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Form **990-EZ**

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 OMB No 1545-1150

Open to Public

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. AUG 12, 2009 2009 For the 2009 calendar year, or tax year beginning \overline{DEC} 31. and ending D Employer identification number C Name of organization Please use IRS Address change FOREVER PHILANTHROPIES, INC. label or Name change DBA FOREVER GIVING 90-0511110 print or X Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Specific Termin 7501 E. MCCORMICK PARKWAY 480-998-8888 Instruc-City or town, state or country, and ZIP + 4 Amende F Group Exemption SCOTTSDALE , AZ 85258 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.FOREVER-GIVING.ORG H Check \(\sum X \) if the organization is not Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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. 4,406. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part 1 4.406. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ Revenue a Gross revenue (not including \$ of contributions reported on line 1) b Less; direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)

7a Gross sales of inventory, less returns and allowances 6¢ 7a b Less: cost of goods sett Q b Less: cost of goods sold Carry (Subtract line 7b from line 7a)

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 7c Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 8 4.406. 9 9 Grants and similar amounts paid (attach schadule 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 1,853. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 572. 15 Printing, publications, postage, and shipping SEE STATEMENT 1 1.072. 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 3,497. 17 17 18 909. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 909. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 909. 0. Cash, savings, and investments 22 23 Land and buildings 24 Other assets (describe 909. 0 25 **=**25 Total assets 0. 0. 26 Total liabilities (describe 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 909.

Form **990-EZ** (2009)

FOREVER PHILANTHROPIES, INC. DBA FOREVER GIVING

Form 990-EZ (2009) DBA FOREVER GIVING	i		90-	05111	10 Page 2
Partill Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEMEN	TT 3				section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt p		organizations and (a)(1) trusts, optional			
the services provided, the number of persons benefited, and other relevant				for others)	(ag i) dusts, optional
28 ORGANIZATION WAS ESTABLISHED IN 20			0		
CHARITABLE ACTIVITY HAD TAKEN PLACE	E	<u></u>			
				[
(Grants \$) If this amount includes foreign	grants check here		\Box	28a	
29	r grants, oncor here			 	
					
					
(Oranda fi			$\overline{}$	29a	
(Grants \$) If this amount includes foreign	r grants, check here	<u>_</u>	<u> </u>	294	
30	.				
			_	1	
(Grants \$) If this amount includes foreign	n grants, check here			30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	n grants, check here		<u>ب</u>	31a	
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
Part'IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated			
	(b) Title and average hours	(c) Compensation		ntributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
REX MAUGHAN, 7501 E. MCCORMICK	DIRECTOR				
PARKWAY, SCOTTSDALE, AZ 85258	1.00	0.	[0.	0.
GREGG MAUGHAN, 7501 E. MCCORMICK	DIRECTOR				
PARKWAY, SCOTTSDALE, AL 85258	1.00	0.		0.	0.
NAVAZ GHASWALA, 7501 E. MCCORMICK	DIRECTOR				
PARKWAY, SCOTTSDALE, AL 85258	1.00	0.	1	0.	0.
					
			 		
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932172 02-08-10	<u> </u>			Form	990-EZ (2009)

Form 990-EZ (2009) DBA FOREVER GIVING
Part V Other Information (Note the statement rec

<u> Įr</u> a	Other Information (Note the statement requirements in the instructions for Part V.)	—		
		 -	Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	v	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	M. 41
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	, i - 5	3 1	و شهرتی در ترخیه
_	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		i.V	لثثثا
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	35a		x
_	and proxy tax requirements?	35b	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		-
36	complete applicable parts of Sch. N	36		x
27 2	Enter amount of political expenditures, direct or indirect, as described in the instructions.	30	 	 -
	Did the organization file Form 1120-POL for this year?	37b		X
	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	12.11	X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	74000	100	便工
39	Section 501(c)(7) organizations. Enter:	1		1
	Initiation fees and capital contributions included on line 9 39a N/A			12:5
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	3, 3		,
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		,*	,
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •	l	ļ	
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		Ì	}
	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
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		73	* ; ; ; ;
	or disqualified persons during the year under sections 4912, 4955, and 4958	5	μ1. Σ.	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	\ ^ ^	Ι,	'
	organization O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1 :	-	\mathbf{x}
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► AZ The organization's books are in care of ► GREGG MAUGHAN Telephone no. ► 480-99	8 - 8	888	
42 a		525		
h	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4.	,	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	مسيد	- ,	×
	Form 990-EZ	44	 ,	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	1	-	v -
	completed instead of Form 990-EZ	Form 0	L	(2009)

