

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





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Department of the Treasury Internal Revenue Service

2009

OMB No. 1545-1150

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 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

may use this form

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

Open to Public Inspection

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Section 551(2.3) organizations and 4947(eV) nonexempt charitable trusts Sun section Sun converge Sun section	В	Chec		mploye	r identification number								
Tempor Action Performance		Addre	ess change uso IRS	86-0906022									
Temper and the provided return in the provided and the provided in the provide		Name	e change label or	inge label or 2323 W. 14th Street									
The standard property Secretary Secr		Initia	return type										
Section 501(c/3) organizations and 4547(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 930 or 596*2.7) Website: * W.W., SUNSOUNDS, org Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited teel year) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 497(a/X)) w 597 Tax-cumut status (cited no.) X 501(c) 3 - (inset no.) 599(a/X) 59	v		ination Specific	├ —'	00C0F11 00F								
*Section 501(c/2) organizations and 4847(k/1) peroxempt charitable trusts must strach a completed Schedule A (Form 990 or 998-EZ). Website: * MWW. SUISOUNDS.OTG*			tions.										
Website:		Appli											
Website:			• Section 501(c)(3 must atta	Other (specify) >									
Table - State Stat		144-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H Check ► X if	the o	rganization is not						
Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$2,000. A rorm 990-EZ or rorm 990 return is not required, but if the organization chooses to file a ceturn, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 91 to determine gross receipts, if \$500,000 or more, file Form 990 \$ 426,509. Bart I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	ı				required to attac	h Sch PFY	edule B (Form 990,						
\$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 competer return. Add lines \$5, 65, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 1 27, 421. 2 Program service revenue including government fees and contracts. 2 2 3 Membership dues and assessments 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses. 5 a Gross amount from sale of assets other than inventory. 6 Secilar events and existing the sale of assets other than inventory. 5 c Sam or (loss) from sale of assets other than inventory. 6 Social events and activities (complete applicable parts of Schedule (9, II ary amount is from gaming, check here. 6 a Gross revenue (not including \$ of contributions reported on line 1). 5 b Less: direct expenses other than fundraising expenses. 6 b 241, 744. 6 to the income or (loss) from special events and activities (Subtract line 60 from line 5a). 7 a Gross sales of inventory. less-returns and allowances. 8 b Less: cost of goods-got(\$ \(\frac{1}{2} \) \\ 9 Total revenue Add lines \$\(\frac{2}{2} \) \\ 9 Total revenue Add lines \$\(\frac{2}{2} \) \\ 10 Grants parts immittable of this parts of inventory (Subtract line 7b from line 7a). 8 Other revenue (dispites **) 11 Benefits part is indicated program and submittable of the parts and accounts	-					. ,							
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BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

Form 990-EZ (2009) Sun Sounds Found	dation		86	-0906	022 Page 2
Rantill Statement of Program Ser		(See the instruction	ons.)	1	Expenses
What is the organization's primary exempt purpose? See Describe what was achieved in carrying out the describe the services provided, the number of	e Statement 3 le organization's exempt purp persons benefited, or other	poses. In a clear and corelevant information for	ncise manner,	(Regui 501 (c) organi 4947 (a	red for section (3) and (4) zations and section (1) trusts; optional ers.)
program title				for oth	ers.)
28 To financially support the and information service for print-disabled people. (Grants \$) If the	e work of Sun Sour or the blind, visu	ally impaired	or other	20.	220 200
	is amount includes foreign g	iants, theth here	····	28 a	328,206.
29					
(Grants \$) If th	is amount includes foreign gi	rants, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30					
(Grants \$) If th	is amount includes foreign gr	rants shock have	╌╌╌╌	30 a	
31 Other program services (attach schedule				30 8	
	is amount includes foreign g			31 a	
32 Total program service expenses (add lin				32	328, 206.
Partiv: List of Officers, Directors,	Trustees, and Key Em	plovees. List each or	ne even if not com		ed (See the instra)
Tiblicated Election of the oracle	(b) Title and average hours		(d) Contributions	to I	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa	tion	(e) Expense account and other allowances
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	0				
William G Davis	Chairman	0.		0.	0.
7431 E Cortez	0			ľ	
Scottsdale, AZ 85267			}	- 1	
Sue Despartes	Vice President	0.		0.	0.
3491 North Arizona Ave, Unit Chandler, AZ 85228	1 0				
Kim Del Barto 3527 W. Jessica Ln Glendale, AZ 85310	Secretary 0	0.		0.	0.
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BAA	TEEA0812L (01/30/10			Form 990-EZ (2009)

