

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Spensoring 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 granusation may have to use a copy of this return to satisfy state reporting requirements ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public

	Α	ror t	he 2010 ca	lendar year, or tax year be	eginning //Ul	, 201	0, and ending	6/30		, 2011	
	В	Check	if applicable	С					D Employ	er identification i	number
		Addres	s change	GREATER PHOENIX	JEWISH FILM FES	STIVAL INC			26-3	3418857	
		Name	change	6501 E GREENWAY	PKWY, STE 103,	PMB #234			E Telepho	ne number	
	\square	Initial r		SCOTTSDALE, AZ 8	5254				(60)	2) 524-13	105
	\mathbb{H}	Termin									
	H	l .	led return						F Group Numbi	Exemption	•
	$\frac{1}{2}$		ation pending	had. V Cash Assu	al Other (analy) >			11 01 11			
			unting Met site: ► N	. — —	ual Other (specify) >			H Checi	t K	the organizat ch Schedule	IION IS NO I
				(ck only one) $-X = 501(c)(3)$	T [501(a) () a (in)	ort =0. 4047/	(a)(1) or 527	990,	990-EZ, or	990-PF)	D (1 01111
		Chec						rocointe e	ro permel	hi mat mara t	
	n			the organization is not a si n 990-EZ or Form 990 retu							
		organ	nization ch	ooses to file a return, be s	ure to file a complete r	eturn	e-postcard) ma	y De requ	irea (see i	ristructions)	But II the
	$\overline{}$	-			· · · · · · · · · · · · · · · · · · ·		re \$200 000 or	more or	ıf total		
	-	asset	ts (Part II,	c, and 7b, to line 9 to dete line 25, column (B) below)	are \$500,000 or more,	file Form 990 in	stead of Form	990-EZ	ii totai ▶	\$	70,949.
	Pa	art I *	Reven	ue, Expenses, and Ch	nanges in Net Asse	ts or Fund B	alances (Se	e the in	struction	s for Part	l.)
			Check if	the organization used Sch	edule O to respond to	any question in t	hıs Part I				X
		1		ons, gifts, grants, and sim					1		70,888.
		1		service revenue including		ontracts			2		
22			_	hip dues and assessments	=	7111000			3		
2012		4		nt income					4		61.
C.O					thar than inventor.		5 a		143	 	
ō		1		ount from sale of assets o t or other basis and sales			5b	.,			
		1				(F.)	20			-	
APR		ſ	•	s) from sale of assets other than i	nventory (Subtract line 50 tro	m line 5a)			5		
	P		•	nd fundraising events			1 - 1			·,	
SCANNED	R E V			ome from gaming (attach		ian \$15,000)	6a			î	
Z	Ě	b		ome from fundraising ever			of contribu	itions		ž	
Z	ũ		from fund	raising events reported on ross income and contributi	<u>'Ime-1') Yattach Schedul</u>	e G if the sum	6ь			R.	
Q.	-		_	امما	1071						
S		C	Less aire	ct expenses from gaming	and rundraising events		6c			3	
			Net incon	ne or (loss) from gaming a		add lines 6a and				<u></u>	
		_		ibtract line 6c)	DEV UE		1 - 1		6		
				es of inventory, less letur	s and allowances		7a			Car.	
		l .		t of goods sold			7b				
		C	Gross pro	ifit or (loss) from sales of i	nventory (Subtract line	7b from line 7a)	l		7	с	
		1		enue (describe in Scheduli	•				8		
		9_	Total rev	enue. Add lines 1, 2, 3, 4,	5c, 6d, 7c, and 8				▶ 9		70,949.
		10	Grants ar	id similar amounts paid (lis	st in Schedule O)				10		
		11	Benefits	oald to or for members					11		
	E	12	Salaries,	other compensation, and e	employee benefits				12		
	P	13	Professio	nal fees and other paymer	its to independent conti	actors.			13		8,787.
	EXPERSES	14		cy, rent, utilities, and main	·				14		
	Ē	15	•	oublications, postage, and					15		13,939.
	S	16	_	enses (describe in Schedu	•		SEE SCHED	ILE O	16		49,813.
		17		enses. Add lines 10 throug	•				▶ 17		72,539.
		18		(deficit) for the year (Sub)			18		-1,590.
	A	ł.,							c*+ :		
	μŞ	19	Net asset	s or fund balances at begii orted on prior year's returr	ning of year (from line	2/, column (A))	(must agree w	ith end-o	f-year 19	1	29,718.
	N S E S T E T S	20		inges in net assets or fund	•	chadula (1)			20		<u> </u>
	Ś	21							► 21	-	20 120
		21		s or fund balances at end			•				28,128.
	BA	A FOI	r Paperwo	rk Reduction Act Notice, s	ee the separate instruc	Tions.				r orm 99	90-EZ (2010)

