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# Form **990**

**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)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the 2	010 calen	dar year, or tax year begi	nning	, 201	0, and endin	g		,		-
В	Check if app	olicable						D Employ	er Identification	n Number	
	Addres	s change	PINNACLE FORUM	AMERICA				86-	1044809		
	$\vdash$	change	7430 E BUTHERUS	DRIVE STE E				E Telepho			
	Instial r	-	SCOTTSDALE, AZ					· ·	0) 609-7	7000	
	Termin							(40	07 003 7	7000	
	$\vdash$									CC7 '	227
	$\vdash$	ed return	<b>P</b>					G Gross r		667,3	
	Applica	ation pending	F Name and address of princip	oal officer					n for affiliates?	_	X No
			SAME AS C ABOVE		ř <del>i – </del>			l affiliates incl ' attach a list	(see instruction	S) Yes	∐ No
ı	Tax-exen	npt status	X 501(c)(3) 501(c) (	) ◀ (insert no )	4947(a)(1)	or 527			(000 111011011011	-,	
J	Websit	e:► WW	W.PINNACLEFORUM.	COM			H(c) Group	exemption no	ımber ►		
K	Form of c	rganization	X Corporation Trust	Association Other ►	L	Year of Formal	ion 200	1 M s	State of legal do	micile AZ	
Pa	rt I	Summai							<del></del>	<del></del>	
			be the organization's mis	sion or most significant	activities "	THIS MIS	STON C	F PINN	ACLE FOI	RIIM	
•	ΔN	MERTCA	IS TO BUILD A NE	TWORK OF LEADER	RS COMMT	TTED TO	PFRSOI	NAT. AND		ΔT.	
Activities & Governance			MATION_CENTERED				f fire A	.14 1TA 4 7TAT	\_C0T1T01/	សក – – –	
Пa		MANUAL WIS	INTAN CHI DING	"NY) _484Th _484Th 674Th _ /	71_ 76/797						
Ve	2 Ch	eck this bo	y ▶ ☐ if the organizati	on discontinued its oper	ations or dis	nosed of mo			not accets		
ŏ			iting members of the government			sposed of file	ne man z	.5 /0 01 113	3		15
3 &			dependent voting membe			ne 1b)			4		15
ties			of individuals employed						5		15
tiν			of volunteers (estimate	- 1	art v, mio z	-u,			6		60
Ac			ed business revenue from		ine 12				7a		0.
			business taxable income						7 b		0.
	20 110	· umoiatee	Dusiness taxable income	, HOITH OTHE 350 1, HITC	<del></del>			rior Year		urrent Yea	
	8 Co	ntributions	and grants (Part VIII, lin	a 1h)			<u>_</u>	587,3		550,	
e								92,6		116,	
Revenue		<ul><li>9 Program service revenue (Part VIII, line 2g)</li><li>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li></ul>									
ě						46.		355.			
-	ı		e (Part VIII, column (A),			l 10		680,8	07	667	227
			e – add lines 8 through 1			line 12)	+	000,0	00/.	667,	<u> 337.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)										
	l		to or for members (Part								
~	<b>15</b> Sa	laries, othe	er compensation, employe		429,4	56.	341,	<u>308.</u>			
še	<b>16a</b> Pro	fessional	fundraising fees (Part IX,	column (A), line 11e)							
Expenses	h Tot	al fundrais	sing expenses (Part IX, co	olumn (D), line 25). ▶						· · · · · · · · · · · · · · · · · · ·	
X	l			—				410 1	02	264	027
	l		es (Part IX, column (A),	-			-	418,1		364,	
	l		es Add lines 13-17 (must		(A), line <b>2</b> 5)	REC	= \\ /F=F	847, 5		706,	
	<b>19</b> Re	venue less	expenses Subtract line	18 from line 12		ハにし		- 1007.0		-38,	<u>798.</u>
5 g					1		Beginnii	ng of Guiren		End of Yea	
a ge	<b>20</b> Tot	al assets	(Part X, line 16)		052	AUG @	8 2011	394, 8	62.	358,	
Ş.	<b>21</b> Tot	al liabilitie	s (Part X, line 26)		10	AUU W	\$ ZU11	(6) 4	05.		090.
žš	<b>22</b> Ne	l assets or	fund balances. Subtract	line 21 from line 20		L		-394, 4	57.	355,	
	· — — — — — —			inte 21 itotti inte 20	<del></del>	OGDE	<del>ih. u</del>	T July 1	57.	333,	055.
			re Block		<u> </u>			-			
Und com	er penalties iplete Decla	of perjury, I d ration of prep	eclare that I have examined this rarer (other than officer) is based o	eturn, including accompanying s in all information of which prepa	schedules and sta irer has any know	atements, and to wiedge	the best of r	my knowledge	and belief, it is	true, correct,	and
			200 1 1	2 2	<del></del>		<del></del>	<u> </u>		<del></del>	
<u>د:</u> .		Signatur	re of officer	, recyples				- 17 - 20 ate	<u> </u>		
Sig He	jn	Signatu	1/ -/ D	F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		$\widehat{\mathbf{U}}$					
пе	re	Tuno	tephen to	Pedyski		Fre	es, de	ut/C	60		
	·	Type or	print name and title	<u> </u>							
		Print/Type p	reparer's name	Presavers Someture	A-101	Date		Check	If PTIN		
Pa	id	STACY	A. SCHNEIDER	STACY A. SCHN	EIDER	7-2	2-11	self employe	ed N/A		
	eparer	Firm's name	► SCHNEIDER &	HANEY, CPA'S, I	PC .						
Us	e Only	Firm's addre			0122			Firm's EIN	► N/A		
_		, mm s addit	PHOENIX, AZ					Ì		77-2117	7
	, the IDC	dicarias II			structus == \			Phone no			1 -
			is return with the prepare						X	Yes	No
ВA	A For Pa	perwork R	eduction Act Notice, see	the separate instructio	ns.	TEE	A0113L 12	V21/10		Form <b>990</b>	(2010)

