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### Form 990-EZ

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Short Form

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

For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Check if applicable C Name of organization D Employer identification number Just in Queso Foundation Incorporated Address change 26-0257058 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 1051 Winderley Place Room No 202 Initial return (407) 339-2222 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Maitland, FL 32751 Number 🟲 Application pending Cash Accrual Other (specify) **G** Accounting method I Website: ► www.justinqueso.org H Check ► I if the organization is not required to attach Schedule B **J Tax-Exempt status**(check only one) — 501(c)(3) 501(c)( ) ★(insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

Pa	art I	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instruct Check if the organization used Schedule O to respond to any question in this Part I	ons for Pa	nrt I ) 
	1	Contributions, gifts, grants, and similar amounts received	1	58,227
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ő Œ	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	ь	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a 121,236		
	ь	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	77,088
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,315
	10	Grants and similar amounts paid (list in Schedule O)	10	88,293
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
å	13	Professional fees and other payments to independent contractors	13	300
ens.	14	Occupancy, rent, utilities, and maintenance	14	
Expense	15	Printing, publications, postage, and shipping	15	135
	16	Other expenses (describe in Schedule O)	16	2,364
	17	Total expenses. Add lines 10 through 16	17	91,092
9	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,223
Stets.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
NetA		end-of-year figure reported on prior year's return)	19	17,889
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	62,112

Part II Balance Sheets					_
Check if the organization us	ed Schedule O to respond to	any question in th	nis Part II		<u></u> ▼
(See the instru	ictions for Part II )		(A) Beginning of year	Τ	(B) End of year
22 Cash, savings, and investments		[	38,139	22	17,622
23 Land and buildings				23	
24 Other assets (describe in Schedule	0)		44,818	24	105,514
25 Total assets			82,957	25	123,136
26 Total liabilities (describe in Schedul	eO)		65,068	26	61,024
27 Net assets or fund balances (line 27	of column (B) must agree wit	th line 21) .	17,889	27	62,112
	1 Service Accomplishned Schedule O to respond to purpose?		hıs Part III . 🔽	(c)(	Expenses quired for section 501 3) and 501(c)(4)
Community enrichment and support  Describe what was achieved in carrying of describe the services provided, the numl program title	out the organization's exemp	•		- 494	anizations and section 17 (a)(1) trusts, onal for others)
(Grants \$ ) If t	his amount includes foreign (	grants, check her	e <b>►</b> ┌	28a	
(Grants \$ ) If t	his amount includes foreign (	grants, check her	e ▶ ┌	29a	
(Grants \$ ) If t  31 O ther program services (describe in S	his amount includes foreign (	grants, check her	e ► 厂	30a	
	his amount includes foreign	grants, check her	e ► 厂	31a	
32 Total program service expenses (add			<b>.</b>	32	88,293
Part IV List of Officers, Directors, T Check if the organization us	rustees, and Key Employees. ed Schedule O to respond to			struction •	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (d) Contribution l, employee benefit p	lans &	(e) Expense account and other allowances
See Additional Data Table					

