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# Form **990-PF**

Department of the Treasury

Internal Revenue Service

#### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning		, and ending		
G Check all that apply: Initial return		ormer public charity	Final retu	rn
Amended return	Address chan	ge	Name change	
Name of foundation  JACQUELINE ANNE MORR	TO MEMODIAT		A Employer identification	on number
FOUNDATION	13 MEMOKIAL		20-201261	Λ
Number and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	<del></del>
4980 N. VIA DE LA GRA	ANITA		520-299-4	907
City or town, state, and ZIP code		——————————————————————————————————————	C If exemption application is	
TUCSON, AZ 85718			D 1. Foreign organizatio	· —
	exempt private foundation		Foreign organizations r check here and attach	meeting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation s	
· I — -	ting method: X Cash	Accrual	under section 507(b)(	
(from Part II, col (c), line 16)	Other (specify)		F If the foundation is in	a 60-month termination
▶\$ 469,355. (Part I, col	umn (d) must be on cash l	basis)	under section 507(b)(	1
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	100,000.		N/A	
2 Check 1 if the foundation is not required to attach Sch B interest on savings and temporary			<u> </u>	
3 cash investments	508.	508.		STATEMENT 1
4 Dividends and interest from securities	6,250.	6,250.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10	-29,351.			
b Gross sales price for all 151, 317.	25,331.	#\$		
b Gross sales price for all assets not on line to assets on line 6a 151, 317.  Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	77,407.	6,758.		<del> </del>
12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	77,407.	0,/58.		0.
14 Other employee salaries and wages		<u>0.</u>		0.
15 Pension plans, employee benefits				
16a Legal fees  b Accounting fees  STMT 3		· · · · · ·		-
b Accounting fees STMT 3	600.	300.		300.
шре спатронества STMT 4	92.	92.		0.
Merest V		-11 100		
18 Taxes S S S Poetre gat 20 14 depends 20 Occupancy S S S S S S S S S S S S S S S S S S S	<b></b>			
SE Dedre gat 20 and depembr				
20 Occupancy				<del></del>
21 Frayel, conferences, and meetings				
	20.	0.		20.
23 Other expenses STMT 5 24 Total operating and administrative expenses Add lines 13 through 23			<del>"</del>	20.
expenses Add lines 13 through 23	712.	392.		320.
25 Contributions, gifts, grants paid	51,155.			51,155.
26 Total expenses and disbursements.				
Add lines 24 and 25	51,867.	392.		51,475.
27 Subtract line 26 from line 12:	25 540			
2 Excess of revenue over expenses and disbursements	25,540.	6,366.		
b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)		0,300.	N/A	<del>                                     </del>
023501 12-07-10 LHA For Paperwork Reduction Act Notice, see	the instructions			Form <b>990-PF</b> (2010)

<u>Fo</u>	rm 9	JACQUELINE ANNE MORRIS N 90-PF (2010) FOUNDATION		_	2012614 Page
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
_	1		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	060 260	101 163	404 450
		Savings and temporary cash investments	269,362.	101,463.	101,463.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►  Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts		-	-
s	8				
Assets	1 -	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations	24,748.		
	1	Investments - corporate stock	151,556.		
	1	Investments - corporate bonds STMT 6	0.	369,743.	367,892.
	11	Investments - land, buildings, and equipment basis		337,.233	30,70320
	1	Less accumulated depreciation	** *** * **	**	
	12	Investments - mortgage loans			
	13	Investments - other			· · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_		Total assets (to be completed by all filers)	445,666.	471,206.	469,355.
	I	Accounts payable and accrued expenses			*
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			•
Lia	ı	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	0.		
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted	445,666.	471,206.	
Net Assets or Fund Balances	25	Temporarily restricted	220/0000	27272000	
Ba	26	Permanently restricted			
pur		Foundations that do not follow SFAS 117, check here			
币		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
sset	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	445,666.	471,206.	
_		Total liabilities and net assets/fund balances	445,666.	471,206.	<del> </del>
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30	)		
		st agree with end-of-year figure reported on prior year's return)		1	445,666.
		amount from Part I, line 27a		2	25,540.
		r increases not included in line 2 (itemize)		3	0.
4	AOO	lines 1, 2, and 3		4	471,206.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 023511 12-07-10

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471,206.