917-21 19

Par		nent of Program Service Accomplishments	G.
		Schedule O contains a response to any question in this Part III	X
1	•	the organization's mission	
		ION OF PINNACLE FORUM AMERICA IS TO BUILD A NETWORK OF LEADER	
	PERSONAL	AND CULTURAL TRANSFORMATION CENTERED ON THE VALUES OF JESUS C	HRIST.
	···		
2	Did the organiz	ation undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 99	0-EZ? .	Yes X No
	If 'Yes,' describ	be these new services on Schedule O.	
3	Did the organiz	ation cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If 'Yes,' describ	be these changes on Schedule O	
4	Describe the ex	cempt purpose achievements for each of the organization's three largest program services by exp	enses Section 501(c)(3)
	and 501(c)(4) (	organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocal revenue, if any, for each program service reported.	ions to others, the total
	expenses, and	revenue, it any, for each program service reported.	
	(Carla	(Courses & 604 001 polyder exerts of & ) (Dougnes	ė 116 467 \
4 a	(Code.	(Expenses \$ 604,091. including grants of \$ ) (Revenue	\$ 110,407.
	TOTAL PRO	<u>GRAM_EXPENSES</u>	
			<b></b>
		<del></del>	
	<del>_</del> _		
			<u></u>
4b	(Code	) (Expenses \$ including grants of \$) (Revenue	\$)
	THE NATIO	NAL CONVENTION WAS HELD. THIS IS AN ANNUAL EVENT FOR PARTNER	S AND QUALIFIED
	PROSPECTS	OF THE ORGANIZATION. IT IS FOR THE PURPOSE OF TRAINING, VIS	ION CASTING,
	INSPIRATI	ON, CHALLENGE AND NETWORKING ON MINISTRY IDEAS FOR CARRYING C	UT THE
	ORGANIZAT	ION'S MISSION. THERE WERE 4 KEYNOTE SPEAKERS AND 149 IN ATTE	NDANCE.
	<b>-</b>	<del></del>	
	(Codo	) (Expenses \$ including grants of \$ ) (Revenue	<u>ė</u> ,
40		AL LIVE TELEFORUMS WERE HELD THROUGHOUT THE YEAR. THE FORMAT	
		MILAR TO SMALL GROUP MEETINGS HELD THROUGHOUT THE COUNTRY. T	
		AL IN NATURE AND FEATURES SIGNIFICANT LEADERS IN THEIR RESPEC	TIAE LIEFDS.
	THE AVERA	GE ATTENDANCE AT EACH TELEFORUM WAS 30 INDIVIDUALS.	
	<del> </del>		
40		services. (Describe in Schedule O ) SEE SCHEDULE O	
	<del> </del>	\$ including grants of \$ ) (Revenue \$	
4e	Total program	service expenses ► 604,091.	
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Fosm 990 (2010) PINNACLE FORUM AMERICA

