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# Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Private foundation

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

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

For the 2010 calendar year, or tax year beginning 2011 2010 and ending JUN 30. JUL 1. Check if D Employer identification number C Name of organization Address change 27-2023911 Erik Hite Foundation, Inc. Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 265 (520) 495-0430 9420 E. Golf Links Rd Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 85730 Number > Application pending Tucson. AZ Cash X Accrual H Check ► X If the organization is not Accounting Method: Other (specify) Website: ▶ erikhitefoundation.org required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3)  $\sim$  501(c) ( ) **◄**(insert no.) 4947(a)(1) or [ 527 (Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 14.238. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 9,651. 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 See Schedule O 15. 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ 6.523. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 4,372. gross income and contributions exceeds \$15,000) 6b 2.400. c Less: direct expenses from gaming and fundraising events 6c 1,972. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 200. 7a Gross sales of inventory, less returns and allowances 544. See Schedule O 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <344.> Other revenue (describe in Schedule 0) 8 11,294. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 3,324. 12 Salaries, other compensation, and employee benefits 12 2,968. 13 Professional fees and other payments to independent contractors 13 See Schedule O 11,780. 14 14 Occupancy, rent, utilities, and maintenance 1,006. 15 Printing, publications, postage, and shipping 15 See Schedule O 6,070. Other expenses (describe in Schedule O) 16 16 25,148. Total expenses. Add lines 10 through 16 17 17 <13,854.> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 27,270. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule 0) 13,416. Net assets or fund balances at end of year. Combine lines 18 through 20 21

Form 990-EZ (2010)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| _                    | m 990-EZ (2010) Erik Hite Foundation, inc  | ·   |                            | <u> </u>                              | JII Page 2                                     |
|----------------------|--|---|----------------------------|---------------------------------------|--|
| P                    | art II Balance Sheets. (see the instructions for Part II.)   |   |                            |                                       |  |
|                      | Check if the organization used Schedule 0 to respond to any question   |   |                            | ·                                     | X  |
|                      |  | (/  | N) Beginning of year       | + +                                   | End of year                                    |
| 22                   | Cash, savings, and investments   |   | <u> 26,568.</u>            | 22                                    | <u>24,070.</u>                                 |
| 23                   | - J.   |   |                            | 23                                    |  |
| 24                   | Other assets (describe in Schedule 0) See Schedule C   | )   | 702.                       |                                       | 9,346.   |
| 25                   |  |   | 27,270.                    |                                       | 33,416.  |
| 26                   | ,  | '   | 0.                         | +                                     | 20,000.  |
| 27                   |  |   | <u>27,270.</u>             | .] 27                                 | 13,416.  |
| Pa                   | art III Statement of Program Service Accomplishmen   | •   | ·                          |                                       | xpenses<br>d for section                       |
|                      | Check if the organization used Schedule 0 to respond to any question   |   |                            |                                       | ) and 501(c)(4)                                |
|                      | at is the organization's primary exempt purpose? <mark>See Schedule C</mark>   |   |                            | 1 40 4 74 74 74                       | ions and section                               |
|                      | scribe what was achieved in carrying out the organization's exempt pur   |   |                            | for other                             | 1) trusts; optional<br>s.)                     |
|                      | services provided, the number of persons benefited, and other relevan  |   |                            | + + -                                 | <u>,                                      </u> |
| 28                   | The organization has begun the proc  |   |                            |                                       |  |
|                      | childcare facility and expeding fun supplies and staffing.   | as for rent,  | utilities,                 | <del>-</del>                          |  |
|                      |  |   |                            |                                       | 16 270   |