<u>o.</u>

5

5 Decreases not included in line 2 (itemize)

	d Losses for Tax on In	nvestmen	t Income			20		2014 ray	
	the kind(s) of property sold (e.g. ouse; or common stock, 200 shs			(b) How P - Pui D - Do	rchase i	(c) Date acc (mo., day,	quired , yr.)	(d) Date sold (mo., day, yr.)	
1a	<u> </u>	<u> </u>		0 50	- Indian			<del> </del>	
b SEE ATTACHED S	STATEMENT								
C									
<u>d</u>						<del></del>			
<u>e</u>	40.5	1		<u> </u>		41.0	<del></del> _	<del></del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(e) plus (f	or (loss) ) minus (g	1)	
a b									
C							-		
d									
e 151,317.			180,66	8.				<u>-29,351</u>	
Complete only for assets showing g					(I)	Gains (Col.	(h) gain n	ninus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) col. (j), if any		COI.	Losses (fro	c), but not less than -0-) or cosses (from col. (h))		
<u>a</u>									
b c									
d									
e								-29,351	
	∫ If gain, also enter	ın Part I, line	7	1					
2 Capital gain net income or (net capita	If gain, also enter $\{f(loss), enter -0\}$	- ın Part I, lıne	: 7	<i>P</i> 2				<u>-29,351</u>	
3 Net short-term capital gain or (loss) a		nd (6):							
If gain, also enter in Part I, line 8, colu	umn (c).			<b>)</b>			N/A		
If (loss), enter -0- in Part I, line 8  Part V   Qualification Und	ler Section 4940(e) for	Reduced	Tax on Net	Invest	ment Inc	ome	N/A		
f section 4940(d)(2) applies, leave this parties the foundation liable for the section for the foundation does not qualify the	4942 tax on the distributable amunder section 4940(e). Do not co	mplete this pa	art.		·		[	Yes X N	
(a)	(b)	doctions botors	, making any ontric	(c)			- · · (	d) tion ratio	
Base periód years Calendar year (or tax year beginning ii	ومرام مرابق المرام ا	tributions	Net value of no		e-use assets	(co	Distribu il. (b) divid	tion ratio led by col. (c))	
2009	·	7,512.		32	21,094	•		.11682	
2008		6,319.			34,328			.10863	
2007		9,102.			75,767			.10405	
2006		4,091.			55,703			.12830	
2005	4	8,464.	<u> </u>		03,071	•		.23865	
2 Total of line 1, column (d)						2		.69647	
Average distribution ratio for the 5-ye		on line 2 by 5,	or by the number	of years					
the foundation has been in existence	•					3		.13929	
4 Enter the net value of noncharitable-u	ise assets for 2010 from Part X, I	line 5				4		395,235	
Multiply line 4 by line 3						5		55,055	
6 Enter 1% of net investment income (	1% of Part I, line 27b)					6		64	
7 Add lines 5 and 6						7	<del></del>	55,119	
3 Enter qualifying distributions from Pa	irt XII, line 4					8		51,475	
If line 8 is equal to or greater than line See the Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	olete that part using	g a 1% tax	rate.				
023521 12-07-10							For	m <b>990-PF</b> (201	