FORM 990 (2010) PINNACLE FORUM AMERICA
Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	_ X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_3_		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	_ 6	:	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments $^{\circ}$ If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	V		
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ļ	b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b	_	Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	_	Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		·—·

Form 990 (2010) PINNACLE FORUM AMERICA

Partive Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_ X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	_	х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	agus natus as	X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		_X_
ā	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,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule Q	38	Х	
3AA		Form	990 (	(2010)

	Check if Schedule O contains a response to any question in this Part V			Г
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 1			
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  15			
	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			<u> </u>
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
	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)?	4a		Х
	of 'Yes,' enter the name of the foreign country	-40		_
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5:	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
		- SC		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			i
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
ı	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	Form 8282?	7с		X
•	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u></u>
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
١	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
۰	Spansoring organizations maintaining dancy advised funds and section 500/aV2\ supporting organizations. Did the			
Ü	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
1	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
;	a Initiation fees and capital contributions included on Part VIII, line 12			l
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter	. 1		Į
	a Gross income from members or shareholders 11a			İ
I	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			<del></del>
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		ı

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 1 b **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a 10a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10 b Х and branches to ensure their operations are consistent with those of the organization? 11 a X 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х 13 13 Does the organization have a written whistleblower policy? 14 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official 15b Х **b** Other officers of key employees of the organization SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a taxable entity during the year? **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE ORGANIZATION 7430 E BUTHERUS DRIVE, SUITE E SCOTTSDALE AZ 85260 (480) 609-7000

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week		_			hat app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations	Estimated amount of other compensation
	(describe hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	organiza- tions in	or tru	mai t		oloye	comp				and related organizations
	Schedule O)	stee	ruste		e e	ensa				
			e			ted				
(1) RICK STEPHENS										
SECRETARY	5	X		Х	L			0.	0.	0.
(2) MERRILL OSTER	1									
DIRECTOR	2	<u> </u>						0.	0.	0.
_(3)_ ROGER_ROBERSON	1									
DIRECTOR	2	Х						0.	0.	0.
_(4)_MIKE_BURNS	1									
DIRECTOR	2	X						0.	0.	0.
(5) RALPH PALMEN								_		
PRESIDENT & CEO	10	X		X			Х	0.	0.	0.
_(6)_ JOHN_BOWER										
TREASURER	5	X		X			<u> </u>	0.	0.	0.
(7) RICK KLOPCIC										_
DIRECTOR	2	Х	<u> </u>					0.	0.	0.
_(8)_WES_LANE	_									_
DIRECTOR	2	X	<u> </u>					0.	0.	0.
(9) KEN LOCKARD										_
DIRECTOR	2	X	<u> </u>		_			0.	0.	0.
(10) KENT_BUNGER		.,		.,						•
VICE CHAIRMAN	2	X	<u> </u>	Х	<u> </u>		_	0.	0.	0.
(11) JERRY COLANGELO	-	.,								•
DIRECTOR	2	_X_	├	_			<u> </u>	0.	0.	0.
(12) MIKE INGRAM	-	.,								0
DIRECTOR	2	X	<del> </del>		-		<u> </u>	0.	0.	0.
(13) RANDALL REESE	2	.,						0.	0.	0
DIRECTOR		X	├	<u> </u>	<u> </u>			U.		0.
(14) DWIGHT OLSON	<b> </b>	v		٠,					_	^
CHAIRMAN	5	X		X				0.	0.	0.
(15) RON VARELA	2	v						0.	0.	^
DIRECTOR	<del> </del>	X	├	$\vdash$			<del> </del> —	U.	U.	0.
(16)	_									
(17)										
BAA	L	L	L TEEA	<u> </u> 0107Լ	_ 12	/21/10				Form <b>990</b> (2010)