| 29                   | (Grants \$ ) If this amount includes foreign of  | rants, check here   | <b>P</b> (                 | 28a <br>                              | <u>16,378.</u>                                 |
| 23                   |  |   |                            | —                                     |  |
|                      |  |   | <del></del>                | -                                     |  |
|                      | (Grants \$ ) If this amount includes foreign of  | rante check here  | <b>.</b>                   | <sub>29a</sub>                        |  |
| 30                   | Totalits with this amount includes loreign c   | iants, check here   |                            | 238                                   | -  |
| •                    |  |   |                            | <del>-</del>                          |  |
|                      |  |   |                            | -                                     |  |
|                      | (Grants \$ ) If this amount includes foreign of  | rants, check here   | ▶ [                        | 30a                                   |  |
|                      | Other program services (describe in Schedule O)  | ,   |                            |                                       |  |
|                      | (Grants \$ ) If this amount includes foreign of  | rants, check here   | ▶ [                        | 31a                                   |  |
| 32                   | Total program service expenses (add lines 28a through 31a)   |   |                            | ▶ 32                                  | 16,378.  |
|                      | art IV List of Officers, Directors, Trustees, and Key E  | mployees. List each one e                                 | ven if not compensated (se | e the instructions                    | for Part IV)                                   |
|                      | Check if the organization used Schedule O to respond to any question   | in this Part IV   |                            |                                       |  |
|                      |  | (b) Title and average hours                               | (c) Compensation           | (d) Contributions                     | (e) Expense                                    |
|                      | (a) Name and address   | per week devoted to                                       | //4 mak maid amea.         | to employee                           |  |
|                      |  |   | (If not paid, enter        | benefit plans &                       | account and                                    |
|                      |  | position  | -0- )                      | benefit plans & deferred compensation | account and other allowances                   |
| No                   |  | President/Fou   | -0-)                       | deferred                              |  |
|                      | phemy Hite<br>123 E. Rocky Vista, Tucson, AZ 85748   | President/Fou   | -0-)                       | deferred                              | other allowances                               |
| 94<br>Er             | 123 E. Rocky Vista, Tucson, AZ 85748<br>ric Tobey, 5789 E. Camino de la  | President/Fou<br>40.00<br>Treasurer                       | -0-)<br>nder<br>0.         | deferred<br>compensation              | other allowances                               |
| 94<br>Er<br>As       | 123 E. Rocky Vista, Tucson, AZ 85748<br>cic Tobey, 5789 E. Camino de la<br>speracion, Tucson, AZ 85756   | President/Fou<br>40.00<br>Treasurer<br>10.00              | nder                       | deferred<br>compensation              | other allowances                               |
| 94<br>Er<br>As<br>Sh | 123 E. Rocky Vista, Tucson, AZ 85748<br>ric Tobey, 5789 E. Camino de la<br>speracion, Tucson, AZ 85756<br>nifali Zimmer, 1354 E Calle Rio              | President/Fou<br>40.00<br>Treasurer<br>10.00<br>Secretary | -0-) nder 0.               | deferred compensation                 | other allowances  0 . 0 .                      |
| 94<br>Er<br>As<br>Sh | 123 E. Rocky Vista, Tucson, AZ 85748<br>cic Tobey, 5789 E. Camino de la<br>speracion, Tucson, AZ 85756   | President/Fou<br>40.00<br>Treasurer<br>10.00              | -0-)<br>nder<br>0.         | deferred<br>compensation              | other allowances  0 . 0 .                      |
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| 94<br>Er<br>As<br>Sh | A23 E. Rocky Vista, Tucson, AZ 85748 ric Tobey, 5789 E. Camino de la speracion, Tucson, AZ 85756 nifali Zimmer, 1354 E Calle Rio obo, Tucson, AZ 85714 | President/Fou<br>40.00<br>Treasurer<br>10.00<br>Secretary | -0-) nder 0.               | deferred compensation                 | other allowances  0 . 0 .                      |
| 94<br>Er<br>As<br>Sh | 123 E. Rocky Vista, Tucson, AZ 85748<br>ric Tobey, 5789 E. Camino de la<br>speracion, Tucson, AZ 85756<br>nifali Zimmer, 1354 E Calle Rio              | President/Fou<br>40.00<br>Treasurer<br>10.00<br>Secretary | -0-) nder 0.               | deferred compensation                 | other allowances  0 . 0 .                      |
| 94<br>Er<br>As<br>Sh | A23 E. Rocky Vista, Tucson, AZ 85748 ric Tobey, 5789 E. Camino de la speracion, Tucson, AZ 85756 nifali Zimmer, 1354 E Calle Rio obo, Tucson, AZ 85714 | President/Fou<br>40.00<br>Treasurer<br>10.00<br>Secretary | -0-) nder 0.               | deferred compensation                 | other allowances  0 . 0 .                      |

