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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

**Short Form** 

2009

OMB No 1545 1150

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

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

Open to Public Inspection

Α	For t	he 2009 ca <u>lendaı</u>	r year, or tax year beginning	8/01	, 2009, and en	nding	7/31		,	2010
В	Check	if applicable	С				][	) Empl	oyer ıd	entification number
	Addres	s change Please use IRS	s Jazz of Yuma, Inc.					20	-173	38002
	Name	change label or	1 1 2 4 0 0 C ATTORNIO AE	. Unit B			le	Telec		
	Initial i	return <b>type</b> .	Yuma, AZ 85365	,				92	0 _ 2′	29-6858
	Termir	Specin	ıc İ					92	0-34	23-0030
	Amend	ted return Instruc	÷				Į F			emption
	Applica	ation pending				,		Num		
		• Section 501(c)	)(3) organizations and 4947(a)(1)	nonexempt cha	ritable trusts		counting m		. [X]	Cash Accrual
_		must a	ttach a completed Schedule A (F	orm 990 or 990	-EZ).		er (specif	_		
							eck ► X			anization is not
ı			ofyuma.com			req	juired to a 0-EZ, or 99	ttach S an.PF)	sched	ule B (Form 990,
<u>1</u>		xempt status (check		(insert no.)	4947(a)(1) or 527					
K	Chec	ON A Form 990.	ganization is not a section 509(a -EZ or Form 990 return is not rec	)(3) supporting	organization <b>and</b> its gi	ross rec	eipts are i	normai	ily <b>no</b> t	t more than
<del>.</del>							a return, t		10 111	e a complete return.
L	Add	lines 5b, 6b, and ad of Form 990-E	17b, to line 9 to determine gross	receipts, if \$50	0,000 or more, file For	rm 990			► Ś	95,363.
D:	irt I		, Expenses, and Changes	in Net Δsse	ets or Fund Balan	CAS (S	See the		<u> </u>	
<u> </u>	1		gifts, grants, and similar amounts		or i unu balan	1003 (	JUC THE	111300	1 1	8,118.
	2	-	e revenue including government		acto			<b>-</b>	2	56,226.
	3	•	es and assessments	ices and contra	1013			-	3	30,220.
	4	Investment inco						H	4	<del></del>
	1 .		from sale of assets other than inv	ventory	5a			-	<del>-  </del>	
	1		ther basis and sales expenses	vernory	5b			$\dashv$	1	
R			sale of assets other than inventory (Subtr	ract In 5b from In 5:				$\dashv$	5c	
E	6	` '	activities (complete applicable parts of Se		•	k here	▶ [	yı H	<del></del>	
REVENU		Gross revenue		850. of cont	•	N HOIC	Ŀ			
ũ	٩		·	030. or com	1 1		21 01	0		
E	١.	reported on line	•		6a 6b		31,01			
			penses other than fundraising ex				13,4	<del>/ 0 ·  </del>		17 5/1
	1	•	s) from special events and activities (Subt		· · · · · ·			-	6c	<u> </u>
			inventory, less returns and allow	ances	7a 7b			$\dashv$		
		Less cost of go		uhtraat lina 7h f			<del></del>			
	_	•	(loss) from sales of inventory (Si	ubtract line /b r	rom line /a)			. ⊢	7c	
	8	Other revenue (desc			···			<sup>)</sup> 、├	8	01 005
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c, a			<del></del>			9	81,885.
	10	Grants and sim	ular amounts paid (attach schedu	ile)					0	<del></del>
E	11	Benefits paid to	or to Riemon IVED						11	
X P	12		compensation, and employee be						2	4,675.
EXPENSE	13	Professional fe	es and other payments to indepe	indent contracto	ors			-	13	17.070
Ŝ	14	Occupancy, rec	Tutilitied bang wanterspice O					_	4	17,970.
<u> </u>	15		ations, postage, and shipping?					_	15	16.
) 	16	Other expenses (des	scribe See Statements	<u> </u>		<del></del>	)	<b>—</b>	16	71,979.
_	17		Arthough To Arthopa						17	94,640.
≓ ,	18	Excess or (defi	cit) for the year (Subtract line 17	from line 9)				Ľ	18	-12,755.
	19		und balances at beginning of yea	ır (from line 27,	column (A)) (must agr	ree with	end-of-ye			27 015
₩E E		•	on prior year's return)	Harden L. A.	,				19	27,015.
<b>5</b>	20	-	in net assets or fund balances (a	•	•				20	14.000
<u> </u>	21		und balances at end of year Con						21	14,260.
ككار	art II	Balance	Sheets. If Total assets on line :		are \$1,250,000 or mor					
]			(See the instructions for P	art II.)		(a) R	eginning o			(B) End of year
ŭ		sh, savings, and				<u> </u>	27,0	υ <u>τ</u> ο.	22	14,260.
j 23		nd and buildings				<u> </u>	<del></del>		23	
24		ner assets (descr	Tibe F	)		ļ	27 (	) 1 E	24	14 000
25		tal assets	a a unitar a line		`		27,0		25	14,260.
26		tal liabilities (des		must paras :: 11	_)	<del></del>	27 (		26	14 260
27	_		balances (line 27 of column (B)			<u> </u>	21,(	015.	21	14,260.
BA	A FO	r Privacy Act and	d Paperwork Reduction Act Notic	ce, see separati	e instructions.					Form <b>990-EZ</b> (2009)