(A)	(B)				c)	,		(D)	(E)	(F)
Name and title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organi- zations in Sch O)	ndividual trustee	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099 MISC)	compensation from the organization and related organizations
(18)			-							
(19)					-			,		
(20)		<del>                                     </del>								
(21)										
(22)										
(23)										
(24)										
(25)			 							
(26)	-		<del>                                     </del>					-		
(27)										
(28)			<del> </del>		-					
(29)		<del> </del>	<b></b> -							
1 b Sub-total .	J	J	<b></b>	l	L		<b>-</b>	0.	(	0. 0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	A						<b>▶</b>	0. 0.		). 0 ). 0
Total number of individuals (including but not limite from the organization     0	d to tho	se li	stec	ab	ove)	wh	o re			
3 Did the organization list any former officer, director	or truct	100	kov	omi	alov	20	or hi	abost component	od omplovoo	Yes No
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for such i	ndıvıdua	əl		,		·		,		3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portable han \$15	0,00 0,00	npe )0?	nsa If 'Y	tion 'es'	and com	l oth plet	er compensation of e Schedule J for ·	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organization of the organization of the organization.	ompens complete	atio e Sc	n fre hed	om a lule	any <i>J foi</i>	unre r <i>su</i>	elate ch p	d organization or <i>erson</i>	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed inde	nend	dent	cor	ntrac	tors	tha	t received more t	nan \$100 000 of	
compensation from the organization										(C)
(A) Name and business addres	S							Description o	of services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	nose	list	ed a	bove) who receive	ed more than	***

	t viii   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
22.0	1a Federated campaigns 1a		revenue		312, 313, 01 314
L SAN	b Membership dues 1b	]			
S, G	c Fundraising events 1c				
AR A	d Related organizations 1d	_			1
NS,	e Government grants (contributions)	_			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 550, 515	<u>,                                    </u>			F
N S	g Noncash contributions included in lns 1a-1f* \$				!
8 4	h Total. Add lines 1a-1f	550,515.	<del></del>		į
N.	Business Code	116 467	116 467	<del></del>	<del> </del>
Ę,	2a EVENT REVENUE 900099	116,467.	116,467.		
GE		-		• • • • • • • • • • • • • • • • • • • •	
<u> </u>	c				
S W	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
8	· · ·	116,467.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	355.			355.
	4 Income from investment of tax-exempt bond proceeds				_
	5 Royalties (i) Real (ii) Personal	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
	6a Gross Rents	4			
-	b Less rental expenses	-			
	c Rental income or (loss)	1			
	d Net rental income or (loss)	<u> </u>			
	7a Gross amount from sales of (i) Securities (ii) Other				,
	assets other than inventory.				j
	<b>b</b> Less cost or other basis				
	and sales expenses	4			
	c Gain or (loss).	<del></del>			
	d Net gain or (loss)	<b>&gt;</b>			
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)				
E	See Part IV, line 18	-{			
Ę	b Less: direct expenses c Net income or (loss) from fundraising events	<b>-</b>			
	9a Gross income from gaming activities See Part IV, line 19				[
		4			
	b Less direct expenses b				<del></del>
	C Net income of (loss) from gaining activities	1			
	10 a Gross sales of inventory, less returns and allowances				
- 1	<b>b</b> Less cost of goods sold <b>b</b>	7			
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code				
	11 a				
	b	-			
	C				
	d All other revenue e Total. Add lines 11a-11d	<b>&gt;</b>			
		667,337.	116,467.	0.	355.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

**(D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0.\_ 0. 0 307,910 246,328. 61,582 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 18,800 15,040 3,760 Other employee benefits 14,598 11,678. 2,920. 10 Payroll taxes 11 Fees for services (non-employees) a Management 650 520 130 **b** Legal 4,248. 21,242 16,994. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 17,415 13,932 3,483 11,476. 11,476. 12 Advertising and promotion 6,022 7,527. 1,505 13 Office expenses Information technology 15 Royalties 16 Occupancy 46,224. 36,979. 9,245 7,869. 7,869. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,844 7,844 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2,003 Depreciation, depletion, and amortization 10,016 8,013. 2,560 2,048 512 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 93,144. 93,144. a NATIONAL CONFERENCE 57,879. 57,879 **b** EVENT COSTS 13,244. 10,595 2,649 c TELEPHONE 12,167. 9,734 2,433. d EQUIPMENT RENTAL & MAINTENANCE 12,074. 9,659. 2,415. e MEALS & ENTERTAINMENT 43,496 38,337. 5,159 f All other expenses 706,135 604,091 102,044 0. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► \_\_\_\_\_ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. BAA Form **990** (2010)