JACQUELINE ANNE MORRIS MEMORIAL

	1 990-PF (2010) <b>FOUNDATION</b>		20-2	201261	4	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940		r 4948 -	see instr	uctio	ns)
1д	Exempt operating foundations described in section 4940(d)(2), check here   and en	ter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if nece					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		1	<u>L27.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $$					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners enter -0-)	2			0.
3	Add lines 1 and 2		3		]	<u>L27.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		]	<u> 127.</u>
6	Credits/Payments:	1 1 20				
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a 388	<u> </u>			
	Exempt foreign organizations - tax withheld at source	6b				
	Tax paid with application for extension of time to file (Form 8868)	6c	_			
	Backup withholding erroneously withheld	6d	<b>⊣</b> ∣			
7	Total credits and payments. Add lines 6a through 6d		7			<u> 888.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			261.
		261. Refunded	<u>  11   </u>			0.
	rt VII-A Statements Regarding Activities				Vac	. N.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participate or intervi	ene in	<u> </u>	105	No
	any political campaign?		0	1 <u>a</u>	+	X
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			<u>1b</u>	+	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials publis	hed or			
	distributed by the foundation in connection with the activities					7,
	Did the foundation file Form 1120-POL for this year?			1c	+	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation. > \$ 0. (2) On foundation managers.		<u>.</u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	ure tax imposed on toundation				
	managers. • \$ 0.	00				- v
	Has the foundation engaged in any activities that have not previously been reported to the IR:	51		2	-	X
	If "Yes," attach a detailed description of the activities.	atrument articles of incorporation				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		ı, or		1	
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	+-	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year' If "Yes," has it filed a tax return on Form 990-T for this year?	,	N/	/ A 4a	+	<del>  ^</del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		14 /	A 4b 5	+	X
J	If "Yes," attach the statement required by General Instruction T			1 3	+	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	hor•			1	
U	By language in the governing instrument, or	101.				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	directions that conflict with the si	ate law			
	remain in the governing instrument?	directions that commet with the s	ato law	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	$\vdash$
•	If "Yes," complete Part II, col. (c), and Part XV			<u> </u>	+	T
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	s) •				
Ju	AZ	~/·		—		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney General (or designate)				
,	of each state as required by General Instruction G? If "No," attach explanation	and a designate		86	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sections.	tion 4942(i)(3) or 4942(i)(5) for a	alendar	55	+	
•	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co			9		X
10	Did any nersons become substantial contributors during the tax year? it "yes " attach a schedule			10	<del>                                      </del>	x

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3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

Yes X No

N/A

3b

4a

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X

JACQUELINE ANNE MORRIS M	EMORIAL			
Form 990-PF (2010) FOUNDATION  Part VII-B Statements Regarding Activities for Which I	Form 4720 May Bo I	Poguirod (	<u>20-20126</u>	<b>14</b> Page 6
	rorm 4/20 May be i	Required (contin	nued)	<del>                                      </del>
5a During the year did the foundation pay or incur any amount to:	- 4045(-)\0		es X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es Lal No	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir		es X No	
any voter registration drive?	n		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		T1	es La No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in Section		es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?	or advantional avenues or		ו מאובבו ציי	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No	
the prevention of cruelty to children or animals?	da. ilia aa. il		es LAJ NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		in Regulations	NT / 2	<sub>EL</sub>
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		1/A Y	es L No	
If "Yes," attach the statement required by Regulations section 53.494				]
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?		Y6	I .	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870	haltar transaction O		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		76
b If Yes, did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust		nagore Highli		7b
Part VIII Paid Employees, and Contractors	ees, roundation wa	mayers, mgm	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
YVONNE P. MORRIS	PRESIDENT	<u> </u>	**************************************	
4980 N. VIA DE LA GRANJA				
TUCSON, AZ 85718	0.50	0.	0.	0.
	VICE PRESIDEN			
4980 N. VIA DE LA GRANJA		]_		
TUCSON, AZ 85718	0.50	0.	0.	0.
•	SECRETARY	3.5		
4980 N. VIA DE LA GRANJA				
TUCSON, AZ 85718	0.50	0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	TREASURER			
4980 N. VIA DE LA GRANJA				
TUCSON, AZ 85718	0.50	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc				
(a) Name and address of each ampleyee and area than \$50,000	(b) Title, and average	4.00=====	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	•			
				<del></del>
Total number of other employees paid over \$50,000			<b>D</b>	0
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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Fotal number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers productions in N/A  N/A	acal information such as the luced, etc.	Expenses
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	hass 1 and 0	A
	lines I and 2.	Amount
N/A		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	192,628.
b		1b	208,626.
C	Fair market value of all other assets	1c	
d		1d	401,254.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.	·	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	401,254.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,019.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	395,235.
6	Minimum investment return. Enter 5% of line 5	6	19,762.
_	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	19,762.
2a	Tax on investment income for 2010 from Part VI, line 5		-
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	127.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,635.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,635.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,635.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		E1 47E
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,475.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	F1 47F
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	51,475.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,475.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for	the section

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Part XIII Undistributed Income (see instructions)