Form 990-€Z (2009) Jazz of Yuma, I				-173	38002 Page <b>2</b>
Part III Statement of Program Se		<b>s</b> (See the instructi	ons.)	(D	Expenses
What is the organization's primary exempt purpose? Ed	ucation			501(c	uired for section
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo	oses. In a clear and con	cise manner,	orga	c)(3) and (4) nizations and section
describe the services provided, the number of program title	persons benefited, or other re	elevant information for e	eacn	14947 for o	(a)(1) trusts, optional thers )
28 To provide youth in the c	community not only	with the opport	tunity to		, <u> </u>
learn and perform dance b				1	
		cronar oppored	111123 -00	ł	
learn about dance, theatr			<del>-</del> -	-	02.010
<del>'</del>	is amount includes foreign gr	ants, check here		28 a	93,010.
29					
				]	
(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶ 🗍	29 a	
30		<del>.</del>			
				1	
			<b></b> -	1	
(Grants \$ ) If th	is amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule					
	z is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add lin		arke, erreak riere	<b>&gt;</b>	32	93,010.
Part IV List of Officers, Directors		inlovees. List each o	ne even if not cor		
t dit iv   List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	to position		deferred compensa	ation	
Patrick Quinn	President	0.		0.	0.
12498 S. Avenue 4E	5.00				
Yuma, AZ 85365					
Jenny Moore	Secretary	0.		0.	0.
2756 S. Nightfall Drive	5.00				
Yuma, AZ 85365	3.33				
K Dawn Atherton	Director	4,675.		0.	0.
	15.00	•		ο.	٠.
12498 S. Avenue 4E, Unit B	15.00				
Yuma, AZ 85365	771 50 11	2			
_Jack Meerchaum	Vice President			0.	0.
330 W. 24th Street	5.00				
Yuma, AZ 85365					
Joe Moore	Treasurer	0.		0.	0.
2756 S. Nightfall Drive	5.00				
Yuma, AZ 85365					
				-	
	1				
	1				
			-		

	990 EZ (2009) Jazz of Yuma, Inc. 20-1738002			age <b>3</b>
Par	<b>Other Information</b> (Note the statement requirements in the instrs for Part V.) See Sta	teme	ent	2
			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		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	ļ	Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	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?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35a 35b		Х
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		Х
<b>38</b> 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		Х
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Gross receipts, included on line 9, for public use of club facilities [39b] N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
700	section 4911 ► 0., section 4912 ► 0., section 4955 ► 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	40 Ь		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			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   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	40 e		х
41	List the states with which a copy of this return is filed > AZ			
<b>4</b> 2 a	The organization's books are in care of Drganization  Located at 12498 S. Avenue 4E, Unit B Yuma AZ  Telephone no 928-32  ZIP + 4 85365	<u> 28-6</u>	<u>858</u>	
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:	42b	Yes	No X
c	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.?	<b>42</b> c		Х
	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		<u> </u>	N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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	45		Х
BAA	TEEA0812L 01/30/10 For	rm <b>99</b> (	0-EZ (	2009)