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)  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, explain in Schedule O 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 a section 501(c)(4), 501 (c)(5), or \$501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  55a No  15f "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)  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 No  37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37b Did the organization file Form 1120-POL for this year?  37c any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38d No  39 Section 501(c)(3) organizations. Enter  a Intitiation fees and capital contributions included on line 9  39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it lengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b No  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or did it lengage in an excess benefi		Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
Schedule O, Gee mistructions)  35 If the organization had income from business activities, such as those reported on line 2, 6, and 7 a (among others), but not reported on line 7 and 1 and mome from business activities, such as those reported on line 2, 6, and 7 a (among others), but not reported on line 7 and 7 a (among others), but not reported on line 7 and 7 a (among others), but not reported on line 7 and 7 a (among others), but not reported on line 7 and 7 a (among others), but not reported on line 7 and 7 a (among others), but not reported on line 9 and 7	33		33	100	
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(d), 501  b) If Yes, 'has it filed a tax return on Form 990-T for this year? (see instructions)  50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of \$Chedule N	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on	34		No
CityS, or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   35a   No   17*es," has it filled a tax return on Form 990-Tfor this year? (see instructions)   35b   No   37a   38b   No   37a   37b   37b   37b   37a   37b   37b   37a   37b	35	others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on			
36	а		35a		No
The rear amount of political experiable parts of Schedule N.  Filter amount of political experiables, dearts on middle, as discreted in the instructions.  37a   37b	ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b		
37b   38a   Did the organization file Form 1120-POL for this year?   37b   38a   38b   3	36		36		No
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  a Initiation fees and capital contributions included on line 9.  a Initiation fees and capital contributions included on line 9.  b Gross recepts, included on line 9, for public use of club facilities.  39a b Gross recepts, which does not be supported in the organization during the year under section 4912 ₱ 0, section 4912 ₱ 0, section 4915 ₱ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under section during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any or it is prior forms 990 or 990-E27 If Yes,* complete Schedulle I, Part I .  40b No  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 .  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the exery exery exery exery exery exery the angent of the organization of the section 4912 ₱ 1	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕒 🔭 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved	b	Did the organization file Form 1120-POL for this year?	37b		
b If Yes,* complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter  a Inhibition fees and capital contributions included on line 9  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 398 398 398 398 398 398 398 398 398 398	b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
to Gross receipts, included on line 9, for public use of club facilities . 39b    40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	39	Section 501(c)(7) organizations. Enter			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911    0	а	Initiation fees and capital contributions included on line 9 39a			
section 4911	b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 - E27 If "Yes," complete Schedule L, Part I	40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b No  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  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization in the form of the foreign country is a prohibited tax shelter  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  1051 Winderfey Place 202  Located at P Maldand, TL  21P +4  32751  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).  16" "Yes," enter the name of the foreign country Improved the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  16" "Yes," enter the name of the foreign country Improved the organization maintain an office outside of the U S?  42c No  16" "Yes," enter the name of the foreign country Improved the organization maintain and office outside of the U S?  42c No  16" "Yes," enter the name of the foreign country Improved the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  42c No  42d N		section 4911 ▶			
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	b	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been			
disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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  1 List the states with which a copy of this return is filed.  21 The organization's books are in care of Poince Franklin.  Telephone no (407) 339-2222  Located at Marking He 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)?  16 Yes, "enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  17 Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  42b No  17 Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year.  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.  44a No  44b No  5 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  6 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  6 Did the organization receive any payments for indoor tanning services during the year?  44c No			40Ь		No
organization		disqualified persons during the year under sections 4912, 4955, and 4958			
transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed    42a The organization's books are in care of    1051 Winderley Place 202  Located at    1051 Minderley Place 202  1052 Minderley Place 202  1051 Minderley Place 202  10		organization			
The organization's books are in care of Dane Franklin Telephone no Located at Maitland, FL  2IP +4  32751  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)?  If "Yes," enter the name of the foreign country Lese the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  42c No  If "Yes," enter the name of the foreign country less than 190-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and enter the amount of tax-exempt interest received or accrued during the tax year less than 200-22.1 and		transaction? If "Yes," complete Form 8886-T	40e		Νo
Located at Mailtand, FL  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		· · · · · · · · · · · · · · · · · · ·	<b>-</b>		
Located at Mattand, FL ZIP + 4 32751  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)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country 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 . Section 4947(a)(1) nonexempt charitable trusts filing Form 990 must be completed instead of Form 990-EZ.  Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization receive any payments for indoor tanning services during the year?  If "Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation is Schedule 0.	42a	· · · · · · · · · · · · · · · · · · ·	• <u>(40</u>	7) 339	-2222
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 \( \)			32	2751	
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 \( \)	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			l
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country 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  144a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule 0.	_			Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  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 43  44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  44 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  46 Did the organization receive any payments for indoor tanning services during the year?  47 At any time during the calendar year, did the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedula O		account)?	42b		No
Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  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		· · · · · · · · · · · · · · · · · · ·			
If "Yes," enter the name of the foreign country    3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here					
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	С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country			
A4a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.  44a No  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  44b No  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		, ,			<b>▶</b> Г
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  44b No  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O				Yes	No
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
to Did the organization receive any payments for indoor tanning services during the year?  44b No  C Did the organization receive any payments for indoor tanning services during the year?  44c No  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		Form 990-EZ.	44a		Νo
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation are Schedule O	b		44b		No
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	d				140