Form **990-EZ** (2010)

032172 02-02-11

| 33 Did the organization engage in any activity not previously reported to the IRS7 If Yes, provide a detailed description of each activity in Schoolub D  33 X  34 X  Were any significant changes made to the organization of non-times, explain the change on Schoolub D (see instructions)  35 If the organization had income from business activities, such as those reported or intex 2, 8a, and 7a (among orbitus), but not reported on firm 980-1; ciples in Schoolub D (see instructions)  36 If the organization had income from business activities, such as those reported or intex 2, 8a, and 7a (among orbitus), but not reported on firm 980-1; ciples in Schoolub D (see instructions)  37 If the organization subject to section 6303(s) orbitus, organization and orbit or intex (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported orbitus 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported orbitus 2, 8a, and 7a (among orbitus), but not reported orbitus 2, 8a, and 7a (among orbitus), but not reported orbitus 2, 8a, and 7a (among orbitus), but not reported or intex 2, 8a, and 7a (among orbitus), but not reported orbitus 2, 8a, and 7a (among orbitus), but not reported orbitus 3, 8a, 8a, 8a, 8a, 8a, 8a, 8a, 8a, 8a, 8a  |      | Check if the organization used Schedule O to respond to any question in this Part V  |          |          | $\mathbf{x}$    |
|--|------|--|----------|----------|-----------------|
| 33   |      |  |          | Yes      | ·,              |
| Schodult D  Were any spinkcast changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule D (see instructions)  If the organization had occine from besidess activities, such as those reported on lines; 8a, and 7a (among others), but not reported on from 990-T.  If the organization had occine from 990-T is the specific of the organization of the organization of the organization had not report the incrine on form 990-T.  If the organization had recome from 990-T for this year?  If "Yes," has it flief a fax return on Form 990-T for this year?  If "Yes," has it flief a fax return on Form 990-T for this year?  If the organization of policical expenditures, direct or indicate, and escentiation of the organization of policical expenditures, direct or indicate, and escentiation of the organization of the organization in Form 1120-POL for this year?  If "Yes," complete Schedule, I, Part II and enter the total amount involved as Section 501(C)(7) organizations and acquisition of the superior expenditures, function of the superior expenditures of the organization of the organization of the organization during the year unders.  If "Yes," complete Schedule, I, Part II and enter the total amount involved as expension of the superior expension of the organization of            | 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in |          |          |                 |
| documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  If the organization had more inform bissness activities, such as those reported on lines 2, 68, and 7 a (among others), but not reported on form 990-T, explain in Schedule 0 why the organization did not report the more on Form 990-T.  If the organization had present explain in Schedule 0 why the organization of not report the more on Form 990-T.  If the organization undergo a line duration, or significant disposition of net assets during the year? If Yes, 1 as it flied a tax return on Form 990-T for this year?  If the organization undergo a line duration, disposition, the remaining or year granted in the instructions.  If the organization of portion explained in the line of the line year?  If the organization borrow from, or make any loans to, any officer, director, firustee, or key employee or were any such loans made in a prior year and still orbitalisation fee and capital contributions included on line 9.  If Yes, complete Schedule I, Part I and enter the total amonat involved  Section 501(C(X) organizations. Enter amount of tax imposed on the organization during the year and excess benefit transaction at pure year, that has not been reported on any of its prior Forms 990 or 990-E2? if Yes, complete Schedule I, Part I and enter the total amonat new year and excess benefit transaction and pure year, and the organization managers or or disqualted persons during the year under section 501(C(X)) and 501(C(X)) organizations. Enter amount of tax imposed on reganization managers or or disqualted persons during the year under sections 501(C(X)) and 501(C(X)) organizations. Enter amount of tax imposed on organization managers or ordinated persons during the year under sections 501(C(X)) and 501(C(X)) organizations. Enter amount of tax imposed on organization managers or ordinated persons during the year under sections 50 (C(X)) and 501(C(X)) organizations. Enter amount of tax imposed on orga            |      | Schedule O   | 33       |          | X               |
| 35 If the organization had income from business activities, such as those reported on ines 2, 6a, and 7a (among others), but not reported on Form 990-1.  3 Did the organization have unrelated business gioss income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section (\$03(c)) online, reporting, and grown fax requirements?  5 Did the organization undergo a flouridation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  3 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization before firm 1120-PDL for this year?  5 Did the organization before firm 1120-PDL for this year?  5 Did the organization before firm 1120-PDL for this year?  5 Political for organization before firm 1120-PDL for this year?  5 Political for organization before firm 1120-PDL for this year?  5 Political for organization before firm 1120-PDL for this year?  6 Did the organization file Form 1120-PDL for this year?  7 If Yes, Complete Schedule I, Part II and enter the fold all amount involved with the properties of the pro       | 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended                 |          |          |                 |
| reported on Form S90-1, explain in Schedule O why the organization and not report the income on Form S90-1.  a Did the organization have unreleaded business gross considered business for some of \$1.000 or more or was at a section \$51(c)(4), \$01(c)(5), or \$501(c)(6) organization subject to section 803(c) notice, reporting, and prioxy tax requirements?  b Did the organization undergo a laundation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  25 Enter amount of pollucial expenditures, direct or indirect, as described in the instructions.  b Did the organization her form \$120-P0L for this year?  15 Enter amount of pollucial expenditures, direct or indirect, as described in the instructions.  b Did the organization herometric pollucial expenditures, direct or indirect, as described in the instructions.  b Did the organization herometric pollucial expenditures, direct or indirect, as described in the instructions.  b Did the organization herometric pollucial expenditures, direct or indirect, as described in the instructions.  b Did the organization herometric pollucial expenditures and 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  38b N/A  38c X  37b X  37b X  37b X  37b X  38b N/A  38c X  37c X  37b X  37c X  38b N/A  38c X  37c X  37c X  37c X  38b N/A  38c X  37c X  37c X  37c X  38c X  37c X  37c X  38c X  37c X  37c X  37c X  37c X  37c X  38c X  37c X  38c X  37c X  37c X  38c X  37c X  38c X  37c X  37c X  38c X  37c X  38c       |      | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                | 34       |          | X               |
| a but the organization subject to section 603(c) notice, reporting, and proxy tax requirements?  501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements?  50 but the organization undergo a liquidation, dissolution, termination, or significent disposition of net assets during the year? If "Yes," complete spendiures, direct or indirect, as described in the instructions.  50 but the organization in Ferm 1190-PUL for this year?  51 but the organization ferm 1190-PUL for this year?  51 but the organization file Ferm 1190-PUL for this year?  52 but the organization file Ferm 1190-PUL for this year?  53 but the organization file Ferm 1190-PUL for this year?  53 but the organization file Ferm 1190-PUL for this year?  53 but the organization file Ferm 1190-PUL for this year?  53 but the organization file Ferm 1190-PUL for this year?  54 but the organization file Ferm 1190-PUL for this year?  55 bection 501(c)(7) organizations. Either:  56 and 57 but the organization file ferm 1190-PUL for this year?  57 but the organization file ferm 1190-PUL for this year?  58 but file organization file ferm 1190-PUL for this year?  58 but file organization file ferm 1190-PUL for this year?  59 but file organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL for this year.  50 but the organization file ferm 1190-PUL file file file file file file file file   | 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not               |          |          |                 |