and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		990-EZ (2010) GREATER PHOENIX JEWISH FILM FESTIVAL INC 26-34188			age 3
33 Det the organization arguage in any activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity's Schedule Of each activity's Schedule Of each activity's Schedule Of the arguantation same (the organization and provides) and the organization and the organizat	Par		HEDU	LE O	
33 X 34 Wes an spatiant change reads to the oparonary or generous decimant cap of the amended documents of they reflect at those to the organization's name. Otherwise, explain the change to Shaddle 0 (see institutions) 35 If the arganization had income from bissess abstines, such as these reported in see 2, 8s, and 7 a (among others), but not reported on Ferm 390.1, a Did the organization have unnesses abstines, such as these reported in see 2, 8s, and 7 a (among others), but not reported on Ferm 390.1, a Did the organization have unnesses abstines, such as these reported in sees 2, 8s, and 7 a (among others), but not reported on Ferm 390.1, a Did the organization by the organization defort report the science on Semination 31,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements? 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 1'Ves', complete Spheadule In 1120-POL (or this year or see instructions)? 36 Did the organization before 1120-POL (or this year or see instructions)? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of the see any such loans made in a prior year and still outstanding at the end of the fax year covered by this return? b If 1'Ves', complete Spheadule I., Part II and enter the total amount movelved genization obstines the sea of the organization of turning the year under section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under section 4911 - 0. section 4912 - 0. section 4918 - 0. b Sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization or any or its prior forms 990 or 390-22? If 1'Ves', complies Schedule I., Part II organization and prior the organizations and prior the section of the organizations and thing recurrents to form 10 fee. 20 percent the section 4910 percent t		Check if the organization used Schedule O to respond to any question in this Part V			
34	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	
s charge to the organization's name. Otherwise, epide the charge of Sedede 0 (see instructions) 34		•		 	<u>X</u>
35 if the organization had income from bisiness advises, such as those reported on lose 2, 6, and 7a (among others), but not reported on Form 990-T, explain in Schiedle (wity the organization dark reported in brown of from 910-T) and the organization have unreflated business gross income of \$1,000 or more or was it a section 501(c)(6), 501(c)(5), or 501(c)(6) organization have unreflated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization have to exceed to exceed the common of the section 910(c)(6) organization business and the section 910(c)(6) organization business and sufficiently organization for the section 910(c)(7) organizations. Enter a line enter the total amount involved 39 Section 501(c)(7) organizations. Enter a line enter the sufficient organization during 91 by N/A 93 Section 501(c)(7) organizations. Enter amount of the surposed on the organization during 91 by N/A 93 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit or section 4911 b 0, section 4912 b 0, section 4912 b 0, section 591(c)(3) and 591(c)(4) organizations. Did the organization approximation and section organization or	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
ab 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 6038(e) notice, reporting, and proxy tax requirements? 35 bit If Yes, has it filed a tax return on Form 990-T for this year (see instructions)? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37c Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37c Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37c Enter amount of political expenditures, direct or indirect, as described in the instructions 38b Enter amount of the expenditure 38b Enter amount of the expenditure 38c Enter amount of political expenditures 38c X 38b Enter amount of political expenditures 38c Enter amount of the foreign country 48c Enter amount of the expenditures 48c Enter amount of the foreign country 48c Enter amount of the foreign country 48c Enter amount expenditures 48c Enter amount expenditures 48c	35	If the organization had income from husiness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T.			
b if Yes, has it filed a tax return on Form 990-T for this year (see instructions)? 36		explain in Schedule 0 why the organization did not report the income on Form 990-T.		 	
b if Yes, has it filed a tax return on Form 990-T for this year (see instructions)? 36	a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), of 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	r 35 a		x
36 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 27 a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\bigs\$ 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\bigs\$ 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\bigs\$ 37 b \$\bigs\$ 37 b \$\bigs\$ 37 b \$\bigs\$ 38 b the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans make in a prior year and still outstanding at the end of the tax year covered by this return? \$\bigs\$					
373 a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\bigs\$ 37a 0.	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
b Did the organization file Form 1120-Pol. for this year? 88 a Did the organization borrow from, or make any loans to, any officer, director, trustes, 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? 88 b If Yes, complete Schedule L, Part III and enter the total amount movible organizations. Enter an initiation fees and capital contributions included on line 9 for public use of club facilities 9 b Gross receipts, included on line 9, for public use of club facilities 9 b Gross receipts, included on line 9, for public use of club facilities 9 b Gross receipts, included on line 9, for public use of club facilities 9 b Section 501 (c/3) and 501 (c/3) organizations. Enter amount of tax imposed on the organization during the year under sectional section 4911 * 0 section 4912 * 0 section 4958 excess benefit transaction or any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 if Yes, complete Schedule L Part II has not been reported on any of its prior Forms 90 or 990-E27 in lieu of Form 1041 or 90 o	27.			-	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. section 4912 ► 0., section 4955 ► 0. b Scetion 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 Scetion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 € 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 proor Parins 90 or 990-627 1"ves, complete Schedule L, Pare or disqualified persons during the year under sections 4912, 4955, and 4938 ■ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4938 ■ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed or prior year that has not been reported on any of its prior Parins 90 or 990-627 1"ves, complete Form 8866-1				 	