Form 990	EZ(2009) Jazz of Yuma, Inc.			20-17380	002	Р	age <b>4</b>
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	onexempt char	empt charitable trusts onl ritable trusts must answer	<b>y.</b> All s questi	ectio ons	n
<b>46</b> Did	the organization engage in direct or indirect	ct political campaign act	ivities on behalf o	f or in opposition to candidates		Yes	No
for	public office? If 'Yes,' complete Schedule (	C, Part I			46		X
	the organization engage in lobbying activit	•	•		47		X
	he organization a school as described in se	.,,,,,,	•		48		X
	the organization make any transfers to an	•	related organization	on?	49 a		Х
	'es,' was the related organization a section	•			49Ъ		
50 Con emp	nplete this table for the organization's five ployees) who each received more than \$10	0,000 of compensation	from the organizat	tion. If there is none, enter 'None	e'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans and deferred compensation		pense nt and owance:	5
None							
						_	
						-	
<b>51</b> Cor	al number of other employees paid over \$1 mplete this table for the organization's five inpensation from the organization. If there is	highest compensated in s none, enter 'None '	····	ctors who each received more th	nan \$100	000 o	f ——
None	(a) Name and address of each independent cont	ractor paid more than \$100,000	)	(b) Type of service	(c) Comp	ensatio	<del>3</del>
<b>d</b> Tota	al number of other independent contractors	each receiving over \$1	00,000	<b>•</b>	-		
Sign Here	Under penalties of perjury, I declare that I have exartine, correct, and complete Declaration of preparer  Signature of officer  Type or print name and title	nined this return, including acc (other than officer) is based on	ompanying schedules a all information of which	preparer has any knowledge  Date	_	belief, it	IS
Paid Pre-	Preparer's Signature	th Com	Date 6/11	1/11 Check if Self (See N//	arer's Identi instructions A	ying Nu )	mber

► N/A

(928) 314-1488

►X Yes No Form **990-EZ** (2009)

EIN

Phone no

MISENHIMER AIVAZIAN & TENNANT P.C.

3150 S CATALINA DR, SUITE 1

YUMA, AZ 85364-8258

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

Firm's name (or yours if self employed), address, and ZIP + 4

parer's Use

Only

#### **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 2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

20-1738002 Jazz of Yuma 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 9 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). 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 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Other Type II С 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (iv) Is the organization in col (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (vii) Amount of Support your support? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009 Jazz of Yuma, Inc. 20-1738002

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

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)					
	tion A. Public Support			<del></del>	<del></del>	· <del>-</del> · ·			
egi	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
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.								
4	Total. Add lines 1-through 3								
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)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support						···		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	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								
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			_ 1	2		
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, o	r fifth tax year as	a section 501(d	c)(3)		
	tion C. Computation of Pu					····			
	Public support percentage for 20 Public support percentage from 2		-	e 11, column (f)			4     %       5     %		
16 <i>a</i>	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more,	check this box		
ŧ	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.								
17 á	7a 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.  Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.								
18 RAA		zation did not che	ch a box on line,	13, 10a, 10D, 1/a,			m 990 or 990-F7) 2009		

