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Short Form

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Foundation To Provide Enrichment
141 S. Rancho Santa Fe Road
Encinitas, CA 92024

D Employer identification number

33-0122669

E Telephone number

F 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

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. ► \$ 129,308.

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	104,829.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	350.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	24,129.
a Gross revenue (not including \$ 45,890. of contributions reported on line 1) ► <input type="checkbox"/>	6b	18,787.
b Less direct expenses other than fundraising expenses	6c	5,342.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe) ► <input type="checkbox"/>	9	110,521.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule)	10	37,891.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	1,762.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	1,858.
16 Other expenses (describe) ► <input type="checkbox"/> See Statement 2	16	70,220.
17 Total expenses. Add lines 10 through 16	17	111,731.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,210.
19 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)	19	156,769.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	155,559.

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
22 Cash, savings, and investments	82,414.	22 106,180.
23 Land and buildings		23
24 Other assets (describe) ► <input type="checkbox"/> See Statement 3	74,355.	24 49,379.
25 Total assets	156,769.	25 155,559.
26 Total liabilities (describe) ► <input type="checkbox"/>	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,769.	27 155,559.

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

Form 990-EZ (2009)

Part III: Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **Educational Enrichment**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See Statement 4

(Grants \$) If this amount includes foreign grants, check here

28a 40,779.

29 Provided financial aid for 23 students and numerous classroom grants to the Rhoades School.

(Grants \$ 37,896.) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

40,779.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Serena Felando-Trees	Treasurer	0.	0.	0.
1454 Pearl Heights Road		5.00		
Vista, CA 92081				
Janet McVeigh	Vice President	0.	0.	0.
PO Box 1285		5.00		
Rancho Santa Fe, CA 92067				
Stacie Lee	President	0.	0.	0.
18491 Calle Tramonto		5.00		
Rancho Santa Fe, CA 92091				
Rhonda Houck	Secretary	0.	0.	0.
119 Kilkenny Drive		5.00		
Cardiff, CA 92007				
Heather Schmitt	Social Chair	0.	0.	0.
7070 Rose Drive		5.00		
Carlsbad, CA 92081				

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

See Statement 5

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No
34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

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? Yes No
35a X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No
35b

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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year? Yes No
37b 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? Yes No
38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b N/A

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
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.; section 4912 ► **40a** 0.; section 4955 ► **40a** 0.

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 Yes No
40b X

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 Yes No
40c 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40d 0.

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 Yes No
40e X

41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **Mark Remley** Telephone no ► **858 484-0536**
 Located at ► **15805 El Camino Real Rancho Santa Fe CA** ZIP + 4 ► **92067**

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)? Yes No

If 'Yes,' enter the name of the foreign country ► **42b** X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No

If 'Yes,' enter the name of the foreign country ► **42c** 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 ► **43** Yes No
N/A N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
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 completed instead of Form 990-EZ Yes No
45 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.

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 ► _____

Sign Here	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.	
	Signature of officer	Date
	Mark Rendey	11/15/10
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	► 	Date	11-3-10	Check if self-employed	<input checked="" type="checkbox"/> X	Preparer's Identifying Number (See instructions)	N/A
	Firm's name (or yours if self-employed, address, and ZIP + 4)	► Wolfe & Wolfe, CPAs 5151 Shoreham Pl. #250 San Diego, CA 92122	EIN	N/A	Phone no	► 858-558-1116		

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2009)

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Foundation To Provide Enrichment

Employer identification number

33-0122669

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? _____

Yes No

Total

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	151,383.	145,929.	151,237.	64,441.	104,829.	617,819.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-through 3	151,383.	145,929.	151,237.	64,441.	104,829.	617,819.
5 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)						33,848.
6 Public support. Subtract line 5 from line 4						583,971.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	151,383.	145,929.	151,237.	64,441.	104,829.	617,819.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,096.	12,584.	2,290.	678.	350.	26,998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						644,817.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.6 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.7 %
16a 33-1/3 support test – 2009. 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 checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
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						
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 assets (Explain in Part IV)						
13 Total support. (add ins 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**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	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	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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.

Name of the organization

Employer identification number

Foundation To Provide Enrichment

33-0122669

Part I **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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- 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?

Yes No

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

3 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.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Gala (event type)	(b) Event #2 Merchant Money (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	48,706.	8,482.	5,927.	63,115.
	2 Less Charitable contributions	40,664.	621.	2,682.	43,967.
	3 Gross income (line 1 minus line 2)	8,042.	7,861.	3,245.	19,148.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,544.	7,862.	3,246.	18,652.
	10 Direct expense summary Add lines 4- through 9 in column (d)				18,652.
	11 Net income summary. Combine lines 3, column (d) and line 10				496.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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 _____

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain _____

10a

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11
12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

13a	%	YES	NO
13b	%		

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
 c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name: ► _____

Gaming manager compensation ► \$ _____

Description of services provided: ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$ _____

Foundation To Provide Enrichment

33-0122669

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

Class of Activity:	Scholarships & Grants
Donee's Name:	Rhodes School & Students
Donee's Address:	141 S Rancho Santa Fe Road Encinitas, CA 92024
Cash Amount Given:	\$ 37,891.