bit if Yes,1 complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter an out of tax imposed on the organization during the year under section 4911 \(\)		•	3/0	-	^
amount involved 3 Section 501(c)(2) organizations Enter a Initiation fees and capital contributions included on line 9 a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) and 501(c)(4) organizations. Did the morphism of the organization during the year under section 4911 * 0 . , section 4912 * 0 . , section 4958 * 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part 1 organization angages or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization and any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 40e			38 a	<u> </u>	
39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 for public use of club facilities 40a 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of did if engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E2 if Yes; complete Schedule I, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d 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 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and an explaination of the prior that has not been reported on any of this prior of the	t	off 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/	A		2
a initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *	39		7		
40 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{}\) 0., section 4912 \(^{}\) 0. section 4951 \(^{}\) 0. b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 E-22 if Yes; complete Schedule L, Part 1 c Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,4955, and 4958 \(^{}\) 0. d Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-1 List the states with which a copy of this return is filed \(^{}\) NONE 42a The organizations book are in care of \(^{}\) BARRY SINGER book are in care of \(^{}\) BARRY SINGER book are in care of \(^{}\) EQUIFITE TERRACE SCOTTSDALE AZ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hosp	ā				
40 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{}\) 0., section 4912 \(^{}\) 0. section 4951 \(^{}\) 0. b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 E-22 if Yes; complete Schedule L, Part 1 c Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,4955, and 4958 \(^{}\) 0. d Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-1 List the states with which a copy of this return is filed \(^{}\) NONE 42a The organizations book are in care of \(^{}\) BARRY SINGER book are in care of \(^{}\) BARRY SINGER book are in care of \(^{}\) EQUIFITE TERRACE SCOTTSDALE AZ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hosp	t	Gross receipts, included on line 9, for public use of club facilities 39b N/	A SE		ż
b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of 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-E2* if Yes; complete Schedule L, Fair 1 c Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 d Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax imposed on organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-1 List the states with winh a copy of this return is filed. NONE 42a The organization? BARRY SINGER Located at P 6530 E FUGIE TERRACE SCOTTSDALE AZ If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ bill the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must	40 a	s Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	* *		* **
transaction during the year or did flengage 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 I., Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization. e All organizations. e All organizations. 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. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of fax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization person and filing form		section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes, complete Form 8885-T. List the states with which a copy of this return is filed. NONE 42a The organization's books are in care of BARRY SINGER Located at 6630 E. EUGIE TERRACE SCOTTSDALE AZ DAI 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year A4a Did the organization maintain any donor advised funds during the year? If 'Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44b X 44c X 44d	ŀ	D 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	40 b	-	x
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 42 a The organization's books are in care of BARRY SINGER Telephone no * (602) 524-1105 Located at * 6630 E. EUGIE TERRACE SCOTTSDALE AZ ZIP+4 * 85254 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization poperate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	(
shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled > NONE 42a The organization's books are in care of > BARRY SINGER Located at > 6630 E. EUGIE TERRACE SCOTTSDALE AZ Description of the states with which a copy of this return is filled > NONE b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in 44d		Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed	. , , ,		
42a The organization's books are in care of ➤ BARRY SINGER Located at ➤ 6630 E. EUGIE TERRACE SCOTTSDALE AZ DAIL 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 42c X 42c X 44c X 44a X 44b X Child the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 0		
42 a The organization's books are in care of ► BARRY_SINGER Located at ► 6630 E. EUGIE TERRACE SCOTTSDALE AZ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Add	41		400		<u> </u>
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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	42 a	books are in care of ► BARRY SINGER Telephone no ► (602)		-11() <u>5</u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country 42c X 42c X 42c X 42c X 42c X 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Add Schedule O		At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 42		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		If 'Yes,' enter the name of the foreign country	1		, *
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44c			- A F		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44c			ļ		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44c		Coolly and the form of the control o			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44a			120		'
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44 a N/A Yes No 44 a X 44 b X 44 b X	•		420	J	
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		Tes, the tie hand of the foldigit country			
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	43	1 1		► [N/A
of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		and effect the amount of tax exempt interest received of accrete during the tax year		Ver	
instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44b X 44c X		of Form 990-EZ	44 a	+	
c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44c X	Ł	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
Schedule O 44d	c		44 c		
	c	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in			
BAA TEEA0812L 02/18/11 Form 990-EZ (2010)	BAA				(2010)