Form 990-EZ (2009)

DBA FOREVER GIVING

90-0511110 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 chart and 51.	itable trusts must answer questi	ons 46-49b and co	nplete the tables	for lines	50
46 Did 1	the organization engage in direct or indirect political campaign acti	vities on behalf of or in opposition to	candidates for public		Yes	No
offic	e? If "Yes," complete Schedule C, Part I				46	X
47 Did 1	the organization engage in lobbying activities? If "Yes," complete	e Schedule C, Part II			47	X
48 Is th	e organization a school as described in section 170(b)(1)(A)(ii)? If	f "Yes," complete Schedule E			48	X
	the organization make any transfers to an exempt non-charitable re	·		[7	9a	X
	es," was the related organization a section 527 organization?) —	19Ь	\vdash
	aplete this table for the organization's five highest compensated em	oplovees (other than officers, directo	rs, trustees and key e	<u> </u>		more
	\$100,000 of compensation from the organization. If there is none		,, .			
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
51 Com	Il number of other employees paid over \$100,000 plete this table for the organization's five highest compensated inc inization. If there is none, enter "None." NONE	dependent contractors who each rec	eived more than \$100	,000 of compensat	on from th	ie
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type of se	rvice (c)	Сотрепза	ation
						
d Tota	Il number of other independent contractors each receiving over \$1	·	>			
Sign Here	Under penalties of perjury, I deplay that I have examined this return, inclucorrect, and complete Declaration of preparer (other than officer) is based. Signature of other Type or print name and title	d on all information of which preparer has ar	ents, and to the best of m ly knowledge	y knowledge and belie		
Paid Preparer'			neck if self-	parer's identifying nun	iber (See ins	tr)
Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phoi no.			
May the II	RS discuss this return with the preparer shown above? See instruc				Yes	No
way the H	no disease this fetatif with the preparer shown above: See history	20010	-	Foi	m 990-E	_

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.

4947(a)(1) nonexempt charitable trust.

➤ 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

Name of the organization

FOREVER PHILANTHROPIES, INC. DBA FOREVER GIVING

Employer identification number 90-0511110

Рa	rt la	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		 	_
he	organi			because it is: (For lines 1								_
1				s, or association of churc	-		•	•	· <u>.</u>			
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				operated in conjunction					(b)(1)(A)(ii	i) Enter ti	ne hospital's name	
·		city, and stat		- ,-		F.100 COOC.		• • • • • • • • • • • • • • • • • • • •	(~)(·)(·	.,. <u>_</u>	no moophara mama,	
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t describe		_
Ŭ			(b)(1)(A)(iv). (Comple		orony or	wilde of of	ociated by	a govern	nental un	it describe	, u	
_	\Box			ent or governmental unit	t dooomba	d	- 470/h)/	IV 4 V. A				
6 7	X											
•	LEAU			eives a substantial part	or its supp	ort from a	governme	entai unit c	or irom the	general p	bublic described in	
	<u>Γ</u>		b)(1)(A)(vi). (Comple		/Camminta	D-4111						
8 9	Ħ			section 170(b)(1)(A)(vi).				L4				
9				eives: (1) more than 33 1								
				nctions - subject to certa							-	ΠĽ
			509(a)(2). (Complete	axable income (less sect	uon sii ta	x) from bu	sinesses a	acquirea b	y the orga	inization a	inter June 30, 1975.	
10	\Box			e rait iii) perated exclusively to te	ct for publ	o oofatu (Saa aa atia	- F00/a)/	••			
11	芦	•	•	perated exclusively for the	•	•			•			
•				ations described in section								
			• • •	organization and comple		•	, ,,	z) See sec	Jeuc nons	ajjoj. Cne	ick the oox that	
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е				• •			•	•	r mara dia		- •	
•				at the organization is not								
			•	han one or more publicly iten determination from f		-				e(a)(1) or s	section 509(a)(2).	
f		•			เกษ เหอ เกล	atitisa iy	pe i, Type	ii, or Type	3 111		Г	_
_			rganization, check th				. fram. am.	af tha fall				
g		_		organization accepted ar			-				Yes N	_
			-	lirectly controls, either al	one or tog	eniei wini	herzons c	escribed	iii (ii) anu (iii) below,		<u>-</u>
		-		upported organization?							11g(i)	—
			•	n described in (i) above?		-0					11g(ii)	—
L		· ·	-	person described in (i) o							11g(iii)	—
h	1	Provide the i	ollowing information	about the supported or	ganization	(S)						
				(iii) Type of	(iv) to the e		(u) Did voi	ı natıfı tha	(vi) Is	the		_
(i)		of supported	(ii) EIN	organization		sted in your	(v) Did you	ion in col.	organizati	on in col.	(vii) Amount of	
	orga	inization	į	(described on lines 1-9		document?	(i) of you		(i) organiz U.S		support	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
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LHA 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