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

Amortization	\$ 5,119.
Bank Fees	142.
Computer Lab	1,328.
Copies	495.
Depreciation	19,857.
Education Programs	18,046.
Insurance	3,051.
Internet/Website	72.
Miscellaneous Program Expense	611.
Miscellaneous School Events	674.
Music/Math Lab	19,908.
Sports Equipment	394.
Tax Fees and Mailing	25.
Teacher Appreciation	498.
Total	<u>\$ 70,220.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Intangible Assets	\$ 9,118.	\$ 3,999.
Machinery and Equipment	43,226.	25,808.
Miscellaneous	22,011.	19,572.
Total	<u>\$ 74,355.</u>	<u>\$ 49,379.</u>

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

Provided or supported school enrichment programs for 300 students at the Rhoades School in Encinitas, CA. Enrichment programs in academics, the arts, and sports were supported in order to fulfill the organization's commitment to enhancement of educational opportunities for children with the capacity for high-level intellectual development.

Statement 5
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 Federal Book Depreciation Schedule

Foundation To Provide Equipment

No.	Description	Date Acquired	Date Sold	Cost/Basis	Bus. Pct.	Cur. 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Dec. Bal.	Salvage/Basis Reductin.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Form 990/PF

Furniture and Fixtures

4	Sunshades	12/31/00		22,366								22,366	22,366	200DB HY	7	0
Total Furniture and Fixtures																

Machinery and Equipment

1	Equipment	12/31/99		3,785								3,785	3,785	200DB HY	7	0
2	Computer Equipment	12/31/00		4,009								4,009	4,009	200DB HY	5	0
3	Science Equipment	12/31/00		2,462								2,462	2,462	200DB HY	7	0
5	Computer Equipment	12/31/01		6,603								6,603	6,603	200DB HY	5	0
8	Computer Equipment	12/31/02		12,449								12,449	12,449	200DB HY	5	0
10	Printers and Misc	12/31/03		10,016								10,016	10,016	200DB HY	5	0
11	Water Fountain	12/31/03		1,635								1,635	1,635	200DB HY	5	0
15	Computer - Laptop	12/31/04		1,323								1,323	1,246	200DB HY	5	05760
17	Computer Keyboards	5/25/06		3,029								3,029	2,407	200DB MQ	5	10940
18	Alpha Keyboards	12/15/06		4,984								4,984	3,549	200DB HY	5	11520
19	Smart Boards	10/06/06		30,689								30,689	21,850	200DB HY	5	11520
20	Music Lab Equipment	12/31/07		11,076								11,076	5,739	200DB HY	5	19200
21	Smart Boards	12/31/07		43,767								43,767	22,758	200DB HY	5	19200
23	Science Lab Equipment	12/31/07		4,958								4,958	2,579	200DB HY	5	19200
24	Computers	12/31/07		7,392								7,392	3,983	200DB HY	5	.19200
Total Machinery and Equipment																
				148,177								148,177	104,950			17,418

No.	Description	Date Acquired	Date Sold	Cost/Basis	Bus. Pct.	Cur. 179	Special Depr.	Bonus/Allow.	Prior 179/ Bonus/Sp. Depr.	Dec. Bal.	Salvage/Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Miscellaneous																	
9	Astro Turf	12/31/02		20,000						20,000	9,962	150DB HY	15	.05900			1,180
12	Astro Turf	12/31/03		21,346						21,346	9,373	150DB HY	15	.05900			1,259
	Total Miscellaneous			41,346		0	0	0	0	41,346	19,335						2,439
	Total Depreciation			211,889		0	0	0	0	211,889	146,651						19,857
 Depr. Schedule Only																	
	Amortization																
6	Software	12/31/01		15,478						15,478	15,478	S/L	3				0
7	Software	12/31/02		9,149						9,149	9,149	S/L	3				0
13	Software	12/31/03		4,929						4,929	4,929	S/L	3				0
14	Software	12/31/04		686						686	686	S/L	3				0
16	Software	6/21/06		1,200						1,200	1,200	S/L	3				0
22	Software	12/31/07		10,170						10,170	5,085	S/L	3				3,390
25	Software	10/20/08		5,186						5,186	1,152	S/L	3				1,729
	Total Amortization			46,798		0	0	0	0	46,798	37,679						5,119
	Total Depreciation			0		0	0	0	0	0	0						0
	Grand Total Amortization			46,798		0	0	0	0	0	0						5,119

6/30/10

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