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Form **990-EZ**

**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)

OMB No 1545 1150

**2010**

Department of the Treasury  
Internal Revenue Service

- ▶ 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

**Open to Public  
Inspection**

**A For the 2010 calendar year, or tax year beginning , 2010, and ending**

<b>B</b> Check if applicable	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	AZ-1 INC	61-1533259
<input type="checkbox"/> Name change	75351 255TH ST	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	CLARKS GROVE, MN 56016	507-826-3588
<input type="checkbox"/> Terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method.  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

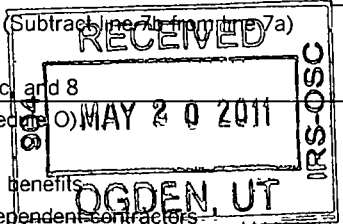
**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to 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. ▶ \$ 101,332.

**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

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	99,309.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5.
	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 exceeds \$15,000)	6b	2,018.
	6c	Less direct expenses from gaming and fundraising events	6c	4,230.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2,212.
	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,102.
<b>EXPENSES</b>	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	2,504.
	14	Occupancy, rent, utilities, and maintenance	14	12,794.
	15	Printing, publications, postage, and shipping	15	1,747.
	16	Other expenses (describe in Schedule O)	16	26,149.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	43,194.
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,908.
	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	188,195.
	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	242,103.



SEE SCHEDULE O

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2010)

SCANNED JUN 9 1 27 11

97 20



**Part V Other Information** (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

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

	Yes	No
<b>33</b> 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
<b>34</b> 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
<b>35</b> 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		
<b>a</b> 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>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	0.	section 4912
	0.	section 4955
	0.	
<b>b</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
<b>c</b> 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		0.
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed		NONE

**42a** The organization's books are in care of JIM TROE Telephone no 507-377-8838  
 Located at 77917 209TH ST ALBERT LEA MN ZIP + 4 56007

	Yes	No
<b>b</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: _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> 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: _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

	Yes	No
<b>44a</b> 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>b</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
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> 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>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>a</b>	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 may need to be completed instead of Form 990-EZ (see inst)	<b>45a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>46</b>	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	<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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

<b>47</b>	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

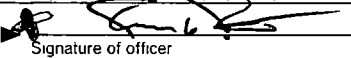

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

**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.

<b>Sign Here</b>	Signature of officer 	Date <u>May 16, 2011</u>			
	<b>DAVID PETERSON</b> Type or print name and title	<b>PRESIDENT</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID D SCHREIBER</b>	Preparer's signature 	Date <u>5/12/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>N/A</u>
	Firm's name <b>DAVID D. SCHREIBER, PA</b>	Firm's EIN <b>N/A</b>			
	Firm's address <b>1425 ST. JOHN AVENUE ALBERT LEA, MN 56007</b>	Phone no <b>507-373-2185</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

AZ-1 INC

Employer identification number

61-1533259

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**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 'unusual grants'.)			124,273.	133,735.	99,309.	357,317.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	0.	0.	124,273.	133,735.	99,309.	357,317.
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)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						357,317.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0.	0.	124,273.	133,735.	99,309.	357,317.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			31.	7.	5.	43.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV				13,737.	2,018.	15,755.
11 <b>Total support.</b> Add lines 7 through 10						373,115.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 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

AZ-1 INC

Employer identification number

61-1533259

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE RESOURCES TO THE RESIDENTS OF THE CITY OF ALBERT LEA AND FREEBORN COUNTY AND SOUTHERN MN, PARTICULARLY THE YOUTH AND THOSE IN NEED BY PROVIDING PROGRAMMING AND SERVICES USING A FAITH BASED APPROACH TO MEET THE CHALLENGES AND NEEDS OF THE COMMUNITY. THE FURTHER PURPOSE SHALL BE TO SUPPORT OTHER NON-PROFITS WITH THE SAME GOALS, BOTH IN THE UNITED STATES AND ABROAD.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

JACOM - THE PURPOSE OF JACOM IS TO PARTNERSHIP WITH THE YOUTH FOR CHRIST IN JAMAICA TO START AND RUN A SPIRITUAL RETREAT CENTER. IT WILL ALSO HELP FARMERS OF ACCOMPONG START A FARMERS COOP AND HELP THEM WITH A MARKETING PLAN TO SELL COOP PRODUCTS.

SEE STATEMENT 2 FOR ACTIVITIES ACCOMPLISHED DURING 2010.

**FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COMMUNITY CORNERSTONE - PURPOSE IS TO HELP PEOPLE BREAK THE CYCLE OF ADDICTION AND CRIME. THE VISION IS TO CREATE THREE ENVIRONMENTS IN ONE BUILDING. THERE WILL BE A "SAFE HAVEN" AREA WHERE ADULTS CAN BUILD RELATIONSHIPS. AN AREA PROVIDED FOR PEOPLE TO GROW A HEALTHY RELATIONSHIP WITH GOD. THERE WILL ALSO BE AN 11 BED HOUSING UNIT FOR INDIVIDUALS TO USE WHILE THEY REESTABLISH THEMSELVES. THIS ACTIVITY IS STILL REMODELING THE BUILDING FOR USE.

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SHINEFEST - THE PURPOSE OF SHINEFEST IS TO SHOW LOVE IN ACTION THROUGH PRACTICAL SERVICE TO THE COMMUNITY. THIS PROGRAM IS DESIGNED TO MOBILIZE THESE VOLUNTEERS FROM VARIOUS CHURCHES UNDER ONE BANNER IN AN EFFORT TO HELP EXISTING ORGANIZATIONS WITHIN THE COMMUNITY TO BE MORE EFFECTIVE.