Г	<u>rt X</u>	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing .		54,007.	1	177,628.
	2	Savings and temporary cash investments		296,720.	2	157,002.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ibuting employers and		6	
A	7	Notes and loans receivable, net			7	
A S E T	8	Inventories for sale or use			8	****
Ī	9	Prepaid expenses and deferred charges		10,000.	9	
•		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 110,230.			
	ь	Less: accumulated depreciation	10b 90,611.	29,635.	10 c	19,619.
	11	Investments - publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,500.	15	4,500.
	16	Total assets Add lines 1 through 15 (must equal line	34)	394,862.	16	358,749.
	17	Accounts payable and accrued expenses		405.	17	3,090.
	18	Grants payable			18	<del></del>
	19	Deferred revenue	ĺ		19	
Ļ	20	Tax-exempt bond liabilities			20	
Ä	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, key employees, rsons Complete Part II			
į		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the	hird parties		23	
	24	Unsecured notes and loans payable to unrelated third	d parties.		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		405.	26	3,090.
N E		Organizations that follow SFAS 117, check here ▶	X and complete lines			
Ī		27 through 29 and lines 33 and 34.			_	
Ş	27	Unrestricted net assets.		394,457.	27	355,659.
ASSETS	28	Temporarily restricted net assets		····	28	
	29	Permanently restricted net assets.			29	<del></del>
R F.		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere ► and complete			
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
Ļ	32	Retained earnings, endowment, accumulated income			32	
BALANCES	33	Total net assets or fund balances	•	394,457.	33	355,659.
Ē	34	Total liabilities and net assets/fund balances		394,862.	34	358,749.

BAA

Form **990** (2010)

Forn	990 (2010) PINNACLE FORUM AMERICA	86-1044809		Pa	age <b>12</b>					
Pa	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI				$\Box$					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			337. 135.					
2	2 Total expenses (must equal Part IX, column (A), line 25).									
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 798.</u>					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	94,4	<u> 457.</u>					
5	Other changes in net assets or fund balances (explain in Schedule O)	_ 5			<u>0.</u>					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	<u>5</u> 5, (	659.					
Pai	TXIII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		,	· `	*****					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		,,	40).						
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х					
1	Were the organization's financial statements audited by an independent accountant?		2b		X					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversige review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$		`	). J. 1						
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a								
	Separate basis Consolidated basis Both consolidated and separate basis									
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		х					
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit	3 b							
BAA			Form	990	(2010)					

5 5

TEEA0112L 12/21/10

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

		LE FORUM AMER			<del></del>					J448US	
Parl	-			(All organizations					See I	nstruct	ions.
The c	rga	•		e it is (For lines 1 thro	•		•				
1	Ш	A church, convention	of churches or assoc	ciation of churches des	cribed in	section	170(b)	(1)(A)(i).			
2	Ш	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule I	E)						
3		A hospital or a coope	erative hospital servic	e organization describe	ed in <b>sec</b>	ction 170	0(b)(1)(A	<b>()(</b> iii).			
4		A medical research o	rganization operated	in conjunction with a h	nospital d	describe	d in sec	tion 170	)(b)(1)(A	<b>A)(iii)</b> Er	iter the hospital's
		name, city, and state									
5		An organization oper 170(b)(1)(A)(iv). (Cor	ated for the benefit o mplete Part II)	f a college or university	y owned	or oper	ated by	a gover	nmenta	l unit de:	scribed in section
6				overnmental unit descri							
7	X	An organization that in section 170(b)(1)(A	normally receives a s <b>\(\vi).</b> (Complete Par	ubstantial part of its sut II)	upport fr	om a go	vernme	ntal unıt	or fron	n the ger	neral public described
8	닏	A community trust de	escribed in section 17	<b>'0(b)(1)(A)(vi).</b> (Comple	te Part I	l.)					
9		from activities related investment income a	d to its exempt function	) more than 33-1/3% or ons – subject to certain s taxable income (less mplete Part III)	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support from gross
10	Ш	An organization orga	nized and operated e	xclusively to test for pu	ublic safe	ety. See	section	509(a)(	(4).		
11		more publicly suppor	ted organizations des	xclusively for the bene- cribed in section 509(a ion and complete lines	a)(1) or $s$	section 5	509(a)(2	ctions o ). See <b>s</b>	f, or ca ection !	rry out th <b>509(a)(3)</b>	ne purposes of one or . Check the box that
		a Type I	<b>b</b> Type II	c 🗌 Type II	I – Fund	ctionally	ıntegrat	ed		d 🗌	Type III - Other
е		By checking this box, other than foundation section 509(a)(2).	, I certify that the orgon managers and other	anization is not control than one or more pub	led direct	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	fied persons on 509(a)(1) or
f			ceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Type	e III sup	porting	organization,
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	llowing	persons	;7
•		•	•				-				Yes No
		(i) A person who o	directly or indirectly co	ontrols, either alone or	together	r with pe	ersons d	escribed	d in (ii)	and (III)	
				ported organization?							11 g (i)
		• •	er of a person descri	**			11 g (ii)				
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	above?						11 g (iii)
h		Provide the following	information about th	e supported organization	on(s)		1	·			
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	Is the zation in i) listed in overning ment?	(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
						1	1				
(A)											
, ,				,		1	1				41
(B)											
<u>. ,</u>		· · · · · · · · · · · · · · · · · · ·				ļ					
(C)							İ				
<del></del>											
(D)						1					
									-		
<u>(E)</u>						ļ					
Total											
DAA	ΕΩ	Paperwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	990-EZ.		S	chedule	A (Form	m 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 )