FOREVER PHILANTHROPIES, INC.

Schedule A (Form 990 or 990-EZ) 2009 DBA FOREVER GIVING 90-0511110 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4,406. 4,406. include any "unusual grants.") 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 4,406 4,406. 4 Total. Add lines 1 through 3 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) 4,406. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 4,406 4,406. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 Total support. Add lines 7 through 10 4,406. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) $\triangleright X$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sch Pa	edule A (Form 990 or 990-EZ) 2009	Organizations	Described in	Section 509(a	(Complete only	y if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	ction A. Public Support					<u>-</u>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u></u>		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u></u>	
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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		*		Maria Alexander	\$"/\ 13.	
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				ļ <u>.</u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	L	L			<u> </u>	
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15				column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve						
17	Investment income percentage for 20	009 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organi	zation	ightharpoons
t	33 1/3% support tests - 2008. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ack this box andet	on here. The orga	nuzation avalifies	ac a publicki cupi	norted ergenization	
	line to is not more than 35 1/3/0, one	ECK IIIIS DOX AIIUSI	op nere. The orga	riizatiori qualifies i	as a publicly supp	Joi teu organization	
20	Private foundation. If the organization		-			-	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BANK FEES CREDIT CARD FEES LICENSE AND REPORTS	3	
TOTAL TO FORM 990-EZ, LINE	16	1,072.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEME	INT	2
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES [X] 1	40
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES [x) I	1 0

990-EZ PG 2

STATEMENT

3

TO FIGHT AGAINST HUNGER, POVERTY AND THE LACK OF MEDICAL SERVICES FOR CHILDREN AROUND THE WORLD. TO SUPPORT RELIEF EFFORTS IN RESPONSE TO NATURAL DISASTERS.

AZ CORPORATION COMMISSION FILED



JAN 0 8 2010

AZ CORPORATION COMMISSION FILED

DEC 2 1 2009 FLE NO. 15453012 FILE NO. 1545371.2 NON-PROFIT CORPORATION ARTICLES OF AMENDMENT Pursuant to A.R.S. §10-11006

1.	The name of the corporation is:
	FOREVER PHILANTHROPIES, INC.
2.	Attached hereto as Exhibit A is the text of each amendment adopted.
3.	The amendment was adopted the <u>18th</u> day of <u>pecember, 2009</u> .
4.	The amendment was duly adopted by act of (choose one):
	Cal the members
	the board of directors (without member action and either member action was not required or members are not entitled to vote).
5.	and with approval, in writing, by the person or persons so specified in the corporation's Articles of incorporation or bylaws.
	Signature: (Pursuant to ARS \$10-3/20 (F)(G)) the Addles of Applications must be executed by an officer of the corporation or the Chalimian of the Board of Directors). President
	7ltle: <u>Director</u>
	Printed Name: Rex Maughan Gregg Maughan

EXHIBIT A

ARTICLES OF AMENDMENT OF FOREVER PHILANTHROPIES, INC.

- 13. The corporation will distribute its income for each tax year at a time and in a manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- 14. The corporation will not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- 15. The corporation will not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- 16. The corporation will not make any investments in a manner as to subject it to tax under section 4944 of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- 17. The corporation will not make any taxable expenditures as defined in section 4945(d) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Executed this _____ day of December, 2009 by all of the incorporators

Signed:

Cross Manahan

Gregg Maughan