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**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions: AZ-1 INC 75351 255TH ST CLARKS GROVE, MN 56016	<b>D</b> Employer identification number 61-1533259
		<b>E</b> Telephone number 507-826-3588
		<b>F</b> Group Exemption Number

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

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I Website:** ▶ N/A

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

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 147,479.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUES</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	133,735.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	7.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including <sup>5</sup> of contributions reported on line 1)	<b>6a</b>	13,737.
	<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	5,291.
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	8,446.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe _____)	<b>8</b>		
<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	142,188.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	859.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	2,805.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	13,266.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	527.
	<b>16</b> Other expenses (describe ▶ SEE STATEMENT 2)	<b>16</b>	25,343.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	42,800.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	99,388.	
<b>ASSETS</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	88,807.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	188,195.

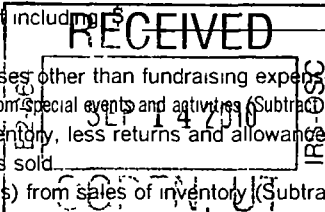
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	57,625.	45,855.
<b>23</b> Land and buildings	30,603.	141,848.
<b>24</b> Other assets (describe ▶ SEE STATEMENT 3)	579.	492.
<b>25 Total assets</b>	88,807.	188,195.
<b>26 Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	88,807.	188,195.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

SCANNED OCT 07 2010



*[Handwritten signatures and initials]*



Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 8

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	40a	0.
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	0.
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	41	NONE

42a The organization's books are in care of JIM TROE Telephone no 507-377-8838  
 Located at 77917 209TH ST ALBERT LEA MN ZIP + 4 56007

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  N/A  
 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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

**Sign Here**  9-9-10  
 Signature of officer Date  
 ▶ DAVID PETERSON PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ <u>DAVID D SCHREIBER</u>	Date <u>8-3-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>N/A</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶ <u>N/A</u>		
<u>DAVID D. SCHREIBER, PA</u>	Phone no ▶ <u>507-373-2185</u>		
<u>1425 ST. JOHN AVENUE</u>			
<u>ALBERT LEA, MN 56007</u>			

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

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

**Public Charity Status and Public Support**

OMB No 1545 0047

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AZ-1 INC

Employer identification number

61-1533259

**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 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 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 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?

- (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?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h Provide the following information about the supported organizations.**

(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>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				124,273.	133,735.	258,008.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	0.	0.	0.	124,273.	133,735.	258,008.
<b>5</b> 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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						258,008.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	0.	0.	0.	124,273.	133,735.	258,008.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				31.	7.	38.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV					13,737.	13,737.
<b>11 Total support.</b> Add lines 7 through 10						271,783.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.
<b>13 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 stop here						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33-1/3 support test – 2008.</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 stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2009.</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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2008.</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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 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"/>	

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lns 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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

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

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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



CLIENT 1102E

AZ-1 INC

61-1533259

8/03/10

03 05PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CASH AMOUNT GIVEN: \$ 859.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

AZ1 BOARD	\$	710.
CONFERENCES, CONVENTIONS, AND MEETINGS		310.
DEPRECIATION		87.
FEDERAL TAXES		929.
INSURANCE		768.
MISCELLANEOUS		198.
MN TAXES		510.
OFFICE EXPENSES		702.
SCHOOL EXPENSES		2,682.
SERVICE PROJECTS		4,083.
SUPPLIES		906.
TRAINING		4,667.
TRAVEL		6,376.
WEEK OF SERVICE PROJECTS		2,403.
WIRE TRANSFER FEES		12.
TOTAL	\$	<u>25,343.</u>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 579.	\$ 492.
TOTAL	<u>\$ 579.</u>	<u>\$ 492.</u>

**STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE RESOURCES TO THE RESIDENTS OF THE CITY OF ALBERT LEA AND FREEBORN COUNTY AND SOUTHERN MN, PARTICULARLY THE YOUTH AND THOSE IN NEED BY PROVIDING PROGRAMMING AND SERVICES USING A FAITH BASED APPROACH TO MEET THE CHALLENGES AND NEEDS OF THE COMMUNITY. THE FURTHER PURPOSE SHALL BE TO SUPPORT OTHER NON-PROFITS WITH THE SAME GOALS, BOTH IN THE UNITED STATES AND ABROAD.