						Yes	No_
	iy related organization a controlled entity	_	_		45		<u>X</u>
a Did t	he organization receive any payment fro ection 512(b)(13)? If 'Yes,' Form 990 and	m or engage in any trans	saction with a controlle	ed entity within the meaning	45.0	· · · · · · ·	لتنگ X
) 45a	AI gi	<u>^</u>
cand	he organization engage, directly or indire	ectiy, in political campaig te Schedule C, Part I	in activities on behalf (or or in opposition to	46		X
Part VI	Section 501(c)(3) organization	s and section 4947(a)(1) nonexempt of	haritable trusts only.	All sed	ction	
	501(c)(3) organizations and se 47-49b and 52, and complete t	ction 4947(a)(1) nor he tables for lines 5	nexempt charitable 0 and 51.	trusts must answer q	uestior	าร	
	Check if the organization used Schedu	ule O to respond to any o	uestion in this Part VI		_		\Box
						Yes	No
47 Did t	he organization engage in lobbying activ	rities? If 'Yes,' complete	Schedule C, Part II		47		X
48 Is the	e organization a school as described in s	section 170(b)(1)(A)(ii)?	f 'Yes,' complete Sche	edule E	48_		_X_
49 a Did t	he organization make any transfers to a	n exempt non-charitable	related organization?		49 a		<u>X</u>
b If 'Ye	es,' was the related organization a section	n 527 organization?			49b		
50 Com	plete this table for the organization's five	highest compensated e	mployees (other than	officers, directors, trustees	and key		
emp	loyees) who each received more than \$1	(b) Title and average	(c) Compensation	(d) Contributions to employee		репѕе	
(a	n) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	benefit plans and deferred compensation		nt and	
NONE	more dian problems	devoted to position		adional compensation			
HOME -		-					
		-					
					-		
		1					
		1 1					
f Tota	I number of other employees paid over \$	100,000					
51 Com	plete this table for the organization's five	e highest compensated in	ndependent contractors	s who each received more t	han \$10	00,000	of
com	aanaatian fram tha araan; aatian lf thara						
	pensation from the organization. If there						
	(a) Name and address of each independent con			(b) Type of service	(c) Comp	oensatio	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Comp	oensatio	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Comp	pensation	n
				(b) Type of service	(c) Com	pensation	
				(b) Type of service	(c) Com	pensation	n
NONE _	(a) Name and address of each independent con	ntractor paid more than \$100,000		(b) Type of service	(c) Comp	pensation	
NONE	(a) Name and address of each independent con	rs each receiving over \$			(c) Com	pensation	
NONE d Tota 52 Did t	(a) Name and address of each independent con	rs each receiving over \$ Note All section 501(c)(3)			(c) Comp		
NONE d Tota 52 Did t char	I number of other independent contractors the organization contractors that allowed the trusts must at a completed Sc	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	47(a)(1) nonexempt	XYes		
NONE d Tota 52 Did t char	(a) Name and address of each independent con	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	47(a)(1) nonexempt	XYes		
MONE d Tota 52 Did t chart Under penalt true, correct,	I number of other independent contractor the organization complete Schedule A? Natable trusts must attach a completed Schedule trusts of perjury, I decide that have examined this return and complete Decianation of preparer (other than office).	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	47(a)(1) nonexempt	XYes		
MONE d Tota 52 Did t chari Under penalt true, correct,	I number of other independent contractor the organization complete Schedule A? Notable trusts independent accompleted Science of perjury, I decide that have examined this return and complete Deciaration of preparer (other than office).	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	147(a)(1) nonexempt the best of my knowledge and belief, wiedge Date	XYes		
MONE d Tota 52 Did t chart Under penalt true, correct,	I number of other independent contractor the organization complete Schedule A? Natable trusts must attach a completed Schedule trusts of perjury, I decide that have examined this return and complete Decianation of preparer (other than office).	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	147(a)(1) nonexempt The best of my knowledge and belief, wiedge	XYes		
MONE d Tota 52 Did t chari Under penalt true, correct,	I number of other independent contractor the organization complete Schedule A? Notable trusts must at late the accomplete because of perjury. I decide that have examined this return and complete Declaration of preparer (other than office of the state o	rs each receiving over \$ Note All section 501(c)(3) organizations and 49	47(a)(1) nonexempt the best of my knowledge and belief, wiedge Date TREASURER	XYes		