| S01(0)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  50 filt Yes, 'has it filed a tax return on Form 990-T for this year?  50 filt year, 'has it filed a tax return on Form 990-T for this year?  51 filter amount of political exponditives, direct or indirect, as described in the instructions.  52 filter amount of political exponditives, direct or indirect, as described in the instructions.  53 filter amount of political exponditives, direct or indirect, as described in the instructions.  53 filter amount of political exponditives, direct or indirect, as described in the instructions.  53 filter amount of political exponditives, direct or indirect, as described in the instructions.  54 filter Scomplete Schedule I. Part II and enter the total amount involved  55 filter Scomplete Schedule I. Part II and enter the total amount involved  56 firers receipts, included on the 9 for public use of club facilities  57 filters, complete Schedule I. Part II and enter the total amount involved  57 filters, complete Schedule I. Part II and enter the total amount of tax imposed on the organization during the year under section 4912 by 10 c.; section 4915 by 10 c.)  57 section 50 (fc)(3) and 50 (fc)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year under section 4912, 4955. and 4958  57 filters, complete Schedule I. Part II  58 section 50 (fc)(3) and 50 (fc)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912, 4955, and 4958  58 described S0 (fc)(3) and 50 (fc)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912, 4955, and 4958  59 described S0 (fc)(3) and 50 (fc)(4) organizations. Enter amount of tax in line 40c rambursed by the organization is blocks are in care of S0 hohemy Hite.  50 described S0 (fc)(3) and 50 (fc)(4) organizations. Enter amount of tax in line 40c rambu            |      | reported on Form 990-T, explain in Schedule O 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?  8  | а    | 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                    |          |          |                 |
| 36 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 137 a  |      | 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a      |          | X               |
| as a privable parts of Schedule N  37 a Enter amount of pointcal expenditures, direct or indirect, as described in the instructions.  ▶ 37 b Ot the organization file Form 1120-POL for this year?  38 a Did the organization file Form 1120-POL for this year?  38 a Did the organization form 1120-POL for this year?  38 b Other the organization file Form 1120-POL for this year?  39 a Continue of the search of the tax year covered by this return?  ▶ 17 % complete Schedule L, Part II and enter the total amount involved  39 Section 501 (c)(7) organizations. Enter:  10 Initiation tees and capital contributions included on line 9  \$8 Section 501 (c)(8) organizations. Enter amount of tax imposed on the organization during the year under:  20 c. section 4911 ▶ 0 c. section 4912 ▶ 0 c. section 4915 ▶ 0 c.  \$8 Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization during the year under:  20 c. section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization during the year under:  21 If Yes, complete Schedule L, Part I organizations. Briter amount of tax imposed on organization and yet its prior Forms 990 or 990-E2?  22 If Yes, complete Schedule L, Part I organizations. A section 301 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and sections 4912, 4955, and 4958  34 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization.  35 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 888-F.  41 List the states with which a copy of this return is filed. ▶ None  42 In Yes, complete Schedule L, Part I organization have an interest in or a signature or other authority over a faminacial account in a foreign country: ▶  45 See the instructions for exceptions and filting requirements for Form TD           | b    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b      | N/       | A               |
| The Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization lie Form 1120-PDL for this year?  37 a   | 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"    |          |          |                 |
| b Did the organization the Form 1120-PDL for this year?  38 a 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 I., Part II and enter the total amount involved  38 Section 50 (Ic(I)?) organizations. Enter:  a Initiation fees and capital contributions included on line 9  39 N/A  39a N/A  39b N/A  39b N/A  39b N/A  39c Section 50 (Ic(I)3 organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0.  b Section 50 (Ic(I)3 and 50 Ic(I)4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 50 Ic(I)3 and 50 Ic(I)4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule I., Part I  5. Section 50 Ic(I)3 and 50 Ic(I)4) organizations. Enter amount of tax on line 40cr embursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  4. List the states with which a copy of this return is filed. ▶ None  4. The organization's books are in care of ▶ Nohemy Hite  Telephone no. ▶ (520) 4.95-04.30  account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 1D F.90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(3)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1011 - Check here and enter the amount of tax exceptions and filing requirements for Fo            |      |  |          |          | X               |
| 38a Did the organization borrow from, or make any losins to, any officer, director, trustee, or key employee or were any such losins made in a prior year and still outstanding at the end of the tax year covered by this return?  38b N/A  38c N/A  38c N/A  38c N/A  38c N/A  38c N/A  38c N/A  38b N/A  38c N/A             | 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions.  | <u>.</u> |          | 1               |
| a na priory 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:  a Inhabition fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities.  38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0_s; section 4912 ▶ 0_s; section 4955 ▶ 0_s  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 during the year, or did it engage in an excess benefit transaction of 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-E2?  If Yes, 'complete Schedule L, Part I  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. and Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the lax year, was the organization a party to a prohibited tax shelter transaction?  1 Elephone no.  | b    | Did the organization file Form 1120-POL for this year?   | 37b      |          | X               |
| b If Yes, complete Schedule L, Part I and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Initiation Res and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911   | 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made          |          |          |                 |
| 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  |      | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a      |          | X               |
| a Initiation less and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39b N/A 39b N/A 39b N/A 39b N/A 39b 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)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did t 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, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  41 List the states with which a copy of this return is filed. ▶ None 42a The organization's books are in care of ▶ Nohemy Hite Transaction? At any time during the calendar year, did the organization have an interest in or a signature or other authority over a handinal account in a foreign country. ▶  5 See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  17 Yes," enter the name of the foreign country: ▶  43 Section 491(4)(1) nonexemptic characteristic 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  44b X  44c X  45c Not the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  6 Ut th            | þ    | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A   |          |          |                 |
| b Gross recepts, included on line 9, for public use of club facilities  40a Section 50 1(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0  | 39   | Section 501(c)(7) organizations. Enter:  |          |          |                 |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  1. List the states with which a copy of this return is filed. ▶ None  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization's books are in care of ▶ Nohemy Hite  12. The organization are of the foreign country: ▶  12. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  12. All any time during the calendar year, did the organization maintain an office outside of the U.S.?  12. Yes, enter the name of the foreign country: ▶  13. Section 4947(a)(1) nonexempt charitable trusts thing Form 990-22.1, Report of Foreign Bank and Financial Accounts.  13. Yes No  14. Yes Touring 40.  14. Yes Touring 40.            | a    |  | _        |          |                 |