Form 990-E	Z (2010)							Page 4
							Yes	No
•	related organization a controlle Form 990 and Schedule R must be		<del>-</del>	fsection 51	2(b)(13)? <i>If</i>	45		No
	e organization receive any paym ng of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N
<b>16</b> Did the	e organization engage, directly of dates for public office? If "Yes,"	or indirectly, in political (	campaign activities on b			45a		No
Part VI	Section 501(c)(3) orga	· · · · · · · · · · · · · · · · · · ·		exempt c	haritable tri	46 usts (	nnlv	No
uit VI	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	art V I .			Yes	. 厂   No
							165	No
7 Did the	e organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		_
8 Is the	organization a school described	d in section 170(b)(1)(A	)(II)? If "Yes," complete S	Schedule E		48		No
<b>9a</b> Did the	e organization make any transfe	ers to an exempt non-cha	arıtable related organıza	tion?		49a		No
<b>b</b> If "Yes	s," was the related organization	a section 527 organizat	ion?			49b		
•	lete this table for the organization (							
		(b) Title and average	Tisation from the organiz		tributions to		e) Expe	nse
	and address of each employee d more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		ccount er allowa	
ONE								
	I number of other employees pa	, ,				• <u> </u>		
Complof com (a) Na	I number of other employees pa lete this table for the organization npensation from the organization me and address of each indeper	on's five highest compen n If there is none, enter	"None"	1	each received n		an \$10 Compen	
61 Compl of com (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter	"None"	1				
61 Compl of com (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter	"None"	1				
of compl of com (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter	"None"	1				
of compl of com (a) Na	lete this table for the organization	on's five highest compen n If there is none, enter	"None"	1				
of complosion (a) Na ONE	lete this table for the organization	on's five highest compen If there is none, enter in Indent contractor paid mo ontractors each receiving	"None "  pre than \$100,000  ag over \$100,000	<b>(b)</b> Type	e of service	(c) C	Compen	sation
(a) Na ONE  (1(d) Total Did mus	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Sche	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ore solves are s	(b) Type	a of service  (a)(1) nonexer  atements, and to	npt cha	aritable <b>fes</b>	trusts No
1 Complof com (a) Na ONE  1(d) Tota 2 Did mus  inder penaltiowledge an	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Schest attach a completed Schedule dies of perjury, I declare that I have not belief, it is true, correct, and contact the organization complete Schedule dies of perjury, I declare that I have not belief, it is true, correct, and contact the organization correct, and contact the organization complete Schedule dies of perjury, I declare that I have not belief, it is true, correct, and contact the organization contact the organization complete Schedule dies of perjury, I declare that I have not belief, it is true, correct, and contact the organization complete Schedule dies of perjury in the organization contact the organization contact the organization complete Schedule dies of perjury in the organization contact the organization contact the organization complete Schedule dies of perjury in the organization contact the organiza	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ore solves are s	(b) Type	(a)(1) nonexer	npt cha	aritable <b>fes</b>	sation trusts <b>No</b>
1 Complos of com (a) Na ONE  1(d) Total 2 Did mus der penalti owledge anowledge.	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Schest attach a completed Schedule sies of perjury, I declare that I have	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ore solves are s	(b) Type	a of service  (a)(1) nonexer  (a)(1) nonexer  atements, and to	npt cha	aritable <b>fes</b>	sation trusts <b>No</b>
of complosion (a) Na ONE  (1(d) Total 2 Did mus moder penalticowledge and owledge.	lete this table for the organization pensation from the organization me and address of each independent of the organization complete Schest attach a completed Schedule its true, correct, and complete, it is true, correct, and complete, it is true, correct, and complete its true, correct its true, co	on's five highest compendent of there is none, enter and modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ore solves are s	(b) Type	a of service  (a)(1) nonexer  (a)(1) nonexer  atements, and to	npt cha	aritable <b>fes</b>	sation trusts <b>No</b>
1 Complos of com (a) Na ONE  1(d) Total 2 Did mus owledge an owledge.	Il number of other independent of the organization from the organization complete Scheet attach a completed Schedule fies of perjury, I declare that I have not belief, it is true, correct, and complete from the organization from the organization complete of the organization complete orga	on's five highest compend on If there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  ate 011-05-09  Choose Choos	(b) Type  ons and 4947  ons and 4947  ons and st is based on a	a of service  (a)(1) nonexer  (a)(1) nonexer  atements, and to	npt cha	aritable fes stof my prepare	trusts No r has a
of complos of com (a) Na ONE  i1(d) Total i2 Did mus nder penalti nowledge and nowledge.  ign ere	Il number of other independent of the organization from the organization from the organization from the organization from the organization complete. In the organization complete Scheet attach a completed Schedule for the organization complete of the organization complete organization of the organization	on's five highest compend on If there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  ate 011-05-09  Choose Choos	(b) Type	of service  (a)(1) nonexer  atements, and to all information of the terminal termina	npt cha	aritable fes stof my prepare	trusts No r has a
of complosion (a) Na ONE  51(d) Total 52 Did mus nowledge and owledge.  ign lere  aid reparer's	lete this table for the organization pensation from the organization me and address of each independent of the organization complete. Scheet attach a completed Schedule dies of perjury, I declare that I have not belief, it is true, correct, and complete it is true, correct, and	on's five highest compendent of the property o	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  ate 011-05-09  Choose Choos	(b) Type	of service  7 (a)(1) nonexer  atements, and to all information of the terminal to the terminal t	npt cha the best which	aritable fes st of my prepare	trusts No r has ar

