>					
				1			
Total num	ber of other independent contractors rece	IVIDG over \$100 000					
- Otal Harris	Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (		panying schedules and stat	ements, and to the best of my kno	wledge and bei	ef, it is	
	true, correct, and complete. Declaration of preparer (	other than officer) is based on all	information of which prepa	rer has any knowledge			
Cian	Euchan Staple			14/30/10			
Sign Here	Signature of officer	)	· · · · · · · · · · · · · · · · · · ·	Date			
11010	LEVELYN STAPLEY	TREASURE	ે <u>જિ</u>				
	Type or print name and title	' ( ) ( )					
	<del>                                     </del>		Date ,	Check if Pre	eparer's Identify	ng Num	ber
Paid	Preparer's Signature Edward W. Shippe	-n 🖋	104/201	2010 self- employed ► N/			
Pre-	Firm's name (or Shippen & Associated Associa			ompoyed 1 147	<del></del>		
parer's Use	yours if self- employed), > 200 E 16th St S1			——  EIN ► I	N/A		
Only	address, and ZIP + 4 Yuma, AZ 85364			Phone no ► (928		470	
	S discuss this return with the preparer sh	own above? See instruct	ions		► X Yes	N	0
BAA		<u></u>			Form <b>990</b> -		

$\sim$		^
711	ш	×
<b>Z</b> -U	·	

# **Federal Statements**

Page 1

Desert Lily Quilters, Inc.

41-2115364

#### Statement 1 Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid**

Class of Activity: Donee's Name: Donee's Address:

Animal rescue & placement Humane Society of Yuma 285 North Figueroa Yuma, AZ 85364

Relationship of Donee: Cash Amount Given:

10,000.

Class of Activity: Donee's Name:

Relationship of Donee:

Education and health care American Cancer Society Relay for Life

none

none

Cash Amount Given:

100.

#### Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	73.
Awards	142.
Conferences, Conventions, and Meetings	2,313.
Dues & Subscriptions	264.
Education Costs	139.
Equipment Rental	1,062.
Instructors	953.
Insurance	200.
Office Expenses	127.
Outside Services	1,245.
Storage	1,318.
Supplies	682.
Total \$	8,518.
<del></del>	

### Statement 3 Form 990-EZ, Part III **Organization's Primary Exempt Purpose**

To promote and encourage the art of quilting through exchange of quilting ideas, classes, demonstrations and lectures. Also to provide monetary contributions to not for profit organizations in our community and to extend comfort by making quilts and donating them to those in need.

#### Statement 4 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

OPPORTUNITY QUILT: Each year we choose a charity to benefit from the proceeds of the quilt which is made by the members. We ask each member to donate \$20 and solicit the public to raise funds for that charity. This year in addition, we produced and sold a 2009 quilting calendar and a special ruler for cutting triangles to raise additional funds. On 2/25/09, we presented a check for \$10,000 to the Humane Society of Yuma for their building funds. Every hill benefit from the improved and consider from HCOV County will benefit from the improved and expanded services from HSOY.

2008

## **Federal Statements**

Page 2

Desert Lily Quilters, Inc.

41-2115364

Statement 5
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

AMBERLY'S PLACE: Throughout the year, we made quilts of all sizes, tote bags, and collected toys, toiletries, towels and bed linens which are donated by members. It is estimated that approximately 300 people will benefit from the items donated.

Statement 6
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

TUCSON VETERANS HOSPITAL: The following items were made and donated: 50 hats for cancer patients, 20 heart pillows for chest surgery patients and 8 lap quilts. It is estimated that 75 veterans will benefit from these items.

Statement 7
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description

O. Service

Grants

O. Grants

Our Troops Overseas: We sent approximately 150 care

packages. They included 175 pillowcases made by members,

magazines, paperback books, non-perishable food, snacks,

candy, gum, socks and toiletries. All items were donated

by members. Sunset Vista Funeral Home donated

approximately \$1,300 to cover shipping costs. We estimate

between 300 and 450 servicemen shared the goodies.

Includes Foreign Grants: No

Total \$ 0. \$ 0.