<u> </u>	(a)	(6)	(a)	(4)
	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,				
line 7				19,635.
2 Undistributed income, if any, as of the end of 2010			_	
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years:		,		
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005 38, 310.				
b From 2006 21, 266.				
c From 2007 20,818.				
d From 2008 19,691.				
e From 2009 21,501.				
f Total of lines 3a through e	121,586.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 51,475.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			10 625
d Applied to 2010 distributable amount	21 040			19,635.
e Remaining amount distributed out of corpus	31,840.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	152 426			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	153,426.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		U •		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must		·		_
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		<del></del>	
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	38,310.			
9 Excess distributions carryover to 2011.	30,310.			
Subtract lines 7 and 8 from line 6a	115,116.			
10 Analysis of line 9:	113,1100			
a Excess from 2006 21, 266.				
b Excess from 2007 20,818.				
c Excess from 2008 19,691.				
d Excess from 2009 21,501.				
e Excess from 2010 31,840.				
				Form <b>990-PF</b> (2010)

Form **990-PF** (2010)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors;

20-2012614 Page 11

Part XV Supplementary Information	<del></del>			<del> </del>
3 Grants and Contributions Paid During the Y		Payment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year PIMA COUNTY JUVENILE COURT 2225 E. AJO WAY TUCSON,	NONE	PUBLIC	SUMMER INTERN PROGRAM	3,768.
AZ 85713				
UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA TUCSON, AZ 85721	NONE	PUBLIC	CHILD RESEARCH AND ADVOCACY PROJECT	44,887.
UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA TUCSON, AZ 85721	NONE	PUBLIC	GRADUATE DEPARTMENT STUDENT FUND	2,500.
Total	T	<del></del>	▶ 3a	51,155.
b Approved for future payment				
NONE				
Total 023611 12-07-10			<b>▶ 3b</b>   Fo	0 . rm <b>990-PF</b> (2010)

Part XVI-A Analysis of Income-Producing Activities

Enter groce amounts uplace otherwise indicated	Unrelated b	usiness income	Excluded b	by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.  1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	Code	·	1 -	•	
b					
c					
d					
e					
f					
g Fees and contracts from government agencies		<del></del>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	508.	
4 Dividends and interest from securities		<del></del> _	14	6,250.	
5 Net rental income or (loss) from real estate:			<del>  </del>		
a Debt-financed property			<del>  </del>		
b Not debt-financed property			<del>                                     </del>		
6 Net rental income or (loss) from personal					
property			<del> </del>		
7 Other investment income			<del>  </del> -		
8 Gain or (loss) from sales of assets other			10	20 251	
than inventory			18	-29,351.	
9 Net income or (loss) from special events			<del>  </del> -		· . · · · · · · · · · · · · · ·
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		
11 Other revenue:			1 1		
a b	1		<del>  </del> -		
	1		<del>  </del>		
j	1		<del>  </del>		<del></del>
e			<del>                                     </del>		
12 Subtotal. Add columns (b), (d), and (e)		0.		-22,593.	0.
13 Total. Add line 12, columns (b), (d), and (e)	1		<u>,                                      </u>		-22,593
(See worksheet in line 13 instructions to verify calculations	s.)				
Part XVI-B Relationship of Activitie	es to the Accom	plishment of E	xempt P	urposes	
Line No. Explain below how each activity for which the foundation's exempt purposes (other t			A contributed	I importantly to the accomp	olishment of
		,			· · · · · · · · · · · · · · · · · · ·
		<u> </u>			
					· · · · · · · · · · · · · · · · · · ·
		·			• • •
					···
	<del></del> .				
200004		<del></del>			
023621 12-07-10					Form <b>990-PF</b> (2010)