### 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.)										
Sec	tion A. Public Support										
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(f) Total				
	Gifts, grants, contributions and membership fees received (Do not include unusual grants.)	6,269.	13,601.	18,348.	17,244.	8,118.	63,580.				
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	35,314.	30,865.	40,374.	51,918.	56,226.	214,697.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	15,948.	26,477.	35,992.	28,923.	31,019.	138,359.				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	13,340.	20,417.	33,332.	20, 323.	31,013.	0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 5	57,531.	70,943.	94,714.	98,085.	95,363.	416,636.				
	Amounts included on lines 1, 2, 3 received from disqualified persons	789.	676.	2,077.	3,229.	2,986.	9,757.				
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				
_	year	0. 789.	0. 676.	0. 2,077.	0. 3,229.	2,986.	0.				
	Add lines 7a and 7b	709.	0/0.1	2,077.	3,229.	2,900.	9,757.				
•	<b>Public support</b> (Subtract line 7c from line 6)						406,879.				
Sec	tion B. Total Support		<u>l</u>				400,073.				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total				
	Amounts from line 6	57,531.	70,943.	94,714.	98,085.	95,363.	416,636.				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0,7002.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30,000	,	0.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.				
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.				
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			122			0.				
	Total support. (add Ins 9, 10c, 11, and 12)						416,636.				
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □				
	Public support percentage for 20			13 column (ft)		15	97.7%				
	Public support percentage from 2			13, column (1))		16	99.1%				
	tion D. Computation of Inv			 e		[ 10 ]	JJ.1 /6_				
17		-			n (fl)	17	0.0%				
18											
19 a	33-1/3 support tests $-$ 2009. If the more than 33-1/3%, check this be	e organization did ox and <b>stop here.</b>	not check the box The organization o	on line 14, and qualifies as a pub	licly supported or	an 33-1/3%, and li ganization	ne 17 is not ► X				
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	nd line 18				
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and s	ee instructions					

Schedule A	(Form 9	990 or 9	990-EZ	2009	Ja	zz c	of	Yuma	, In	ıc.			_			20-1	7380	02	F	age <b>4</b>
Part IV	Suppl	emen	tal In	forma	ition.	Con	nple	ete th	ıs pa	rt to	provi	de the	e expla	anatior	ns rec	uired	by Pa	art II, li	ne 10	);
	Part I	, line	17a d	or 17b	; and	Par	t III	l, line	12.	Prov	ride ar	ny oth	er add	litional	intor	matio	n. Se	e instru	ıction	s
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#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization							Employer identifica	
Jazz of Yuma, Inc.							20-173800	2
Part I Fundraising Activities. Complete Form 990EZ filers are not requ	ete if the organ uired to comple	ization ans te this part	wered 'Ye	es' l	o Form 990, Part IV,	line 17		
1 Indicate whether the organization r	aised funds thr	ough any o	of the follo	win	ig activities. Check al	I that a	pply.	
Mail solicitations					Solicitation of non-g	overnm	nent grants	
Internet and email solicitations					Solicitation of gover	nment	grants	
Phone solicitations				-	Special fundraising		<b>J</b>	
In-person solicitations				_	popolar fariaraising	CVCINS		
2a Did the organization have written o	r oral agreeme	nt with any	undividua	l Gr	actudina officers, dire	ctors t	rustees or key	
employees listed in Form 990, Part	VII) or entity in	n connection	on with pro	ofes	ssional fundraising se	rvices?	, asiess of hey	Yes No
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dıvıduals or entı e organızatıon.	ties (fundr	aisers) pu	rsu	ant to agreements ur	nder wh	ich the fundrais	er is to be
						(v) Ar	mount paid to	
(i) Name of individual	(ii) Activity		fundraiser ly or control	(	iv) Gross receipts	(or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contri	ibutions?		from activity	iuiiui	col.(i)	organization
<del></del>	<u> </u>	Yes	No	_		-		
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Total  3 List all states in which the organization	tion is register	ad or ligan	cod to col	L	funds or has been no	tifical it	is avampt from	registration
or licensing.	illoii is registere	ed of ficeri	seu to son	ICIL	iulius of flas been flu	Milled II	is exempt irom	registration
-								