| section 4911   | b    | Gross receipts, included on line 9, for public use of club facilities  39b N/A   | _        |          |                 |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, Complete Schedule I, Part I 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   | 40 a |  |          |          |                 |
| 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 I., Part I  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  O.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  11. List the states with which a copy of this return is filed.  None  12. The organization's books are in care of Nonemy Hite Tinks Rd. #265, Tucson, AZ  Telephone no. (520) 495-0430  Located at 9420 E. Golf Links Rd. #265, Tucson, AZ  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 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 filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  3 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  144a  |      | section 4911 ► 0 . ; section 4912 ► ; section 4955 ► 0 .   |          |          |                 |
| If Yes,' complete Schedule L, 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 on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8866-T  41 List the states with which a copy of this return is filed. None  42a The organization's books are in care of Nohemy Hite Organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account.)?  If Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain any 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 Foreign Bank and Financial Accounts.  42c   | þ    |  |          |          |                 |
| 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  |      |  | '        |          |                 |
| or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  40e  X  1st the states with which a copy of this return is filed. ► None  1cocated at ► 9420 E. Golf Links Rd. #265, Tucson, AZ  1clephone no. ► (520) 495-0430  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)?  1f Yes,* enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  1f Yes,* enter the name of the foreign country: ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here 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 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 X  44d X  44d X   |      |  | 40b      |          | X               |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. None  1 List the states with which a copy of this return is filed. None  1 Located at \$\infty\$ 94 20 E. Golf Links Rd. \$\frac{1}{2}\$ 265, Tucson, AZ  1 The organization's books are in care of Nohemy Hite Located at \$\infty\$ 94 20 E. Golf Links Rd. \$\frac{1}{2}\$ 265, Tucson, AZ  2 IP +4 \$\infty\$ 85730  1 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 accounts)  1 If "Yes," enter the name of the foreign country:  2 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  2 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  1 If "Yes," enter the name of the foreign country:  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  4 At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization perale one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  6 Did the organization perale one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  6 Did the organization perale one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of If "Yes," Form 990 must be completed instead of Form 990-EZ  2 Did the organization feceive any payments for | C    | •  |          |          |                 |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed. ▶ None  1 Located at ▶ 9420 E. Golf Links Rd. #265, Tucson, AZ  1 List we 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 in a foreign country: ▶  1 If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  3 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 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 H" "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |      |  |          |          |                 |
| 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  40e  | d    |  |          |          |                 |
| transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed.   None  12a The organization's books are in care of   Nohemy Hite  |      | · ———  | '        |          |                 |
| List the states with which a copy of this return is filed. None  The organization's books are in care of Nohemy Hite Located at 9420 E. Golf Links Rd. #265, Tucson, AZ  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, or other financial account, or other financial account; or exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ on the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ on 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  | е    |  |          |          | ,,,             |
| 42a The organization's books are in care of ▶ Nohemy Hite Telephone no. ▶ (520) 495-0430  Located at ▶ 9420 E. Golf Links Rd. #265, Tucson, AZ  IP+4 ▶ 85730  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 accounts)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  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 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 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   |      |  | 40e      | L        | <u>  X</u> _    |
| Located at ▶9420 E. Golf Links Rd. #265, Tucson, AZ  IP+4 ▶85730  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  3 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 Schedule O   |      |  | 405      | 0.4      | 20              |
| 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    Yes   No account ?   | 42 a |  |          |          | 30              |
| over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  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  44d   Mathematical Accounts   Alze   X    Alze   X    Yes   No  |      |  | 33/3     | <u>u</u> |                 |
| account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  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 N/A  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  | D    |  |          | Vac      | No              |
| If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1 Yes No  2 No  3 No No  4 No  4 No No  4 N           |      |  | 42h      | 163      | +               |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  14a 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  14d Add If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation and the schedule O  15d Add If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation and the schedule O   |      | ·  | 420      |          | <del>  ^-</del> |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143 N/A  150 N/A  160 N/A             |      | · · · · · · · · · · · · · · · · · · ·  |          |          |                 |
| If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1   | ^    |  | 420      |          | x               |
| 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  Yes No  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   | Ü    |  | 740      | <u> </u> | 1 42            |
| and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  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  44d 44d   | 43   |  |          | •        |                 |
| Yes No  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   | 70   |  | N/A      |          |                 |
| 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?  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  44d  44d  44d  44d   |      | and office the unbount of tax oxempt should be decided 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?  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  44d  44d  44d  44d   |      |  |          | Yes      | No              |
| 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  44d  44d  44d  44d  | 44 a | Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of                       |          |          |                 |
| 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  44d  44d   |      |  | 44a      |          | $\mathbf{x}$    |
| 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  | h    |  |          |          |                 |
| 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  44d   | _    |  | 44b      |          | x               |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation un Schedule O 44d  | c    |  |          |          |                 |
| ın Schedule O 44d  |      |  | 1        |          |                 |
|  | -    |  | 44d      |          |                 |
|  |      |  |          | 90-EZ    | (2010)          |