CLIENT 1102E

AZ-1 INC

61-1533259

8/03/10

03 05PM

**STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COMMUNITY CORNERSTONE - PURPOSE IS TO HELP PEOPLE BREAK THE CYCLE OF ADDICTION AND CRIME. THE VISION IS TO CREATE THREE ENVIRONMENTS IN ONE BUILDING. THERE WILL BE A "SAFE HAVEN" AREA WHERE ADULTS CAN BUILD RELATIONSHIPS. AN AREA PROVIDED FOR PEOPLE TO GROW A HEALTHY RELATIONSHIP WITH GOD. THERE WILL ALSO BE AN 11 BED HOUSING UNIT FOR INDIVIDUALS TO USE WHILE THEY REESTABLISH THEMSELVES. THIS ACTIVITY IS STILL REMODELING THE BUILDING FOR USE.

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

JACOM - THE PURPOSE OF JACOM IS TO PARTNERSHIP WITH THE YOUTH FOR CHRIST IN JAMAICA TO START AND RUN A SPIRITUAL RETREAT CENTER. IT WILL ALSO HELP FARMERS OF ACCOMPONG START A FARMERS COOP AND HELP THEM WITH A MARKETING PLAN TO SELL COOP PRODUCTS.

SEE STATEMENT 10 FOR ACTIVITIES ACCOMPLISHED DURING 2009.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SHINEFEST - THE PURPOSE OF SHINEFEST IS TO SHOW LOVE IN ACTION THROUGH PRACTICAL SERVICE TO THE COMMUNITY. THIS PROGRAM IS DESIGNED TO MOBILIZE THESE VOLUNTEERS FROM VARIOUS CHURCHES UNDER ONE BANNER IN AN EFFORT TO HELP EXISTING ORGANIZATIONS WITHIN THE COMMUNITY TO BE MORE EFFECTIVE.

SEE STATEMENT 9 FOR EVENTS HELD DURING 2009

**STATEMENT 8  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 1102E

AZ-1 INC

61-1533259

8/03/10

03.05PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
FUNDRAISERS					
TOTAL	\$ <u>13,737.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

## 2009 SHINEFEST EVENT SUMMARY

Date	Event	# volunteers	Who Benefited?
May 2009	Downtown Albert Lea Clean-up. Volunteers picked up garbage, planted flowers, swept the sidewalks.	18	The downtown merchants, and anyone who shops or travels the downtown area.
Aug 17-18	Installed concrete tee-off pads at the disc golf course.	23	We installed the baskets in 2008 and the tee boxes in 2009. The city parks department asked us to help. There is now a thriving disc golf league in Albert Lea with over 50 members, and many kids are playing the course, providing a healthy activity for both kids and adults.
Aug 18 <sup>th</sup>	Hollandale Park Project. Hollandale is a small town near Albert Lea. We cleaned up and beautified their town's park.	20	The residents of the city of Hollandale, especially the kids.
Aug 19 <sup>th</sup>	Give-away day. This is a day when volunteers practiced random acts of kindness in the community. Each church was given \$250 to spend on give-away items that would bless people as they are out and about. For example, one church handed out sun-screen and mosquito spray at the walking trial.	36	Residents of Albert Lea, MN. Approximately 1,000 benefited from this project.
Aug 20 <sup>th</sup>	School projects. This is a collaboration with the Albert Lea School District, handling much of the outside work that their janitorial staff doesn't have time to do before the start of the school year.	75	The biggest part of this project is that we bring in and spread woodchips on all the impact surfaces at each school's playground. This benefits the kids in that it provides a measure of safety if they fall of the equipment. There are about 1,750 kids attending the schools that we helped.
Aug 22 <sup>nd</sup>	Families in need free oil change and family store.	22	We were able to serve about 35 families with free oil changes, and items from the family store.
Aug 22 <sup>nd</sup>	Red Cross Blood Drive	17	We helped the Red Cross receive over 60 pints of blood in this one-day event.



To show the love of Christ and the unity of his body  
through practical service to the community

### Shinefest Events.

August 9<sup>th</sup> - Community Church Service – Fairgrounds  
August 11<sup>th</sup> – Making Meaningful Connections Workshop  
7 – 9pm 1<sup>st</sup> Baptist Albert Lea  
"What will you do with your 15 minutes?"