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	587,596.	947,286.	747,328.	612,268.	550,515.	3,444,993.
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	Total. Add lines 1 through 3	587,596.	947,286.	747,328.	612,268.	550,515.	3,444,993.
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)						602,830.
6	Public support. Subtract line 5 from line 4		•		*		2,842,163.
Sec	tion B. Total Support	<u></u> 1	I				2,012,100.
Cale	ndar year (or fiscal year nning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	587,596.	947,286.	747,328.	612,268.	550,515.	3,444,993.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,302.	17,894.	7,239.	846.	355.	40,636.
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)						0.
11	<b>Total support.</b> Add lines 7 through 10						3,485,629.
12	Gross receipts from related activ	rities, etc (see inst	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pu					<del></del>	<del></del>
	Public support percentage for 20			e 11, column (f))		14	81.5%
15	Public support percentage from	,	,	_		_ 15	72.8%
16 a	<b>33-1/3% support test</b> — <b>2010.</b> If and <b>stop here.</b> The organization	the organization d qualifies as a pub	id not check the b dicly supported or	iox on line 13, an ganization	id the line 14 is 33	3-1/3% or more, c	heck this box
t	33-1/3% support test – 2009. If and stop here. The organization	the organization d qualifies as a pub	id not check a boo blicly supported or	x on line 13 or 16 ganization	ia, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	' test, check this	box and stop her	e. Explain in Part	IV how
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	d' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization	IV how the ►
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line 1	<u> 3, 16a, 16b, 17a,</u>	<del>-</del>	•	Structions

### 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.)

				<del></del>		
Section A. Public Support	T		<u> </u>	<u> </u>		
Calendar year (or fiscal yr beginning in)  1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	<b>(f)</b> Total
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						
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						
<ul><li>Total. Add lines 1 through 5</li><li>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</li></ul>						
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)		-				
Section B. Total Support		r ·	T	1		
Calendar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable						
income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  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 Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	<b>&gt;</b>
Section C. Computation of Pu		Percentage				
15 Public support percentage for 2			ne 13, column (f))	)	15	%
16 Public support percentage from					16	%
Section D. Computation of Inv	_		e			
17 Investment income percentage	for <b>2010</b> (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))	17	8
18 Investment income percentage					18	8
19a 33-1/3% support tests — 2010. I is not more than 33-1/3%, check	k this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies a	as a publicly supp	orted organization	P [
<b>b 33-1/3% support tests</b> — <b>2009.</b> I line 18 is not more than 33-1/39	f the organization %, check this box	did not check a t and <b>stop here.</b> Th	oox on line 14 or l le organization qu	line 19a, and line Jalifies as a public	16 is more than 33- ly supported organi	·1/3%, and zation ►
20 Private foundation. If the organ		•	-			▶ -

Schedule A	(Form 990 or 990 <u>-</u> E	Z) 2010 PIN	NACLE FORUM	AMERICA		86-1044809	Page <b>4</b>
Pań IV	Supplemental la Part II, line 17a (See instruction	<b>nformation.</b> ( or 17b; and is).	Complete this p Part III, line 12	part to provide t . Also complete	he explanations rethis part for any	equired by Part II, lir additional information	ne 10; on.
						<b>-</b>	
					· <del>-</del>		
	<del>-</del>						
		· <del>-</del>		<del></del>			
	<del>_</del>						
		· <del>-</del>					

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Employer identification number