| Form         | 990-EZ (2010) Erik Hite Foundation, I   | Inc.  |  | 27-2023                        | 911         | F                   | Page 4    |
|--------------|---|---|--|--------------------------------|-------------|---------------------|-----------|
|              | , ,   |   |  |                                |             | Yes                 | No        |
| 45           | Is any related organization a controlled entity of the organization within  | the meaning of section 512(b)   | (13)?                                  |                                | 45          |                     | X         |
| а            | Did the organization receive any payment from or engage in any transaction  | -   | e meaning of section                   | 512(b)(13)?                    |             |                     |           |
|              | If "Yes," Form 990 and Schedule R may need to be completed instead of F   |   |  |                                | 45a         |                     | <u> X</u> |
| 46           | Did the organization engage, directly or indirectly, in political campaign ac   | ctivities on behalf of or in opposition   | to candidates for pu                   | iblic office?                  | 40          |                     | 77        |
| Pa           | If 'Yes,' complete Schedule C, Part I  Int VI Section 501(c)(3) organizations and section   | 4947(a)(1) noneyempt  | charitable true                        | ete only All                   | 46          | 501/0               | X X       |
|              | organizations and section 4947(a)(1) nonexempt charitable trus  |   |  |                                |             |                     |           |
|              | Check if the organization used Schedule 0 to respond to any que   | •   | ind oz, and complete                   | THE LEDICE FOR III             | .00 00      | u.i.o o i           | $\Box$    |
|              |   |   |  |                                |             | Yes                 | No        |
| 47           | Did the organization engage in lobbying activities? If "Yes," complete S  | Schedule C, Part II   |  | [                              | 47          |                     | X         |
| 48           | Is the organization a school as described in section $170(b)(1)(A)(ii)^2$ if "Y   | res," complete Schedule E   |  |                                | 48          |                     | X         |
|              | Did the organization make any transfers to an exempt non-charitable relat   | ed organization?  |  |                                | 49a         |                     | <u> </u>  |
|              | If "Yes," was the related organization a section 527 organization?  |   |  | l                              | 49b         |                     |           |
| 50           | Complete this table for the organization's five highest compensated employers.  |   | , trustees and key en                  | nployees) who ea               | ach red     | ceived r            | nore      |
|              | than \$100,000 of compensation from the organization. If there is none, er  | (b) Title and average hours   | (c) Compensation                       | (d) Contributions              |             | a) Evno             |           |
|              | (a) Name and address of each employee paid more   | per week devoted to   | (c) compensation                       | to employee<br>benefit plans & | , v         | e) Exper<br>count : |           |
|              | than \$100,000 NONE   | position  |  | deferred<br>compensation       | othe        | er allow            | ances     |
|              |   |   |  | Somponsation                   |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                | 1           |                     |           |
|              |   |   |  |                                | +           |                     |           |
|              |   |   |  |                                |             |                     |           |
| f            | Total number of other employees paid over \$100,000   | <b>&gt;</b>   | ·                                      |                                |             |                     |           |
| 51           | Complete this table for the organization's five highest compensated indep   | endent contractors who each received  | ed more than \$100,                    | 000 of compens                 | ation fi    | om the              |           |
|              | organization. If there is none, enter "None." NONE  (a) Name and address of each independent contractor paid mo   | ore than \$100,000  | (b) Type of serv                       | uoo /-                         | 1 Com       | noncot              |           |
|              | (a) Name and address of each independent contractor paid int  | ore man & 100,000   | (u) Type of Serv                       | /ice (C                        | Com         | pensati             | UII       |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   |   |  |                                |             |                     |           |
|              |   | · · · · · · · · · · · · · · · · · · ·   |  |                                |             |                     |           |
| d            | Total number of other independent contractors each receiving over \$100,  | 000   |  |                                | <del></del> |                     |           |
| 52           | Did the organization complete Schedule A? <b>Note</b> : All section 501(c)(3) org   |   | mpt                                    |                                |             |                     |           |
|              | charitable trusts must attach a completed Schedule A  | . , ,   | •                                      |                                | X Ye        | s $\Box$            | □ No      |
|              | Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than officer) is based on | g accompanying schedules and statement<br>all information of which preparer has any | ts, and to the best of my<br>knowledge | knowledge and bel              | ief, it is  | true,               |           |
| Sig          | n Signature of officer  |   |  | × 2-8-1                        | 2_          |                     |           |
| Her          | e   | Malana Hela   | Presider                               | .d.                            |             |                     |           |
|              | Dorothy Schneider, Treasure   | * Nonemy three  | , rresider                             | 11                             |             |                     |           |
|              | Print/Type preparer's name Preparer's signa   | ture Date   | Check C                                | ıf PTIN                        |             |                     |           |
| Pai          |   | 1 Date  | self- employ                           | - 1                            |             |                     |           |
|              | parer Dale R. Calvert   | W 2/3/1   | یا ا                                   | -                              |             |                     |           |
|              |   | PLLC  | Firm's EIN                             | <u> </u>                       |             |                     |           |
|              |   | d. Suite 352  | Phone no.                              | 520-32                         | 25-         | 154                 | 4         |
|              | Tucson, AZ 85711  |   |  |                                |             |                     |           |
| May<br>03217 | the IRS discuss this return with the preparer shown above? See instruction  | ns  |  | <b>▶</b> [3                    | Ye          | s                   | No        |
| 03217        | -11   |   |  | F                              | orm 9       | 90-EZ (             | 2010)     |