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	<u>1990-EZ (2009) Sun Sounds Foundation</u> 86-0906022			age 3				
Par	tV Other Information (Note the statement requirements in the instrs for Part V.) See State							
	<u> </u>		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		Χ				
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.							
á	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	ı		İ				
	reporting, and proxy tax requirements			X				
		35 b						
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	36	.]	Х				
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.							
		37 b		Х				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X				
ŧ	olf 'Yes,' complete Schedule L, Part II and enter the total							
	amount involved							
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	}	, }	, ,				
	b Initiation fees and capital contributions included on line 9		.	}				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	ĺ						
-10.	section 4911 > 0 . ; section 4912 > 0 .	1						
Ł	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.	40 b		Х				
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.							
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization							
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e						
	List the states with which a copy of this return is filled None	-10 0 1						
42 a	Telephone of D. Pill Pages	4020	١٥					
	books are in care of Page Bill Pasco Located at Pasco Telephone no. Page 480-77 Located at Pasco ZIP + 4 Pasco ZIP + 4 Pasco ZIP + 4 Pasco ZIP + 4 Pasco ZIP + 4 Pasco ZIP + 4 Pasco	4030	<u> </u>					
	French 5252 4. 1351 001000 D0000000010 110							
ŧ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X				
				[
		1	- 1	1				
		- 1	- 1	1				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			[
(: At any time during the calendar year, did the organization maintain an office outside of the U.S.? \dots [42c		X				
	If 'Yes,' enter the name of the foreign country: ►							
	0 - 1017(10) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		_	17 / R				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A				
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A				
		ſ	Yes	No				
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead							
	of Form 990-EZ	44		_X_				
		45		X				
BAA	TEEA0812L 01/30/10 Form	n 990	-EZ (2009)				

Form 990-EZ (2009) Sun Sounds Foundation

102000000	501(c)(3) organizations and set 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt charitable	le trusts must answer	questio	ins	
46 Did ti	he organization engage in direct or indire	ct political campaign ad	divities on hehalf of or	r in conceition to candidate	00	Yes	No
for p	ublic office? If 'Yes,' complete Schedule (C, Part I			[46		Х
	he organization engage ın lobbying activi						Χ
	e organization a school as described in se						X
49 a Did tl	he organization make any transfers to an	exempt non-charitable	related organization?		49a		Х
b II 'Ye	es,' was the related organization a section	527 organization?			. 49 ь		
50 Comp empl	plete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than from the organization	officers, directors, trustee . If there is none, enter 'N	s and key one.'		
(a)) Name and address of each employee paid more than \$100,000	(b) Title end average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	accou	pense nt and owance:	<u></u>
None						,	
						 	
					-		
f Total	number of other employees paid over \$1	00,000 ▶					
51 Comp	plete this table for the organization's five pensation from the organization. If there i	highest compensated in some, enter 'None.'	ndependent contractor	's who each received more	than \$10	0,000	of
	(a) Name and address of each independent conf.	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
None							
							
							
						-	
				- +	-		
d Total	number of other independent contractors	s each receiving over \$	100.000				
u . 0.0,	. Hamber of other mappendam as meets	o baon receiving ever t					
	Under penalties of perjury, I declare that I have exam	fined this return, including acco	empanying schedules and state	lements, and to the best of my know	wledge and b	chef, it i	s
	true, correct, and complete. Declaration of preparer	other than officer) is based on	an intermation of which prepa	irer has any knowledge			
Sign	X			ht0/22/10			
Here	Signature of officer	1	0	Date			
	I william 6. Auss	BLAND Pro	is what				
	Type or print name and title,		1				
D.:	Preparer's		Date 11 An	Check II Prej	parer's Identi e instructions	tying Nu	mber
Paid Pre-	signature Wally Schroeder	-1 \mathcal{N}	Notizin	self- employed ► N/			
parer's	Firm's name (or David Oase CPA,	P.C.					
Use	yours if self- employed). > 7802 E. Escalan	te		EIN ► N	I/A		
Only	address, and ZIP+4 Tucson, AZ 8573			Phone no ► (520		_	<u>. </u>
	RS discuss this return with the preparer st	nown above? See instru	uctions		►X Yes		No
RAA					Form 991	11.F7 (こっつつり

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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2		A s	choo	l des	cribed	d in s	ecti	on 1	70(b	χιχ	A)(ii)). (A	ttach	Sche	edule	E.)													
3		Αh	ospi	al or	соор	erati	ve h	ospit	al se	rvic	e or	ganiz	ation	des	cribed	d in s	section	on 17	0(b	ХАХГХ	iii).								
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٩	Schedule A (Form 990 or 990-EZ) 2	200
	Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	\perp
b	o 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	· [
а	10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	· [
b	33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	
а	and stop here. The organization qualifies as a publicly supported organization	