#### DLN: 93492129008171

**Employer identification number** 

OMB No 1545-0047

Inspection

### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# **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.

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

Just in Queso Foundation Incorporated

Provide the following information about the supported organization(s)

26-0257058 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a 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 name, city, and state 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 ) 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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 it 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

## 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	organización i	ano to quamy t	macr the tests	noted below, pre	sase complete	rare III.
		T		1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
	behalf			+			
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	<b>Total.</b> 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	<b>Public Support.</b> Subtract line 5 from line 4						0
S	ection B. Total Support	_1	.1	<u> </u>			<u> </u>
	endar year (or fiscal year beginning	( ) 2006	(1) 2007	( ) 2000	(1) 2000	( ) 2010	/6> T
	ın) <b>&gt;</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from 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 activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	for the organization	nn's first second	third fourth or i	fifth tay vear as a	501(c)(3) organ	ızatıon
	check this box and <b>stop here</b>	or the organization	on a mat, second	, tillia, loaitii, or i	intilitax year as a	501 (c)(5) 01gan	<b>▶</b> □
							- 1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	) (line 6 column (	f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 2009	Schedule A, Par	rt II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, check	this box
	and <b>stop here.</b> The organization qua				,	,	<b>▶</b> □
b	33 1/3% support test-2009. If the	•			5a, and line 15 is 3	3 3 1/3% or more	, check this
	box and <b>stop here.</b> The organization	_			,		´ <b>▶</b> ┌
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16b	and line 14	
	is 10% or more, and if the organizat	cion meets the "fa	acts and circums	tances" test, che	ck this box and <b>st</b>	op here. Explain	
	in Part IV how the organization mee						
	organization				,		<b>▶</b> □
Ь	10%-facts-and-circumstances test-	<b>–2009.</b> If the ora:	anization did not	check a box on li	ne 13, 16a, 16b. d	r 17a and line	•
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	у
	supported organization				_	,	<b>▶</b> □
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	•
	instructions		=-,	, -,	,		<b>▶</b> □