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2010** 

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number 27-2023911 Erik Hite Foundation. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iji). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d Type III · Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (v) Did you notify the (iv) is the organization (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes Yes

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

# Schedule A (Form 990 or 990 EZ) 2010 Erik Hite Foundation, Inc. 27-2023911 Page 2 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                      |                      |                      |                        |                       |                     |                             |
|------|---|----------------------|----------------------|------------------------|-----------------------|---------------------|-----------------------------|
| Cale | ndar year (or fiscal year beginning in)     | (a) 2006             | (b) 2007             | (c) 2008               | (d) 2009              | (e) 2010            | (f) Total                   |
| 1    | Gifts, grants, contributions, and           |                      |                      |                        |                       |                     |                             |
|      | membership fees received. (Do not           |                      |                      |                        |                       |                     |                             |
|      | include any "unusual grants ")              |                      |                      |                        | 26,704.               | 12,025.             | 38,729.                     |
| 2    | Tax revenues levied for the organ-          |                      |                      |                        |                       |                     |                             |
|      | ization's benefit and either paid to        |                      |                      |                        |                       |                     |                             |
|      | or expended on its behalf                   |                      |                      |                        |                       |                     |                             |
| 3    | The value of services or facilities         |                      |                      |                        |                       |                     |                             |
|      | furnished by a governmental unit to         |                      |                      | 1                      |                       |                     |                             |
|      | the organization without charge             |                      |                      |                        |                       |                     |                             |
| 4    | Total. Add lines 1 through 3                |                      |                      |                        | 26,704.               | 12,025.             | 38,729.                     |
| 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)                                  |                      |                      |                        |                       |                     | 75.                         |
| 6    | Public support. Subtract line 5 from line 4 |                      |                      |                        |                       |                     | 38,654.                     |
|      | tion B. Total Support                       |                      | ·                    |                        |                       |                     |                             |
| Cale | ndar year (or fiscal year beginning in)     | (a) 2006             | (b) 2007             | (c) 2008               | (d) 2009              | (e) 2010            | (f) Total                   |
| 7    | Amounts from line 4                         |                      |                      |                        | 26,704.               | 12,025.             | 38,729.                     |
| 8    | Gross income from interest,                 |                      |                      |                        |                       |                     |                             |
|      | dividends, payments received on             |                      |                      |                        |                       |                     |                             |
|      | securities loans, rents, royalties          |                      |                      |                        |                       |                     |                             |
|      | and income from similar sources             |                      |                      |                        | 3.                    |                     | 3.                          |
| 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.)                |                      |                      |                        | 1                     |                     |                             |
| 11   | Total support. Add lines 7 through 10       |                      |                      |                        |                       |                     | 38,732.                     |
| 12   | Gross receipts from related activities,     | etc (see instructi   | ons)                 | -                      |                       | 12                  | 8,566.                      |
| 13   | First five years. If the Form 990 is for    | r the organization'  | s first, second, thi | rd, fourth, or fifth t | ax year as a section  | 501(c)(3)           |                             |
|      | organization, check this box and stor       | here                 |                      |                        | ·                     | ·                   | <u> </u>                    |
| Sec  | ction C. Computation of Publ                | ic Support Pe        | rcentage             |                        |                       |                     |                             |
| 14   | Public support percentage for 2010 (        | line 6, column (f) d | ivided by line 11,   | column (f))            |                       | 14                  | 99.80 %                     |
| 15   | Public support percentage from 2009         | Schedule A, Part     | II, line 14          |                        | Į.                    | 15                  | %                           |
| 16a  | 33 1/3% support test - 2010. If the o       | rganization did no   | t check the box o    | n line 13, and line    | 14 is 33 1/3% or mo   | ore, check this box |                             |
|      | stop here. The organization qualifies       | as a publicly supp   | orted organization   | n                      |                       |                     | $\triangleright \mathbf{X}$ |
| b    | 33 1/3% support test - 2009. If the o       | rganization did no   | t check a box on l   | line 13 or 16a, and    | line 15 is 33 1/3%    | or more, check this | s box                       |
|      | and stop here. The organization qual        | lifies as a publicly | supported organiz    | zation                 |                       |                     | ightharpoons                |
| 17a  | 10% -facts-and-circumstances tes            | t - 2010. If the org | anization did not d  | check a box on line    | e 13, 16a, or 16b, ar | nd line 14 is 10% c | or more,                    |
|      | and if the organization meets the "fac      | cts-and-circumstan   | ces" test, check t   | this box and stop I    | here. Explain in Parl | l IV how the organ  | zation                      |
|      | meets the "facts-and-circumstances"         | test The organiza    | ation qualifies as a | publicly supporte      | d organization        |                     | ightharpoons                |
| b    | 10% -facts-and-circumstances tes            | t - 2009.If the org  | anization did not d  | check a box on line    | 13, 16a, 16b, or 17   | a, and line 15 is 1 | 0% or                       |
|      | more, and if the organization meets the     | he "facts-and-circu  | ımstances" test, c   | heck this box and      | stop here. Explain    | in Part IV how the  |                             |
|      | organization meets the "facts-and-cire      | cumstances" test     | The organization     | qualifies as a publ    | icly supported orga   | nization            | ▶□                          |
| 18   | Private foundation. If the organization     |                      | -                    |                        | • • • •               |                     | <b>▶</b> □                  |
|      |   |                      |                      |                        |                       | dule A (Form 990    |                             |