d Tota 52 Did t charr Under penalt true, correct, Sign Here	I number of other independent contractor the organization complete Schedule A? Notable trusts must at lach a completed Scies of perjury, I decide that have examined this return and complete Decident of preparer (other than office of the complete Schedule A? Notable trusts must at lach a complete Schedule A? Notable trusts must at lach a complete Decident of preparer (other than office of the complete Decident of preparer (other than office of the complete Decident of	rs each receiving over \$ Note All section 501(c)(3) hedule A In, including accompanying schecer) is based on all information of	organizations and 49 dules and statements, and to the first which preparer has any known pate.	147(a)(1) nonexempt TREASURER Check If PTIN	X Yes		
d Tota 52 Did t charr Under penalt true, correct, Sign Here	I number of other independent contractor the organization complete Schedule A? National trusts must attach a completed Sches of perjury, I declare that have examined this returned complete Declaration of preparer (other than office of the complete Declaration of preparer (other than office of the complete Declaration of preparer (other than office of the complete Declaration of preparer (other than office of the complete Declaration of preparer (other than office of the complete Declaration of the com	rs each receiving over \$ Note All section 501(c)(3) hedule A rn, including accompanying schecer) is based on all information of	organizations and 49 dules and statements, and to the first which preparer has any known pate.	147(a)(1) nonexempt TREASURER Check If PTIN	XYes		
d Tota 52 Did t char: Under penalt true, correct, Sign Here Paid Preparer	(a) Name and address of each independent contractor the organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I decide that have examined this return and complete Declaration of preparer (other than office of the signature of officer background and the print/Type or print name and title print/Type preparer's name ALAN BLAU Firm's name THE BLAU COMPAN	rs each receiving over \$ Note All section 501(c)(3) hedule A rn, including accompanying schecer) is based on all information of	organizations and 49 fules and statements, and to the function of the function	he best of my knowledge and belief, wiedge Date TREASURER Check if PTIN P01	X Yes	0	
d Tota 52 Did t charr Under penalt true, correct, Sign Here	(a) Name and address of each independent contractor. In number of other independent contractor. The organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I decide that have examined this return and complete Declaration of preparer (other than office and complete and complet	rs each receiving over \$ Note All section 501(c)(3) hedule A rn, including accompanying scheecer) is based on all information c Preparer suprature WY, LTD. NE ROAD, STE 104	organizations and 49 fules and statements, and to the function of the function	147(a)(1) nonexempt the best of my knowledge and belief, wiedge Date TREASURER Check If PTIN P01 Firm's EIN 86	X Yes	0	
MONE d Tota 52 Did t char Under penalt true, correct, Sign Here Paid Preparer Use Only	(a) Name and address of each independent contractor the organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I decide that have examined this return and complete Declaration of preparer (other than office of the signature of officer background and the print/Type or print name and title print/Type preparer's name ALAN BLAU Firm's name THE BLAU COMPAN	rs each receiving over \$ Note All section 501(c)(3) Hedule A In, including accompanying schecer) is based on all information certains based on all information certains based on STE 104 IV, LTD. IVE ROAD, STE 104	Jules and statements, and to the first three days and statements, and to the first three days and three days and three days and three days are days and three days and three days and three days are days and three days and three days are days are days and three days are days and three days are days and three days are days are days and three days are days and three days are days are days and three days are days and three days are days and three days are days are days and three days are days and three days are days are days and three days are days are days are days and three days are days ar	Prim's EIN 86 Phone no (480)	X Yes	0 .519 7732	