Part Avii	Exempt Organ	•	isters 10	and transactions	and Relation	snips with No	oncnaritable	В	
1 Did the o			of the following	ng with any other organizat	ion described in sec	ction 501(c) of		Yes	No
				27, relating to political orga		55 .(5) 51			
	from the reporting found								
(1) Cast							1a(1)		Х
(2) Othe							1a(2)		Х
<b>b</b> Other tra									
(1) Sale	s of assets to a noncharita	ıble exempt organiza	ition				1b(1)	<u> </u>	X
(2) Puro	hases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
(4) Rein	nbursement arrangements	,					1b(4)		X
(5) Loar	is or loan guarantees						1b(5)		X
(6) Perf	ormance of services or me	embership or fundra	ısıng solıcıtatıd	ons			1b(6)		X
•	of facilities, equipment, ma		•	• •			1c		X
	-		-	edule. Column (b) should a	-		-	sets,	
				ed less than fair market val	ue in any transactio	on or sharing arrang	ement, show in		
<del></del>	d) the value of the goods,			<del></del>	(4) -			<del></del> -	
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	on of transfers, transact	ions, and sharing ar	rangeme	ints
		····	N/A		<del></del>			_	
							<del></del>	-	
	<del> </del>					<u> </u>			
			-			***			-
		· · · · · · · · · · · · · · · · · · ·							
						71 °F 14.			
	indation directly or indirec i 501(c) of the Code (othe	•	•	or more tax-exempt organ tion 527?	izations described		Yes	X	] No
	omplete the following sch	•	,, ,,						-
	(a) Name of org			(b) Type of organization		(c) Description of r	elationship		
	N/A								
	·····					··-			
	$\sim$			<u> </u>					
and				ing accompanying schedules ar ased on all information of which			je and belief, it is tri	ле, согтес	ct,
Sign	(XXI)	$\Lambda$		1 6/01/	50	-			
Here	Supplying of officer or tru	100		17/17/	<del>'/                                  </del>	T.11-			
	Signature of officer or tru		Dranararia a	Date		Title Check if	PTIN		
	Print/Type preparer's na	ame	Preparer's s	_	Date	self- employed	Pilly		
Paid	CIICANI A D	TNIA COA	James	andernia	9/8/11	oon employed			
Preparer	SUSAN A. P Firm's name ► BEA		1 .		1	Eurm's EIN	L		
Use Only	THITIS HAIRE P DEA	CHETECE	TITALIA P	•		Firm's EIN ▶			
300 O.i.y	Firm's address ▶ P .	O. BOX 64	1130			-			
	1	CSON, AZ		4130		Phone no. (	520) 32	1-4	600
						,	Form <b>990</b>		

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

JACQUELINE ANNE MORRIS MEMORIAL

OMB No 1545-0047

**2010** 

Employer identification number

FOUNDATION 20-2012614 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_\_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

JACQUELINE ANNE MORRIS MEMORIAL
FOUNDATION

Employer identification number

20-2012614

Part I	Contributors (see instructions)		
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD J. & YVONNE MORRIS  4980 N. VIA DE LA GRANJA  TUCSON, AZ 85718	\$ 100,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution

1000	011/112 00.120	<del></del>	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

JACQUELINE ANNE MORRIS MEMORIAL
FOUNDATION

Employer identification number

20-2012614

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	

Name of organization

Employer identification number

JACQUELINE	ANNE	MORRIS	MEMORIAL
FOUNDATION			

20-2012614

Part III	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion	e columns (a) through (e) and the ous, charitable, etc, contribution	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of
(a) No. from Part I	\$1,000 or less for the year (Enter this infinite (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<del></del>			
_		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