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18 BA

Randill 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 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 0. 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.... 312,878 364,127 492,038 496,020 398,928 2,063,991. 3 Gross receipts from activities that are not an unrelated trade or business under section 513...... 0. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 0. 5 The value of services or facilities furnished by a governmental unit to the organization without charge... 0. 312,878 364,127. 492,038 496,020 398,928 6 Total. Add lines 1 through 5... 2,063,991. 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0. 0 0 persons..... 0. 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 0 0 0 0 0 0. 0. 0. 0. 0. 0. c Add lines 7a and 7b...... 0. 8 Public support (Subtract line 7c from line 6.).... 2,063,991. Section B. Total Support (a) 2005 (b) 2006(c) 2007 (d) 2008Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 312,878 364,127 492,038 2,063,991. 496,020 398,928 9 Amounts from line 6...... 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources..... 0. b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975. 0 c Add lines 10a and 10b 0 0. 0 0. 0. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) O 2.063 991. 13 Total support. (add hs 9, 10c, 11, and 12) 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 100.0% 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 ... 100.0% 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 0.0% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0.0% 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.

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	- -				-		
					~ ** *** *** ** ** ** ** ** **		
					-		
	- 						
Parily	Supplementa Part II, line 1	I <mark>l Informati</mark> o 7a or 17b; a	on. Complete than Part III, line	his part to provide e 12. Provide any	the explanations other additional in	required by Part II, line of the formation. See instruction	10; tions.
Schedule A	(Form 990 or 99	0-EZ) 2009	Sun Sounds	Foundation		86-0906022	Page 4

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SCHEDULE G (Form 990 or 990-EZ)

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service OF 19, OF 17 the Organizat

Name of the organization Employer Identification number Sun Sounds Foundation 86-0906022 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 2a Did the organization have 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?..... 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. (v) Amount paid to (or retained by) (i) Name of Individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (vi) Amount paid to have custody or control of contributions? from activity (or retained by) or entity (fundraiser) fundraiser listed in col.(1) organization Yes Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Page 2

r at	. 11	reported more than \$15,000 on F	ine organization ai orm 990-EZ, line 6	nswered Yes to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5,000.		
R			(a) Event #1 Greater Arizon (ovent type)	(b) Event #2 Greater Tucson (event type)	(c) Other Events 1 (lotal number)	(d) Total Events (Add col. (a) through col. (c))		
日日と中20日	1	Gross receipts	165,326.	122,972.	110,630.	398,928.		
Ē	2	Less: Charitable contributions						
		Gross Income (line 1 minus line 2)	165,326.	122,972.	110,630.	398,928.		
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
E P	8	Entertainment						
EXPENSES	9	Other direct expenses	85,026.	52,586.	104,132.	241,744.		
Š	10 11	Direct expense summary. Add lines 4- If Net income summary. Combine lines 3, of						
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))		
	1	Gross revenue						
D X	2	Cash prizes						
DIRECT	3	Non-cash prizes						
S	4	Rent/facility costs	<u> </u>					
	5	Other direct expenses			7-1			
	6	Volunteer labor	Yes %	Yes &	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		·			
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	<u>.</u> <u>.</u>			
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If 'No.' explain:								
		re any of the organization's gaming license (es,' explain.	es revoked, suspended		e tax year?			
		es the organization operate gaming activition	es with nonmembers? .					
	adn	he organization a grantor, beneficiary or transiter charitable gaming?	·· ·· · · · · · · · · · · · · · · · ·	<u></u>		12		
BAA	١.		TEEA3702L	02/05/10	Schedule G (For	rm 990 or 990-EZ) 2009		

Schedule G (Form 990 or 990-EZ) 2009 Sun Sounds Foundation	86-0906022	TV	Page 3
13 Indicate the percentage of gaming activity operated in:			23 110
a The organization's facility	3a %		
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events is	books and records:		
			<u>}</u>
Name: •			
			∦ .
Address: •			
5a Does the organization have a contact with a third party from whom the organization receives gamin			
b If 'Yes,' enter the amount of garning revenue received by the organization \$		15a	
of gaming revenue retained by the third party \$	_and the amount		
c If 'Yes,' enter name and address of the third party:			
		1	
Name: •			
	Ì		
Address: •			
6 Coming manager information			
6 Gaming manager information			
Name •			
Gaming manager compensation > \$			
Description of services provided:			ľ
			ł
Director/officer Employee Independent contractor			
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7 Mandatory distributions		ŀ	
a Is the organization required under state law to make charitable distributions from the gaming proce state gaming license?	eds to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organize	122		
organization's own exempt activities during the tax year: • \$			
	Schadula G /Form 990	× 000	EZ) 2000

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2009

Federal Statements

Page 1

Sun Sounds Foundation

86-0906022

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

Donee's Name: Donee's Address:

Sun Soundsof Arizona 2323 W. 14th Street Tempe, AZ 85281

Cash Amount Given:

\$ 328,206.

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

Total \$ 4,263.

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

To financially support the work of Sun Sounds of Arizona, a reading and information service for blind, visually impaired or other print disabled people.

Statement 4
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

/5