26-3418857

Page 4

Form 990-EZ (2010) GREATER PHOENIX JEWISH FILM FESTIVAL INC

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

501(cV3) organization or a section

OMB No 1545-0047 **2010**

Department of the Treasury Internal Revenue Service Name of the organization 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

Open to Public Inspection

		ER PHOENIX JE	WISH FILM FEST	'IVAL INC					26-34	<u> 118857</u>	<i></i>		
Par	t I	Reason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See II	nstruct	ions.		
The o	orga	nization is not a priva	ate foundation becaus	e it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention	n of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).	ı				
2	Ш	A school described i	n section 170(b)(1)(A)	(ii). (Attach Schedule i	E)								
3	Ш	A hospital or a coop	erative hospital servic	e organization describe	ed in se d	ction 170	3(b)(1)(A)(iii).					
4		· .		in conjunction with a h	ospital (describe	d in sec	tion 170)(b)(1)(<i>A</i>	A)(iii) Er	nter the hos	pıtal's	•
5		name, city, and state An organization ope 170(b)(1)(A)(iv). (Co	rated for the benefit o	f a college or university	owned	or oper	ated by	a gover	nmental	unit de	scribed in s	ection	
6 7	П	A federal, state, or I	ocal government or go	overnmental unit descri substantial part of its su					or from	the ger	aeral public	descr	ubad
•		in section 170(b)(1)((A)(vi). (Complete Par	rt II)	трроп п	om a go	Vennie	inai uilii	. Or Iron	i ilic yei	ierai public	uesci	ibeu
8				70(b)(1)(A)(vi). (Comple									
9	X	from activities relate investment income a	d to its exempt function) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III)	า except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from (gross
10		An organization orga	anized and operated e	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11		more publicly suppo	rted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	1)(1) or s	section 5	09(a)(2	ctions o	f, or ca ection s	rry out th 5 09(a)(3)	ne purposes . Check the	of or box	ne or that
		a Type I	b Type II	c 🗌 Type III	l – Fund	ctionally	ıntegrat	ed		d 🗌	Type III -	Othe	r
е		By checking this box other than foundation section 509(a)(2)	k, I certify that the org n managers and othe	anization is not controll r than one or more pub	led dired licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	ified person on 509(a)(1)	s) or	
f		If the organization recheck this box	eceived a written dete	rmination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting (organization	١,	
g		Since August 17, 20	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	llowing	persons	ري		
		G) A norson who	divontly or indice att.	tl- aithar alama ar	taaatha			0500000	. دري	and (w)		Yes	No_
		(i) A person who below, the gov	erning body of the su	ontrols, either alone or oported organization?	togethe	with pe	:150115 U	escriber	י (וו) ווו ב	anu (III)	11 g (i)		
		(ii) A family memb	per of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controll	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	g information about th	e supported organization	on(s)								
		(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?	the organ	ou notify szation in n (i) of upport?	organiz	s the ation in nn (i) ed in the S ?	(vii) Amount	t of sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
											 		
(C)					-								
(D)					-								
(E)_									-				
Total]						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