### Week of Service.

Monday August 17<sup>th</sup> – Service Project – Disk Golf Course, 5pm – Dusk  
Tuesday August 18<sup>th</sup> – Service Project – Hollandale Park, 5pm - Dusk  
Wednesday August 19<sup>th</sup> – Giveaway Day – Random Locations Albert Lea  
Thursday August 20<sup>th</sup> – Service Project – Area Schools, 5pm – 7pm  
Thursday August 20<sup>th</sup> – Picnic and Movie – Hammer Field, 7pm – 10pm  
Saturday August 22<sup>nd</sup> – Oil Change, Family Store, and Blood Drive Fairgrounds Albert Lea, MN  
9am – 2pm

For more information [www.shinefest.org](http://www.shinefest.org) or Call 507-330-8392

# JACOM 2009

## Activities and Accomplishments

Dec. 2008 – Jan. 2009 - John Miller prepared the Petersen school for the Salem Lutheran Church mission team. Painted, and made some repairs on doors and toilets. Cleaned and hired some cleaning to be done.

January 2009 – Salem Lutheran Church Mission team of 19, headed by Annette Petersen and Bekah Sousa. Projects worked on:

- Remodeled the downstairs kitchen & canteen
- Painted the canteen
- Installed electrical outlets in bathrooms
- Removed bathroom ceilings for better circulation and less mildew
- Cleaned out downstairs (bottom level) classrooms
- Painted floors

April 1 – April 4<sup>th</sup>, 2009

Dan DeBoer, Clayton Petersen.

- Met with Scholarship fund Committee – Dovieta passed her tests – Scholarship funds were provided for her transportation, tutoring, and tuition to complete 12<sup>th</sup> grade.
- Met with Herro Blaire in Jamaica who introduced them to Neil Stevens as a candidate for the Administrator position at the Petersen School. He would be in charge of ministry with the local students and setting up mission teams.
- Checked on possible ways to fix the roof at the Petersen School.
- Met with Farmers Co-op – currently growing scotch bonnet peppers and discussed raising chickens.
- Met with MP Hutchinson regarding the Farmers Co-op and Heart (government vocational classes) to be held at the Petersen school.

May 29, 2009 – June 3<sup>rd</sup>, 2009

John Miller & Jean Anderson traveled to Jamaica.

- Hired Neil Stevens as YFC director and administrator of the Petersen School. Neil will be living in the Apartment at the Petersen School.
- Introduced Neil to the Community of Accompong. Purchased groceries and got Neil setup to live at the school.
- Neils' Salary will be covered by JACOM \$300/mo.
- Tiled kitchen floor
- Tiled dorm #4 bathroom and shower
- New door on Apartment, install new locks on doors, create a list of repairs and supplies needed for the next team.
- Visited Robin's Nest
- Met with the Scholarship Committee
- Met with Farmers Co-op – new President – Richard Robinson, new Treasurer Herman Cross, new savings account opened. Jean will create a ledger of income and expenses.
- Distributed used clothing and shoes

Sept 23, 2009 – Sept. 28, 2009

Dan DeBoer, Clayton Petersen, John Miller, Paula Merkouris, David Peterson, Lyn Sorenson & Dennis Nelson sent by JACOM to take care of business regarding YFC staffing, Farmers Coop, Scholarship fund, Robin's Nest Orphanage, building Maint

- Delivered school supplies (backpacks, notebooks, pencils, scissors, sharpeners, glue sticks, markers, crayons, & shoes) to Accompong and Robin's Nest Orphanage.
- Met with Farmers Co-op – looked into starting a chicken hatchery, raising chickens and selling them to a sausage factory.
- Visited Robin's Nest and assessed needs and possible projects for March 2010 team.
- Assessed building repairs needed at the Petersen School (Plumbing, electrical, roofing, and general maint).
- Meet with Heart to assess the possibilities of offering vocational classes at the Petersen School.

December 28<sup>th</sup> 2009 – Jan11, 2010

John Miller arrived at the Petersen school to prepare for a mission team from Wells Methodist Church to arrive in January 2010.

December 2009 - 6 Computers were purchased for the Petersen School. They will be shipped with other supplies to arrive in March 2010 prior to the March Mission team.

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>AZ-1 INC</b>	Employer identification number <b>61-1533259</b>
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions <b>75351 255TH ST</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>CLARKS GROVE, MN 56016</b>	

**Check type of return to be filed** (file a separate application for each return).

- |                                                 |                                                                      |                                    |
|-------------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► JIM TROE

Telephone No ► 507-377-8838 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2010, to file the exempt organization return for the organization named above  
The extension is for the organization's return for  
►  calendar year 2009 or  
►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a 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>3a</b>	\$	0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**