FOUNDATION		20-20	<u> 12614 </u>	<u>PAGE 1 OF 1</u>
Part IV Capital Gains and Lo	sses for Tax on Investment Income			
(a) List and	describe the kind(s) of property solo	d, e.g., real estate.	(b) How acon	red (c) Date acquired (d) Date sold
	rick warehouse; or common stock, 20		P - Purchas D - Donation	E I (mo dev vr \ I /me dev vr \
12 JDMORGAN CHOPM	DURATION BOND F	TIMD	P	09/27/1010/01/10
	P	09/27/1010/07/10		
	BOND FUND SELECT			
	DURATION BOND F		P	11/01/1011/15/10
	TD 00086 4 DUE 0		P	03/15/0503/15/10
e ISHARES MSCI E	MERGING MKTS IND	EX FUND	P	12/16/05/08/26/10
MFB NORTHN INT	L EOTY INDEX FD		P	01/01/0908/26/10
g MFB NORTHN FDS			P	01/01/0908/26/10
h MFB NORTHN FDS			P	08/11/0608/26/10
	DS MULTI MANAGER	TADOR CADED	P	05/01/08/08/26/10
		HARGE CAPED	P	
J MFB NRTHN MULT		<u> </u>		01/01/09/08/26/10
k MFB NORTHN MUL		AP	P	01/01/0908/26/10
MFB NORTHERN F		<u>.                                      </u>	P	01/01/0908/26/10
m CAPITAL GAINS	DIVIDENDS			
n				
0				
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)
(e) Gross sales price	(r) Depreciation allowed (or allowable)	plus expense of sale	ti	e) plus (f) minus (g)
2 255	(or anomalois)		''	
a 3,257.	<del> </del>	3,260.		
b 950.		948.		2.
c 156.		156.		0.
d 25,000.		24,748.		252.
e 2,003.		1,465.		538.
f 10,967.		16,476.		-5,509.
17 200		24,967.		
		24,30/•		-7,667.
h 15,994.		17,756.		-1,762.
19,062.		24,000.		-4,938.
3,087.	1	4,586.		-1,499.
k 17,120.		17,322.		-202.
35,836.		44,984.		-9,148.
m 585.				585.
n				
Complete only for accets chayer	ng gain in column (h) and owned by t	he foundation on 12/31/60		(f
Complete only for assets shown	· · · · · · · · · · · · · · · · · · ·		(I) I	Losses (from col. (h)) ss of col. (h) gaın over col. (k),
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i)	bi	it not less than "-0-")
(1) 1 111111111111111111111111111111111	as of 12/31/69	over col. (j), if any		, , , , , , , , , , , , , , , , , , ,
a				
b				2.
С				0.
d				252.
1				538.
<u>e</u>				
1				-5,509.
<u>g</u>				-7,667.
h				-1,762.
I			· · · · · · · · · · · · · · · · · · ·	-4,938.
j				-1,499.
k				-202.
1				-9,148.
m				585.
<u>m</u>				303.
n .				
0			<del></del>	
	- If gain, also enter	in Part I line 7		
2 Capital gain net income or (net ca	pital loss) { If gain, also enter formula loss, enter formula loss	"in Part I, line 7	2	-29,351.
3 Net short-term capital gain or (los		, I		
If gain, also enter in Part I, line 8,		(v).		
If (loss), enter "-0-" in Part I, line 8	}	ſĺ	3	N/A
(1555), Sinter G In Fact I, line C	<u> </u>		<b>V</b> 1	- Ту А

FORM 990-PF INTEREST ON SAVI	NGS AN	ND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
JP MORGAN NORTHERN TRUST						5	8.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			5	08.
FORM 990-PF DIVIDEND	S AND	INTER	EST FRO	M SECU	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
JP MORGAN NORTHERN TRUST NORTHERN TRUST - PY ACCRUAL	_		6,216 497 122	•	585. 0. 0.	4	31. 97. 22.
TOTAL TO FM 990-PF, PART I, L	-N 4 =		6,835		585.	6,2	50.
FORM 990-PF	ACC	COUNTI	NG FEES	<u></u>		STATEMENT	3
DESCRIPTION	( / EXPEN PER F	ISES	(E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		600.	-	300.		3	00.
TO FORM 990-PF, PG 1, LN 16B		600.		300.		3	00.
FORM 990-PF O	THER E	ROFES	SIONAL	FEES		STATEMENT	4
DESCRIPTION	EXPEN	A) NSES BOOKS		VEST-			
INVESTMENT FEES		92.		92.	<del> </del>	···	0.
TO FORM 990-PF, PG 1, LN 16C		92.		92.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ANNUAL CORPORATION FEES	20.		0.			20.
TO FORM 990-PF, PG 1, LN 23	20.		0.			20.
FORM 990-PF DESCRIPTION	CORPORAT	E BONDS	вос	OK VALUE	STATEMENT FAIR MARKE VALUE	6 T
JP MORGAN CORE BOND FUND JP MORGAN HIGH YIELD BOND FUND JP MORGAN SHORT DURATION BOND FUND				123,325. 126,060. 120,358.	120,7 127,6 119,4	04.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	-		369,743.	367,8	92.
FORM 990-PF	PART XV - L OF FOUNDATI		n.c		STATEMENT	7