	organization rails to quality t	inder the tests his	ieu below, please	complete Fart III)		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning 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.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	× ***	e e e e e e e e e e e e e e e e e e e				
6	Public support. Subtract line 5 from line 4		* *	, , **** , , , , , , , , , , , , , , ,			
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	·· 🎉 🎉		. ,	~	, 12 July 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul			11 ((0)			
	Public support percentage for 20 Public support percentage from 2	•	-	ie II, column (f)).		14	% %
	,, .	,	•			نىتى	.L
	33-1/3% support test – 2010. If t and stop here. The organization	qualifies as a pul	blicly supported or	rganization			▶ [_]
b	33-1/3% support test – 2009. If to and stop here. The organization	he organization o qualifies as a pub	lid not check a bo olicly supported or	x on line 13 or 16 ganization	sa, and line 15 is	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	and-circumstances	s' test, check this	box and stop her	re. Explain in Pai	t IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as	box and stop her a publicly suppor	re. Explain in Pai ted organization	t IV how the
18 BAA	Private foundation. If the organiz	zation did not che	eck a box on line 1	13, 16a, 16b, 17a			nstructions ►] 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support	isted below, pieds	ic complete r art	··· /			-
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions	,,,,,,		1-1-			
	and membership fees received (Do not include						0.
2	any 'unusual grants ') Gross receipts from admis-						
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose					52,823.	52,823.
3	Gross receipts from activities					02/0201	
	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on	}					
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	52,823.	52,823.
	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	o.,	0.	0.	0.	0.	0.
Ŀ	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	0.	0.	0.	0.	0.	0.
(: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6)	3 10		Aug de 1			52,823.
Sec	tion B. Total Support	Bestel and Albanda Comment		・第1位の場合の大学の大学	#13 #45 (14 Page 201) -		32,023.
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	0.	0.	0.	0.	52,823.	52,823.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from similar sources					122.	122.
Ł	Unrelated business taxable					122.	
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	: Add lines 10a and 10b	0.	0.	0.	0.	122.	122.
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on	-					0.
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in					}	
	Part IV)			ļ <u>-</u>		50.045	0.
	Total support. (Add Ins 9, 10c, 11, and 12)		0.	0.	0.	52,945.	52,945.
14	First five years. If the Form 990 organization, check this box and	is for the organiza I stop here	ation's first, seco	na, tnira, tourtn, c	or ππη tax year as	a section 501(c)(3)	<u> </u>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	-	••	ne 13, column (f))	ı	15	<u> </u>
16	Public support percentage from					16	<u> </u>
	tion D. Computation of Inv				(4)	12	
17 18	Investment income percentage f Investment income percentage f	· ·			mm (1))	17	_ %
	33-1/3% support tests - 2010. If	f the organization	did not check the	box on line 14, a	and line 15 is mor	e than 33-1/3%, an	
	is not more than 33-1/3%, check	this box and stop	p here. The organ	nization qualifies a	as a publicly supp	orted organization	▶ 🗌
Ł	33-1/3% support tests - 2009. If	the organization	did not check a b	oox on line 14 or I	ine 19a, and line	16 is more than 33-	-1/3%, and ▶ □
20	line 18 is not more than 33-1/3% Private foundation. If the organi		-	-			Lation
	ate roundation. If the organi	Zanon dia not the	CR & DUX UIT HITE	1-, 130, U 130, U	TICCK THIS DOX AIR	. ccc manactions	

Part IV	Supplemer Part II, line (See instru	990-E2) 20 1tal Inform 17a or 17 1ctions).	nation. Cor 7b; and Pa	mplete this	part to pr	rovide the e complete this	explanations of part for any	required by Pa additional inf	art II, line 10 ormation.	;
	-			. _ _ _ _ _						
	-									
			. – – – – –		. – – – – -					
	· 									
				. – – – – –						
				· = 	- 	- 				
			· -							
					. 		-			
	- - _									
					· _ -					
							-			

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 Name of the organization 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.

GREATER PHOENIX JEWISH FILM FESTIVAL INC	26-3418857
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO EDUCATE AND COMMUNICATE THROUGH THE EXPERIENCE OF JEWISH FII	LMS
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, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

SCHEDULE O - SUPPLEMEN	NTAL INFORMATION	PAGE 2
GREATER PHOENIX JEWISH	FILM FESTIVAL INC	26-341885
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION CREDIT CARD EXPENSE FESTIVAL EXPENSES FILMS IN SCHOOLS GALA EXPENSES INSURANCE LICENSES & PERMITS MEETING EXPENSE MILEAGE REIMBURSEMENT MISCELLANEOUS OFFICE EXPENSES TELEPHONE	total <u>\$</u>	14,787. 685. 27,404. 213. 2,280. 2,743. 10. 3. 149. 1,242. 282. 15. 49,813.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	.	
ACCOUNTS RECEIVABLE	BEGINNING 0. \$ \$ 0. \$ \$ \$ 0. \$ \$	ENDING 21 21
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	র্	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	BEGINNING \$ 683. \$ TOTAL \$ 683. \$	ENDING 1,237 1,237