DI	WACLE FORIN AMERICA			i	06 1044000	
PINNACLE FORUM AMERICA  Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc					86-1044809	
Par	the organization answered 'Yes' t	o Form 990. Part IV. line 6	Sillillar Fullo S.	is or Acco	unts. Complete	<b>3 11</b>
		(a) Donor advised ful		(b) Fi	inds and other acc	ounts
1	Total number at end of year	(a) Donor davised ta	103	(5) 1 0	and did other dec	ounts
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					<del>-</del>
4	Aggregate value at end of year					
-	,	ear advisage in writing that the a	aceta bold in doi			
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive le	egal control?		Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dono	that grant funds radvisor, or for	s can be any other	Yes	No
Par	t II Conservation Easements. Compl	ete if the organization ans	wered 'Yes' t	o Form 99	0. Part IV. line	7.
	Purpose(s) of conservation easements held by				-,; -, - ; , <del>-</del>	
	Preservation of land for public use (e.g., r		,	an historica	lly important land	area
	Protection of natural habitat		Preservation of	a certified h	istoric structure	
	Preservation of open space	_	,			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	contribution in t	he form of a	conservation ease	ement on the
				He	eld at the End of the	ne Tax Year
ā	Total number of conservation easements			2a		
	Total acreage restricted by conservation ease			2b		
•	Number of conservation easements on a certi	fied historic structure included in	ı (a)	2c		<del></del>
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and	not on a histori	2 <b>2 d</b>	~· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguish	ned, or terminate	ed by the org	anization during th	ne
4	Number of states where property subject to co	onservation easement is located	<b>-</b>			
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, nts it holds?	inspection, hand	dling of viola	tions, Yes	No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing co	nservation easer	ments during	the year	_
7	Amount of expenses incurred in monitoring, if \$	nspecting, and enforcing conserv	ation easement	s during the	year	
8	Does each conservation easement reported o $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$ ?	n line 2(d) above satisfy the requ	urements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revito the organization's financial st	venue and expens atements that de	e statement, escribes the	and balance sheet, organization's acco	and ounting for
Pai	Till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical T wered 'Yes' to Form 990, I	reasures, or 9 Part IV, line 8	Other Sim	ilar Assets.	
1 8	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, educ	ation, or researd	ue statemen ch in furthera	t and balance sheen ance of public serv	et works of ice, provide,
I	b) If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to reporded for public exhibition, education	t in its revenue s n, or research in	tatement an furtherance	d balance sheet w of public service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1			<b>-</b> \$	
	(ii) Assets included in Form 990, Part X				►\$ ►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other 116 (ASC 958) relating to these	sımılar assets fo ıtems	r financial ga	ain, provide the fol	lowing
	Revenues included in Form 990, Part VIII, line	e 1			<b>►</b> \$	····
	Assets included in Form 990, Part X				<b>►</b> \$	

Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	on, accession, a	and other records, ch	eck any of the following	that are a significant u	se of its collection
a Public exhibition		<b>d</b> Loan or exchange programs			
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV	nızatıon's collec	tions and explain how	w they further the organ	ization's exempt purpos	se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part of	of the organization's col	lection?	Yes No
Part IV. Escrow and Custodia 9, or reported an amo				red 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or oth	er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follows	ing table		
. 5					Amount
c Beginning balance				1c	
d Additions during the year				1d	<del></del>
e Distributions during the year				1e	<u>-</u>
f Ending balance	<u>.</u>				<b>a a</b>
2a Did the organization include an a		990, Part X, line 217	,		Yes No
b If 'Yes,' explain the arrangement			10/ 11 5	000 D + 0/ 1	10
Part V Endowment Funds. Co					1
	(a) Current yea	ır (b) Prior yeai	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					<u> </u>
c Net investment earnings, gains, and losses				v	-s
<b>d</b> Grants or scholarships				7, 7, 7,	2 1 1
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					Viet a transport
<b>g</b> End of year balance	<u></u>				, ,
2 Provide the estimated percentage	e of the year en	d balance held as			
a Board designated or quasi-endown	vment ►	%			
<b>b</b> Permanent endowment ►	%				
c Term endowment ►	%				
3a Are there endowment funds not organization by	in the possessio	n of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations				•	3a(i)
(ii) related organizations.					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations lis	ted as required on So	chedule R?		3b
4 Describe in Part XIV the intended	d uses of the org	ganization's endowm	ent funds		
Part VI Land, Buildings, and	Equipment. S	See Form 990, Pa	art X, line 10.		
Description of investment	t (a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment			68,785.	59,693.	9,092.
<b>e</b> Other			41,445.	30,918.	10,527.
Total. Add lines 1a through 1e (Column	nn (d) must equa	l Form 990, Part X, o	column (B), line 10(c))	<b>•</b>	19,619.
BAA	<u> </u>		<u> </u>	Sched	ule <b>D</b> (Form 990) 2010

