



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



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ 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.

**A** For the **2009** calendar year, or tax year beginning **04/01**, **2009**, and ending **03/31**, **2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Singleton Moms LLC</b> Number and street (or P. O. box, if mail is not delivered to street address) Room/suite <b>3370 N Hayden Rd 123509</b> City or town, state or country, and ZIP + 4 <b>Scottsdale, AZ 85251</b>	<b>D</b> Employer identification number <b>35-2280372</b> <b>E</b> Telephone number <b>6027438873</b> <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: ▶ [www.singletonmoms.org](http://www.singletonmoms.org)

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

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

**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 ▶ \$ **234,476**

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

	Description		Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	185,947
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b> Investment income . . . . .	<b>4</b>	22
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<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 \$ <u>32,215</u> of contributions reported on line 1) . . . . .	<b>6a</b>	48,507
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	31,010
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	17,497	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe <u>HAJDEN. UT</u> ) . . . . .	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	203,466	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	105,279
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	24,000
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	18,101
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	9,040
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	14,397
	<b>16</b> Other expenses (describe ▶ _____) . . . . .	<b>16</b>	0
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	170,817
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	32,649
	<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>	50,293
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	82,042

**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.)

	Description	(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	50,293	35,393
<b>23</b>	Land and buildings . . . . .	0	0
<b>24</b>	Other assets (describe ▶ _____) . . . . .	0	0
<b>25</b>	<b>Total assets</b> . . . . .	50,293	35,393
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____) . . . . .	0	0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	50,293	35,393

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED DEC 20 2010

79



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	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? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	<input checked="" type="checkbox"/>
<b>36</b>	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 . . . . .	<b>36</b>	
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b>	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? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b>	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 . . . . . ▶ <u>0</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
<b>e</b>	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. . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>AZ</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Jody Farley-Berens</b> Telephone no. ▶ <b>6027438873</b> Located at ▶ <b>3370 N Hayden Rd Box 123509, Scottsdale, AZ 85251</b> ZIP + 4 ▶ <b>85251</b>		
<b>b</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)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	<input checked="" type="checkbox"/>
<b>45</b>	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 . . . . .	<b>45</b>	<input checked="" type="checkbox"/>

**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                                  |
|---|-----|-------------------------------------|
| 46 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 . . . . . | 46  | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? . . . . .  | 49b | <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 & 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**

Signature of officer: *Jody Farley Berens* Date: 11/15/2010

Jody Farley Berens, Executive Director  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

Statement 2

Form: 990-EZ

Page: 2

Line Number: Part IV

Officers Directors Etc Statement

SINGLETON MOMS LLC

35-2280372

Officers Directors, Trustees and Key Employees Compensation

Name	Title and Weekly Hrs	Compensation	Benefits	Expense
Jody Farley-Berens 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Co-Founder and Executive Director 40	\$12,000 salary	\$0	\$0
Andy Royal 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Co-Founder and Care Director 40	\$12,000 salary	\$0	\$0
Ginnie Rowe 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Board President Marketing & PR 15-20	\$0	\$0	\$0
Chris Gorman 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Board Vice President 4	\$0	\$0	\$0
Kristin Grazlano 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Treasurer 4	\$0	\$0	\$0
Victoria Perkins 3370 N Hayden Rd Box 123509 Scottsdale, AZ 85251	Secretary 2	\$0	\$0	\$0
Total.		\$24,000	\$0	\$0

**Program Service Accomplishments**

<b>Achievement</b>	<b>Program Service Expenses</b>
<p><b>Michelle's Pockets:</b> We provide recurring financial assistance of \$300 a month per family throughout the period of treatment; this helps to cover some bills like transportation, utilities, a contribution to rent/mortgage, household necessities and some medical co-pays. Financial obligations cause chronic stress to the lives of single mothers battling cancer. Often the mothers are physically This financial assistance helps to alleviate some of the stress that our Moms face, in turn allowing them to focus on their children and their recovery. 34 different families received support totaling \$ during the 2009-2010 fiscal year.</p>	<b>\$28,800</b>
<p><b>Michelle's Kitchen:</b> Several times a month we provide our Moms with nutritious, well-balanced pre-prepared meals for the family. Meals are purchased from a professional meal service and prepared by volunteers at regular Michelle's Kitchen Meal Parties, typically held once a month. Meals are prepared with the focus on nutrition and the needs of the mother and her children. This program reduces the financial and physical burden of cooking; it helps to keep the family eating healthily and provides an opportunity for an 'at home family dinner' that promotes quality time as a family. During Fiscal Year 2009 we delivered 770 family dinners equaling 3,080 portions.</p>	<b>\$13,304.00</b>
<p><b>Singleton Kids:</b> As our newest program, Singleton Kids provides an educational or family based experiences that the children of single mothers with cancer might not otherwise encounter. Additionally, our Holiday Gift program provided gifts totaling \$12,865 for aprox. 15 families.</p>	<b>\$12,865.00</b>
<p><b>Michelle's Phonebook:</b> We are constantly adding to a list of local businesses and professionals who are willing to provide special services to our Moms. These services may be free, or at a deeply discounted rate. Services include eye exams and glasses, Dental and Orthodontic's, and car repairs and maintenance.</p>	<b>\$9,830.00</b>
<p><b>Michelle's Clean-up Crew:</b> We all know that a clean home is important; it reduces ailments, stress and enforces a healthy lifestyle. Moms often are too weak from treatment to keep on top of family chores and children may be too young to help alone. Our Michelle's Circle volunteers donate time, labor and often some 'elbow grease' to provide a thorough cleaning of a family's home on an as needed basis, up to twice a month per family. In fiscal year 2009 Singleton Moms hosted 28 cleaning events that included dusting, moping, painting and various other cleaning procedures performed by our volunteers. Additionally, home make over projects were accomplished through organizations such as Central Arizona Project. These projects totaled over \$30,000 in home repairs.</p>	<b>\$40,480.00</b>
<b>Total: \$105,279.00</b>	