Name of the organization

AZ-1 INC

Employer identification number

61-1533259

**FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SEE STATEMENT 1 FOR EVENTS HELD DURING 2010

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

CLIENT 1102E

AZ-1 INC

61-1533259

5/11/11

11 27AM

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

AZ1 BOARD	\$	140.
BANK CHARGES		25.
DEPRECIATION		87.
FARMERS COOP		2,000.
INSURANCE		1,803.
SCHOLARSHIPS		2,375.
SCHOOL/RETREAT EXPENSES		8,874.
SERVICE PROJECTS		952.
SUPPLIES		292.
TRAINING		50.
TRAVEL		7,455.
WEEK OF SERVICE PROJECTS		2,053.
WIRE TRANSFER FEES		43.
TOTAL	\$	<u>26,149.</u>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 492.	\$ 405.
TOTAL	<u>\$ 492.</u>	<u>\$ 405.</u>

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2010	2009	2008	2007	2006
FUNDRAISERS	2,018.	13,737.			
TOTAL	<u>\$ 2,018.</u>	<u>\$ 13,737.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>



**2010 Week of Service**  
**August 16<sup>th</sup> – 21<sup>st</sup>**  
**Serving Jesus by serving others**



**Monday August 16<sup>th</sup> 6pm – 8pm**

Lakeview School Clean up – Lead by 1<sup>st</sup> Presbyterian and 1<sup>st</sup> Baptist  
Contact: Erwin Hill

**Tuesday August 17<sup>th</sup> 6pm – 8pm**

Brookside School Clean up – Lead by Salem Lutheran Church  
Contact: Cindy Schultz

Hollandale Community Picnic – Lead by Hollandale Christian Reformed  
Contact: David Vanderploeg

**Wednesday August 18<sup>th</sup> 6pm – 8pm**

Hawthorne Elementary School Clean up – Lead by Trinity Lutheran Church  
Contact: Jean Pectorious

**Thursday August 19<sup>th</sup> 6pm – 8pm**

Sibley & Southwest School Clean up – Lead by Crossroads Church  
Contact: Dale Grotsun

**Saturday August 21<sup>st</sup> 9am – 12pm**

Lake Clean up – Water way between Fountain and Albert Lake Lakes

Families in need Oil Change – Lead by Albert Lake Vineyard Church  
Fair Grounds Contact Kris Gil 507 377-1412

Shinefest Blood Drive 9am – 1pm  
Freeborn County Fairgrounds

Supplies needed.

Work Gloves and a Smile

School Projects – Rakes, Hay Forks, Wheelbarrows and Yard tools

Lake Clean up – You will get wet on this one! Bring appropriate clothes

Oil Change – Filter wrench and general automotive tools

# JACOM 2010

## Activities & Accomplishments

January 2<sup>nd</sup> – 5<sup>th</sup>, 2010 - United Methodist Church of Wells Mission team led by John Miller.  
Projects worked on:

- Replacing and repairing doors, knobs and locks at the Petersen school.
- Fix toilets
- Get the last dorm room bathroom working & useable.
- Clean up lower level rooms to prepare for classes.

February 10<sup>th</sup> – 13<sup>th</sup>, 2010 – Dan DeBoer, Clayton Petersen, Leo Lukas, John Holt, John Hiejerman stayed until Feb 24th, Curt & Joey Reitfeldt stayed until March 17<sup>th</sup>, at the Petersen School.

- Very successful meeting with the Jamaica Coffee Growers Board.
- Met with Digicell to provide internet to the Petersen School
- Met with a group of young adults about starting a tutoring group and getting books for the library.
- Met with several people regarding school classes being held at the Petersen School, Foundation for Life Long Learning, Heart, and the possibility of an Excel High school.
- Farmers Coop met regarding chicken hatchery.
- The 4<sup>th</sup> dorm room floor was tiled
- Additional bunk beds were made.
- The upstairs patio was cemented and cement footings were built for a roof to be built in March.
- Electrical box replaced
- Water main was replaced to help water flow and to replace leaking pipes in the walls
- Security bars on windows for the new computer room

March 10<sup>th</sup> – 17<sup>th</sup>, 2010 - Large mission team of 30 from First Baptist Church & Crossroads went to the Petersen school:

- Sent 3 crates for supplies to Jamaica by ship
- Roof on Patio
- Cleaned out the old office, painted
- Set up computer room with 6 computers and prepared it for Internet and Tutoring
- Placed a Cross back on the Roof
- Delivered kitchen supplies for mission teams (plates, silverware, cups, pots and pans and totes to store things in, including a new kitchen sink)
- Distributed used clothing and shoes
- Moved the greenhouse from near the Kinda Tree to the Petersen School site
- Events – Vacation Bible School, Movie night for the community and a concert with a message.
- Met with Foundation for Life Long Learning – Hope to begin classes Sept 1, 2010. FLLL will provide the teacher if we provide the facility.
- Met with the Colonel regarding all activities we are involved in, in Accompong
-

## **Mission Trip to JAMAICA**

**Date of Trip: June 2010 to July 2010** Faith Anderson & Jean Anderson

- Meet Matt & Julie Emslie, New Peace Corp workers in Accompong (May 2010- May 2012)
- Internet Café – set up, clean up computers, get untangle comp. set up, cage built for untangle network computer. Rules and communication with community on internet café.

**Date of Trip: July 2010** Dan Deboer, Keith & Jeannie Keiney, Everett Thompson, Curt Rietveld, Clayton Petersen, and David Peterson.

- Work with LLL and Heart to get classes set up to begin in Sept. at the Petersen school.
- Work with Farmers Coop to get chicken hatchery's set up and chicken Coop's.
- Meet with Peace Corp workers and see how internet Café is working.