Part VII	Investments-Other Securities. See Fo	orm 990, Part X, III	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ntion: rket value
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>	<b></b>			
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u>				<del> </del>
(G)		- 18 11 18 11		·
(H)				
	mn (b) must equal Form 990 Part X, column (B) line 12)			
	Investments—Program Related. (See	Form 990 Part X	line 13) N/A	<del></del>
r art viii	(a) Description of investment type	(b) Book value	(c) Method of valua	
	(a) Description of investment type		Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)		<del></del>		
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets. (See Form 990, Part X,	line 15) N/A		·
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)		· ·		
<u>(4)</u>				
(5) (6)		· · · · · · · · · · · · · · · · · · ·		
		<del> </del>		
<u>(7)</u> (8)				
(9)				
(10)		<del></del>		
	lumn (b) must equal Form 990, Part X, column(B	r), line 15)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. (See Form 990, Part		- · · · · · · · · · · · · · · · · · · ·	<u> </u>
	(a) Description of liability	(b) Amount		
(1) Fede	ral income taxes			
(2)				
(3)		-		
(4)				
(5)				
(6)			<del> </del>	1
(7)			_	
(8)			<del> </del>	
<u>(9)</u> (10)			_	
(11)				,
	nn (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
	ASC 740) Footpote In Part XIV provide the text	of the feetness to the		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sch	edule D (Form 990) 2010 PINNACLE FORUM AMERICA	86-1044809	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments.		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8 .		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
ā	Net unrealized gains on investments . 2a		
	Donated services and use of facilities 2b		
•	Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV).		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV )		
	Add lines 4a and 4b	4c	<del></del>
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5   5   Table 17   7	
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		•
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities  2a 2 Prior year adjustments  2b		
	o Prior year adjustments 2b 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٠,	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
Part	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pail V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com additional information	rt IV, lines 1b and 2b, iplete this part to prov	de
	<del></del>		

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Schedule **D** (Form 990) 2010

BAA

Schedule D (Form 990) 2010 PINNACLE FORUM AMERICA	00-1044003	Page :
Part No. Supplemental Information (continued)		
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

PINNACLE FORUM AMERICA	86-1044809
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION _	
PINNACLE FORUM_PRODUCES_A_QUARTERLY_NEWSLETTER_MAILED_TO_PARTM	NERS AND FRIENDS TO
KEEP THEM INFORMED ON THE ACTIVITIES AND HAPPENINGS WITHIN THE	CORGANIZATION.
THE ORGANIZATION HOLDS WEEKLY FORUMS, SMALL GROUP MEETINGS OF	BETWEEN 8-12
INDIVIDUALS_EACH, TAKING PLACE ACROSS THE COUNTRY WITHIN 12 CH	IAPTERS.
THE ORGANIZATION HELD A GOLF EVENT IN FEBRUARY 2010 AS AN OUTF	REACH_EVENT_TO
INTRODUCE_PROSPECTIVE_PARTNERS_TO_PINNACLE_FORUM. 27 PEOPLE_PA	ARTICIPATED IN THE
EVENT.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
ANNUAL FORM 990 IS PREPARED BY OUTSIDE CPA FIRM AND REVIEWED A	AND SIGNED BY PRESIDENT
AND CEO OF THE ORGANIZATION BEFORE FILING.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEE
OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE NOT COMPENSATED	D. THE PRESIDENT SETS
SALARIES FOR KEY EMPLOYEES WITH THE ADVICE OF THE TREASURER AN	ND CHAIRMAN OF THE
BOARD.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF ESTABLISHING A	A CONFLICT OF INTEREST
POLICY. ADDITIONALLY, THE WHISTLE BLOWER POLICY IS UNDER REV	EW BY THE BOARD. THE
FORM 990 AND OTHER DOCUMENTATION WHICH IS AVAILABLE FOR PUBLIC	C INSPECTION ARE MADE
AVAILABLE UPON REQUEST.	
	~