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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning**, 2010, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION		D Employer identification number 33-1101967
	Number & street (or P.O. box, if mail is not delivered to street address) Room/suite 1015 FAIR STREET		E Telephone number (928) 442-5138
	City or town, state or country, and ZIP + 4 PRESCOTT AZ 86305		F Group Exemption Number
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		H Check <input type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: N/A			
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

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.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 35,860

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

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	28,940
	2	Program service revenue including government fees and contracts	2	6,800
	3	Membership dues and assessments	3	
	4	Investment income	4	120
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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).	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,860	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	32,250
	17	Total expenses. Add lines 10 through 16	17	32,250
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,610
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	232,679
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	8,053
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	244,342

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2010)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		X
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)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b 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 ▶ , section 4912 ▶ ; section 4955 ▶		
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-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
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		X
41 List the states with which a copy of this return is filed ▶ AZ		
42a The organization's books are in care of ▶ See attachment #4 Telephone no ▶ Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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 ?		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **▶** _____

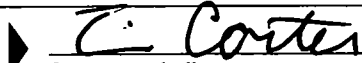
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			7/29/11	
	Signature of officer		Date	
	Tim Carter YAVAPAI County School Superintendent			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ H&R Block			Firm's EIN ▶
	Firm's address ▶ 1365 W IRON SPRINGS RD STE A3			Phone no.
	PRESCOTT AZ 86305			928-445-1080

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	32,488	19,288	24,480	25,624	28,940	130,820
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,370	3,685	6,318	7,110	6,800	29,283
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	37,858	22,973	30,798	32,734	35,740	160,103
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						160,103

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	37,858	22,973	30,798	32,734	35,740	160,103
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,150	7,390	14,488	123	120	27,271
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	5,150	7,390	14,488	123	120	27,271
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	43,008	30,363	45,286	32,857	35,860	187,374

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	85.45 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	14.55 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

YAVAPAI COUNTY EDUCATIONAL FOUNDATION

Employer identification number

33-1101967

Part IV Section B line 12c: At the first meeting of every year the Board reviews and resigns the Conflict of Interest Policy

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION	Employer Identification Number 33-1101967

Primary Purpose

TO SUPPORT AND RECOGNIZE K-12 TEACHER EFFORTS

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending		
Name of Organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION		Employer Identification Number 33-1101967	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	28,940	Amount includes foreign grants	Program service expenses 32,250
Exempt Purpose Achievements			

None

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2010 or tax period beginning , and ending		
Name of Organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION				Employer Identification Number 33-1101967
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
MR TIMOTHY WIEDERAENDERS PO BOX 1689 Prescott, AZ 86302	PRESIDENT	0	0	0
MS MARIELA BEAN 10671 OXBOW DRIVE Dewey, AZ 86327	VICE PRESIDENT	0	0	0
MR TIM CARTER 1015 FAIR STREET Prescott, AZ 86305	SECRETARY/TREASURER	0	0	0
MR TOM BENSON 1205 FOX TRAIL Prescott, AZ 86303		0	0	0
MS MAGGIE COX 383 VERDE LANE Prescott, AZ 86303		0	0	0
MS KATHLEEN FLEENOR PO BOX 248 Clarkdale, AZ 86324		0	0	0
DR MARY ELLEN HALVORSON 2965 PLEASANT VALLEY DR Prescott, AZ 86305		0	0	0
DR HENRY SCHMITT 6918 EAST LYNX WAGON RD Prescott Valley, AZ 86314		0	0	0
DR SUSAN JOHNSTAD 4863 NORTH WYCLIFFE DR Prescott Valley, AZ 86314		0	0	0
DR RON MINNCH 830 W DAMION LOOP Chino Valley, AZ 86323		0	0	0
MR RAY NEWTON 941 LUPINE LANE Prescott, AZ 86305		0	0	0
MR DOUG WALL 1831 NORTH BLUFF TOP DR Prescott Valley, AZ 86314		0	0	0
MR WILLIAM PRICE 183 W SOARING AVENUE Prescott, AZ 86301		0	0	0
MR TONY SHAW 140 N GRANITE STREET Prescott, AZ 86301		0	0	0
JANE CREEK 216 GURLEY STREET Prescott, AZ 86301		0	0	0
AB JACKSON PO BOX 419 Chino Valley, AZ 86323		0	0	0
BARABARA U'REN 9900 NORTH SYCAMORE PASS				

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2010 or tax period beginning , and ending		
Name of Organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION				Employer Identification Number 33-1101967
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
Sedona, AZ 86336		0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization YAVAPAI COUNTY EDUCATIONAL FOUNDATION	Employer Identification Number 33-1101967

Part V - Line 42a

Individual Name ... Tim Carter
or
Business Name:

Street Address ... 1015 Fair Street

U.S. Address:

Zip code 86305 City Prescott State AZ

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number ... (928) 442-5138

Fax Number

2010 DETAIL STATEMENTS

YAVAPAI COUNTY EDUCATIONAL FOU

33-1101967

Page 1

STATEMENT #1 - Prog. Service Revenue (990-EZ PG 1 Line 2)

CASH FROM TICKET SALES..... 6,800

TOTAL CARRIED TO 990-EZ PG 1 Line 2..... 6,800

STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)

EXPENSES..... 30,094

ADMINISTRATIVE FEES..... 2,156

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 32,250

STATEMENT #3 - Assets included (SCH D, PG 1 Line 2b)

UNREALIZED CAPITAL GAIN..... 8,053

TOTAL CARRIED TO SCH D, PG 1 Line 2b..... 8,053

STATEMENT #4 - (#1)

EXPENSES..... 30,094

ADMINISTRATIVE FEES..... 2,156

TOTAL CARRIED TO #1..... 32,250