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	ot	9,182	81,231	40,447	28,922	159,782
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished i	_					
	any activity that is related to the	"	112,223	119,665	73,839	106,393	412,120
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities tha	t					
_	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		121,405	200,896	114,286	135,315	571,902
6	Total. Add lines 1 through 5		121,403	200,690	114,200	133,313	371,902
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
<b>.</b>	A mounts included on lines 2 and	3					
U	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of th	e					
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						F71 003
	from line 6 )						571,902
Se	ection B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
	ın)	(4,7200					
9	A mounts from line 6		121,405	200,896	114,286	135,315	571,902
10a	Gross income from interest,						
	dividends, payments received on		9				
	securities loans, rents, royalties		3				
	and income from similar						
L	sources Unrelated business taxable						
D	income (less section 511 taxes)						
	from businesses acquired after						(
	June 30, 1975						
С	Add lines 10a and 10b		3				3
11	Net income from unrelated						
	business activities not included						
	ın lıne 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 lines 9, 10c,		121,408	200,896	114,286	135,315	571,905
14	11 and 12 ) First Five Years If the Form 990 is	for the organization	n's first second	third fourth or fi	fth tax year ac a	costionE01/c)/3	\ organization
14	check this box and <b>stop here</b>	s for the organization	ni s ilist, secolia,	tillia, louitii, oi ii	itii tax yeai as a	section301(c)(3	) Organization, ►
Se	ection C. Computation of Pu	blic Support Pe	ercentage				
15	Public Support Percentage for 20:			3 column (f))		15	0 %
							0 70
16	Public support percentage from 20	Schedule A, Pa	ait III, IINE 15			16	
			B	_			
	ection D. Computation of In				(6)		
17	Investment income percentage fo	r <b>2010</b> (line 10c co	iumn (f) divided by	ine 13 column	(†))	17	0 %
18	Investment income percentage fro	om <b>2009</b> Schedule <i>l</i>	A, Part III, line 17	,		18	
19a	33 1/3% support tests-2010. If t	he organization did	not check the box	on line 14, and	line 15 is more t	han 33 1/3% and	line 17 is not
	more than 33 1/3%, check this bo					_, _ , _ ,	

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 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

**Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

### **Facts And Circumstances Test**

Part II Line 10 Profit from sales of inventory

Part II Line 10 Profit from sales of inventory

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93492129008171

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Just in Queso Foundation Incorporated	
	26-0257058

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Disease Research/Prevention, Grantee

Identifier	Return Reference	Explanation
		Breast Cancer Research Foundation 60 East 56th St, 8th Floor New York NY 10022, Cash Grant

ldentifier	Return Reference	Explanation
		40,518, Relationship

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Other grants less than five

	ldentifier	Return Reference	Explanation
I		thousand dollars, Cash Grant 47,775, Relationship	

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Travel 414

Identifier	Return Reference	Explanation	
		Form 990-EZ, Part I, Line 16, Other Expenses Fundraising 121	

Identifier	Return Reference	Explanation
	Form 990-EZ, Part I, Line 16, Other Expenses Supplies 441	

I	ldentifier	Return Reference	Explanation
			Form 990-EZ, Part I, Line 16, Other Expenses Telephone 771

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Bank charges 417

ldentifier	Return Reference	Explanation	
		Form 990-EZ, Part I, Line 16, Other Expenses Licenses and permits 186	

lo	dentifier	Return Reference	Explanation
			Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 14

ldentifier	Return Reference	Explanation	
		Form 990-EZ, Part II, Line 24, Other Assets Accounts receivable Beginning of year 43,657,	