NAME OF MANAGER

YVONNE P. MORRIS RICHARD J. MORRIS

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complete					X
•	are filing for an Additional (Not Automatic) 3-Month Ex	-				
	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if y			_	-	
•	to file Form 990-T), or an additional (not automatic) 3-mor		•		•	
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on tr	ie elec	tronic filing of this fo	orm,
Part	w.irs.govlefile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time		bmit original (no copies needed).			
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	nth extension - check this box and com	plete		
Part I or	ıty					
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Emp	oyer identification	number
print	JACQUELINE ANNE MORRIS MEMO	ORIAL				
	FOUNDATION			2	0-2012614	
File by the		ee instruc	tions.			
filing your return Sec	4980 N. VIA DE LA GRANTA			_		
instruction		oreign add	ress, see instructions .			
	TUCSON, AZ 85718 _					
-						
Enter th	e Return code for the return that this application is for (file	э а ѕөрага	te application for each return)			0 4
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	00	01	Form 990-T (corporation)		<del></del>	07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227		·	10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870	-		12
	DR. YVONNE P. 1					
• The	books are in the care of > 4980 N. VIA DE			571	8	
	phone No ▶ 520-299-4907		FAX No. ▶			
	organization does not have an office or place of business	s in the Ur	·	_		
	s is for a Group Return, enter the organization's four digit					heck this
box >	. If it is for part of the group, check this box	-	· · · · · · · · · · · · · · · · · · ·		_	
	request an automatic 3-month (6 months for a corporation					
•	AUGUST 15, 2011 , to file the exemp	•			The extension	
ıs	for the organization's return for:	•	· ·			
	X calendar year 2010 or					
•	tax year beginning	, an	d ending			
_		······································			_	
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	n	
0- 1	this application is for Form 200 DL 200 DE 200 T 4700	or 6060 -	ntar the tentative toy less			
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	υ <b>Γ ου</b> ο9, θ	mer me tentative tax, less any		<b>,</b>	^
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				200
_	stimated tax payments made. Include any prior year overp			3b_	\$	388.
	alance due. Subtract line 3b from line 3a. Include your pa	-	•			^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	n. If you are going to make an electronic fund withdrawal	with this H	orm 6668, see Form 8453-EO and Form	00/9-	<b>Ľ∪</b> for payment inst	ructions

Form 8868 (Rev. 1-2011)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this bo	ж		X	
Note. Only complete Part II if you have already been granted an a			Form 8	B868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed).		
Name of exempt organization  Type or			Empl	loyer identification	number	
PACQUEDINE ANNE MORRIS MEMORIAL						
FOUNDATION  20-2012614						
Number, street, and room or sulte no. If a P.O. box, see instructions.						
due date for 4980 N. VIA DE LA GRANJA		· · · · · · · · · · · · · · · · · · ·				
return See City, town or post office, state, and ZIP code. For a functions.  TUCSON, AZ 85718	oreign add	lress, see Instructions.				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Ann Handley	Detum	I A - uli - ali -				
Application	Return	Application			Return	
Is For	Code 01	ls For		16.06 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Code	
Form 990	02	Form 1041-A		1 (#a   fills   1   1   -	08	
Form 990-BL Form 990-EZ	03	Form 4720		<del></del>	09	
Form 990-PF	03	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	<del></del>		slv file	ed Form 8868	<u>'</u>	
DR. YVONNE P.						
• The books are in the care of ▶ 4980 N. VIA DE			571	8		
Telephone No. ► 520-299-4907		FAX No. ▶				
If the organization does not have an office or place of busines	s in the U	nited States, check this box				
If this is for a Group Return, enter the organization's four digit					heck this	
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011.				
5 For calendar year 2010, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, or	check reas	on: Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	COMPI	LE THE NECESSARY INF	ORM	ATION TO F	ILE	
A COMPLETE AND ACCURATE RETUR	N.		<del>-</del>	<del></del>	<del></del>	
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.			8a	<u> </u>	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated	ije 162 -	}		
tax payments made. include any prior year overpayment a			5) 41			
previously with Form 8868.			8b	\$	<u> 388.</u>	
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wi	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.	
		nd Verification				
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this f	ding accom form.	panying schedules and statements, and to th	e best o	of my knowledge and b	elief,	
Signature DuxuaPina Title	<u> </u>	PK	Date	<u> 81911</u>	1	
				Form 8868 /B	av 1.2011)	