Page 2

	* **.	reported more than \$15,000 on F	form 990-EZ, line 6	Sa. List events with	gross receipts gre	eater than \$5,000.		
			(a) Event #1 Candles	(b) Event #2 Golf	(c) Other Events	(d) Total Events (Add col (a) through col. (c))		
E			(event type)	(event type)	(total number)			
##>#ZD#	1	Gross receipts	12,995.	10,712.		23,707.		
E	2	Less. Charitable contributions.	300.			300.		
	3	Gross income (line 1 minus line 2)	12,695.	10,712.		23,407.		
	4	Cash prizes		1,100.		1,100.		
	5	Noncash prizes						
DIRECT	6	Rent/facility costs		2,553.		2,553.		
	7	Food and beverages						
X P E	8	Entertainment						
EXPESSES	9	Other direct expenses	7,680.	569.	· · · · · · · · · · · · · · · · · · ·	8,249.		
5		Direct expense summary Add lines 4- th Net income summary Combine lines 3, c	*		<b>&gt;</b>	11,902. 11,505.		
Pai		Gaming. Complete if the organiz	ation answered 'Yo	es' to Form 990, Pa	art IV, line 19, or re			
		\$15,000 on Form 990-EZ, line 6a	•	<u> </u>		<del> </del>		
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add coi (a) through col (c))		
N U E								
	7	Gross revenue				<u> </u>		
D X	2	Cash prizes						
D P E N S E S	3	Non-cash prizes						
' š	4	Rent/facility costs						
	5	Other direct expenses						
			Yes%	Yes%	Yes%			
	6	Volunteer labor	[   No	No	No			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary Combine li	nes 1, column (d) and l	line 7	<u> </u>			
9	Ente	er the state(s) in which the organization op	erates gaming activities	3		YES NO		
		ne organization licensed to operate gaming				9a		
t	o If 'N	lo,' explain.						
		re any of the organization's gaming license	s revoked, suspended of	or terminated during the	tax year?	10a		
b If 'Yes,' explain								
11		s the organization operate gaming activities	s with nonmembers?					
12		ne organization a grantor, beneficiary or tru		mber of a partnership or	other entity formed to			
BAA	adn	ninister charitable gaming?	TEF 43702)			12   12   10   10   10   10   10   10		

chedule-G (Form 990 or 990-EZ) 2009 Jazz of Yuma, Inc.	<del></del>	1738002	YES
12 Indicate the passagless of soming calculate apparets in	1 1		159
3 Indicate the percentage of gaming activity operated in	12-	ا ا	
a The organization's facility	13a	%	
<b>b</b> An outside facility	[13b]	——⊸i I	
14 Enter the name and address of the person who prepares the organization	on's gaming/special events books and rec	ords.	
Name ►			
Address •			
15a Does the organization have a contact with a third party from whom the	organization receives gaming revenue?	15a	•
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organizati	• • •	ount	
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party	<b>-</b> '		
The roof street harve and address of the time party			
Name			
Address. ►			
16 Gaming manager information			1
Name ►			
Name •			
Gaming manager compensation ► \$			
Gaming manager compensation · • • •			
Description of services provided -			
Description of services provided			
Director/officer Employee Ir	ndependent contractor		
	racpendent contractor		
7 Mandatory distributions			ı
a Is the organization required under state law to make charitable distribut state gaming license?	tions from the gaming proceeds to retain th	ne <b>17</b> a	
<b>b</b> Enter the amount of distributions required under state law to be distribu	ited to other exempt organizations or spen	it in the	
Eliter the amount of distributions required and of state law to be distribu			

2009	Federal Statements		Page 1
	Jazz of Yuma, Inc.		20-1738002
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses  Advertising and Promotion Bank Service Charges Competition Fees and Travel Contract Fees and Labor Costumes Insurance Meeting Expenses Miscellaneous Office Expenses Program Expenses Website		\$ Total \$	429. 176. 26,003. 7,671. 13,086. 1,555. 225. 93. 811. 21,475. 455. 71,979.

#### Statement 2 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?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

#### Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box.			► X
		omatic) 3-Month Extension, complete only Part II (on page			
		dy been granted an automatic 3-month extension on a pro			
Part I	Automatic 3-Month Extens	sion of Time. Only submit original (no copies	needed).		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension - check this	box and cor	mplete Part I only	▶ [
All other corp		, partnerships, REMICS, and trusts must use Form 7004 i	to request a	n extension of time	to file
Electronic Fi	ling (e-file). Generally, you can el	ectronically file Form 8868 if you want a 3-month automat on required to file Form 990-T) However, you cannot file	Form 8868 e	electronically if (1) :	vou want
Form 990-T	I (not automatic) 3-month extensi Instead, you must submit the full it www.irs gov/efile and click on a	on or (2) you file Forms 990-BL, 6069, or 8870, group retry completed and signed page 2 (Part II) of Form 8868 For the for Charities & Nonprofits.	urns, or a co or more deta	omposite or consol ails on the electroni	idated ic filing of
	Name of Exempt Organization		·	Employer identification	number
Type or	]			1	
print	Jazz of Yuma, Inc.			20-1738002	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions		· · · · · · · · · · · · · · · · · · ·	
filing your return See	12498 S. Avenue 4E,	Unit B			
instructions	City, town or post office, state, and ZIP co	ode For a foreign address, see instructions			
	Yuma, AZ 85365		·		
Check type o	of return to be filed (file a separat	e application for each return)			
Form 990	)	Form 990-T (corporation)	] Form 472	0	
Form 990	D-BL ·	Form 990-T (section 401(a) or 408(a) trust)	Form 522	.7	
X Form 990	D-EZ	Form 990-T (trust other than above)	] Form 606	9	
Form 990	D-PF	Form 1041-A	Form 887	0	
Telephone If the org If this is the exter I requeuntil The ex	for a Group Return, enter the org s box If it is for part of this is in will cover.  st an automatic 3-month (6 month of the standard of the organization of the o	FAX No.   928-783-3672  For place of business in the United States, check this box anization's four digit Group Exemption Number (GEN) the group, check this box and attach a list with the formal accompanization required to file Form 990-T) extension the exempt organization return for the organization name.	. If ne names ar n of time ed above.		
	ax year is for less than 12 month			change in accounting	ig period
3a If this a	application is for Form 990-BL, 99 undable credits. See instructions.	0-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	any	3a \$	0.
b if this a made.	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated tax payent allowed as a credit	yments	3b\$	0.
deposii See ins	t with FTD coupon or, if required, structions	3a Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment Syster		3c \$	0.
payment inst	tructions	ic fund withdrawal with this Form 8868, see Form 8453-Ei	O and Form		
BAA For Pri	ivacy Act and Paperwork Reducti	on Act Notice, see instructions.		Form <b>8868</b> (	(Rev. 4-2009)

FUITI 6666	(Rev 4-2009)			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box				
	complete Part II if you have already been			
	re filing for an Automatic 3-Month Extens			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				
	Name of Exempt Organization			mployer identification number
Type or				
Type or print	Jazz of Yuma, Inc.		2	20-1738002
•	Number, street, and room or suite number. If a P.O. box, see instructions		·	or IRS use only
File by the extended due date for filing the	MISENHIMER AIVAZIAN & TENNANT P.C. 3150 S CATALINA DR, SUITE 1			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		ļ	,
	YUMA, AZ 85364-8258			
Check type of return to be filed (File a separate application for each return)				
	orm 990 Form 990-PF		Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section	401(a) or 408(a) trust)	Form 4720	Form 8870
X Form 9			Form 5227	<b>-</b>
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.				
The books are in care of ► Organization				
Telephone No. ► 928-328-6858 FAX No. ► 928-783-3672				
• If the organization does not have an office or place of business in the United States, check this box				
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the				
whole group, check this box I is for part of the group, check this box and attach a list with the names and EINs of all				
members the extension is for				
4   request an additional 3-month extension of time until 6/15 , 20 11				
5 For calendar year or other tax year beginning 8/01 .20 09 and ending 7/31 .20 10				
6 If this	For calendar year, or other tax year beginning 8/01, 20 09, and ending 7/31, 20 10 if this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period			
7 State	7 State in detail why you need the extension			
accurate return can be filed. The return will be filed as soon as the information is				
available.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868				
c Balan with F	ce Due. Subtract line 8b from line 8a. Inclu TD coupon or, if required, by using EFTPS	ide your payment with this form, or, S (Electronic Federal Tax Payment S	if required, deposit System). See instrs	8c \$
Signature and Verification				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				
Size at the Temperature of the CDA				
Signature Elegabeth Come + Title . CPA  Date > 2/14/11				

FIFZ0502L 03/11/09

BAA

Form 8868 (Rev 4-2009)