Identifier Return Reference		Explanation	
	End of year 103,895		

Identifier	Return Reference	Explanation	
		Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 1,161, End of year	

ldentifier	Return Reference	Explanation
		1,619

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities Accounts payable Beginning of year 18,651, End		Form 990-EZ, Part II, Line 26, Liabilities Accounts payable Beginning of year 18,651, End

ldentifier	Return Reference	Explanation
		of year 20,506

	ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities Grants payable Beginning of year 46,417		Form 990-EZ, Part II, Line 26, Liabilities Grants payable Beginning of year 46,417, End of	

ldentifier	Return Reference	Explanation
		year 40,518

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part III, Line 31 Education Child Development - Better the education of

	ldentifier	Return Reference	Explanation
I			underprivileged children and to help advance the efforts of children that might otherwise fall

ldentifier	Return Reference	Explanation
		behind in school Grants and allocations 20,242, Program service expenses 20,242

	ldentifier	Return Reference	Explanation
Form 990-EZ, Part III, Line 31 Service Support to Our Heroes - Support for those wh		Form 990-EZ, Part III, Line 31 Service Support to Our Heroes - Support for those who put	

	ldentifier	Return Reference	Explanation
their lives on the line for our communities and our country Grants			their lives on the line for our communities and our country. Grants and allocations 1,182,

ldentifier	Return Reference	Explanation
		Program service expenses 1,182

**Software ID:** 10000149

**Software Version:** 2010.2.13

**EIN:** 26-0257058

Name: Just in Queso Foundation Incorporated

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	501(	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
28 Disease Research/Prevention - Research & support the treatment of diseases and to assist families during the struggles of finding a loved one has a terminal or life-threatening disease as well as efforts to find a cure Research, Treatment, Family Support & Finding a Cure Research and support the treatment of diseases and to assist families during the struggles of finding a loved one has a terminal or life-threatening disease as well as efforts to find a cure for diseases (Grants \$ 49,435)  If this amount includes foreign grants, check here	28a	49,435		
29 Community Outreach & Social Services - Better the community as a whole and to help fund community-based programs and public facilities that help the needy or poverty stricken citizens Community Outreach & Social Services Better the community as a whole and to help fund community-based programs and public facilities that help the needy or poverty stricken citizens (Grants \$ 11,657)  If this amount includes foreign grants, check here	29a	11,657		
30 Tragedies & Disaster Relief - Support families in need that are going through disease, accident, or other nealth hardships as well as funding for organizations that provide disaster relief Tragedies & Disaster Relief Support families in need that are going through disease, accident, or other health hardships as well as funding for organizations that provide disaster relief (Grants \$ 5,777)  If this amount includes foreign grants, check here	30a	5,777		
Education & Child Development - Better the education of underprivileged children and to help advance the efforts of children that might otherwise fall behind in school Education & Child Development Better the education of underprivileged children and to help advance the efforts of children that might otherwise fall behind in school (Grants \$ 20,242)  If this amount includes foreign grants, check here		20,242		
Service & Support to Our Heroes - Support for those who put their lives on the line for our communities and our country Service & Support to Our Heroes Support for those who put their lives on the line for our communities and our country (Grants \$ 1,182)  If this amount includes foreign grants, check here		1,182		

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
Diane Franklin 1734 Sun Ridge Drive Apopka,FL 32703	President 015 00	0		
Nicole DiPietro 2859 Marsala Court Orlando, FL 32806	Vice-President 005 00	0		
Ashley Montgomery 1437 Indiana Avenue Winter Park, FL 32789	Director 005 00	0		
Christine Fields 1214 E Jackson Street Orlando,FL 32801	Director 008 00	0		
James Stitt 8700 Maitland Summit Blvd 422 Orlando,FL 32810	Director 005 00	0		
Rachel Wheeler 1800 Vıa Palermo Winter Park, FL 32756	Director 005 00	0		