# Schedule A (Form 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 b   | elow, please com    | plete Part II)        |                        |                   |                       |             |
|--|---------------------|-----------------------|------------------------|-------------------|-----------------------|-------------|
| Section A. Public Support  |                     |                       | <del>,</del>           | <del>1 ·</del>    | <u> </u>              |             |
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2006            | <b>(b)</b> 2007       | (c) 2008               | (d) 2009          | (e) 2010              | (f) Total   |
| 1 Gifts, grants, contributions, and  |                     |                       |                        |                   |                       | :           |
| membership fees received (Do not   |                     |                       |                        |                   |                       |             |
| ınclude any "unusual grants ")   |                     |                       |                        |                   | 1                     |             |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | :<br>               |                       |                        |                   |                       |             |
| 3 Gross receipts from activities that  |                     |                       |                        |                   |                       |             |
| are not an unrelated trade or bus-   |                     |                       |                        |                   |                       | •           |
| iness under section 513  |                     |                       |                        |                   |                       |             |
| 4 Tax revenues levied for the organ-   |                     |                       |                        |                   |                       |             |
| ization's benefit and either paid to<br>or expended on its behalf  |                     |                       |                        |                   |                       |             |
| 5 The value of services or facilities  |                     |                       |                        |                   |                       |             |
| furnished by a governmental unit to  |                     |                       |                        |                   |                       |             |
| the organization without charge  | I                   |                       |                        |                   |                       |             |
| 6 Total. Add lines 1 through 5   |                     |                       |                        |                   |                       |             |
| 7a Amounts included on lines 1, 2, and   |                     |                       |                        |                   |                       |             |
| 3 received from disqualified persons   |                     |                       |                        |                   |                       |             |
| b Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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   |                     | 1                     | T                      | 1                 |                       |             |
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2006            | <b>(b)</b> 2007       | (c) 2008               | (d) 2009          | (e) 2010              | (f) Total   |
| 9 Amounts from line 6  |                     |                       |                        |                   |                       |             |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                     |                       |                        |                   |                       |             |
| <b>b</b> Unrelated business taxable income   |                     |                       |                        |                   |                       |             |
| (less section 511 taxes) from businesses   |                     |                       |                        |                   |                       |             |
| acquired after June 30, 1975   |                     |                       |                        |                   |                       |             |
| c Add lines 10a and 10b  11 Net income from unrelated business   |                     |                       |                        |                   |                       |             |
| activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                     |                       |                        |                   |                       |             |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                     |                       |                        |                   |                       |             |
| 13 Total support (Add lines 9, 10c, 11 and 12)   |                     |                       |                        | <u> </u>          |                       |             |
| 14 First five years. If the Form 990 is for  | the organization'   | s first, second, thii | d, fourth, or fifth to | ax year as a sect | ion 501(c)(3) organiz | ation,      |
| check this box and stop here   |                     |                       |                        |                   |                       | <b>&gt;</b> |
| Section C. Computation of Publ   | ic Support Pe       | rcentage              |                        |                   |                       |             |
| 15 Public support percentage for 2010 (I   | ine 8, column (f) d | livided by line 13, o | column (f))            |                   | 15                    | %           |
| 16 Public support percentage from 2009   | Schedule A, Part    | t III, line 15        |                        |                   | 16                    | 9/          |
| Section D. Computation of Inves  | stment Incom        | e Percentage          |                        |                   |                       |             |
| 17 Investment income percentage for 20   | 10 (line 10c, colui | mn (f) divided by lii | ne 13, column (f))     |                   | 17                    | 9           |
| 18 Investment income percentage from 2   | 2009 Schedule A,    | Part III, line 17     |                        |                   | 18                    | 9           |
| 19a 33 1/3% support tests - 2010. If the   | organization did i  | not check the box     | on line 14, and line   | e 15 is more than | 33 1/3%, and line 1   | 7 is not    |
| more than 33 1/3%, check this box ai   | nd stop here. The   | e organization qua    | lifies as a publicly   | supported organ   | ızatıon               | ▶□          |
| b 33 1/3% support tests - 2009. If the   |                     | _                     |                        |                   |                       | and         |
| line 18 is not more than 33 1/3%, che  | ck this box and s   | top here. The orga    | anization qualifies    | as a publicly sup | ported organization   | ▶□          |
| 20 Private foundation If the organization  | n did not check a   | hov on line 14 10     | a or 10h check ti      | nic how and coo.  | netnictione           |             |

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Erik Hite Foundation, Inc.

Employer identification number 27-2023911

| Erik Hite Foundation, Inc.                              | 27-2023911            |
|---|-----------------------|
| Form 990-EZ, Part I, Line 4, Other Investment Income:   | _                     |
| Description of Property:                                | Amount:               |
| Interest  | 15.                   |
|   |                       |
| Form 990-EZ, Part I, Line 7, Gross Profit from Sales of | of Inventory:         |
| Income:   |                       |
| 1. Gross Receipts                                       | 200.                  |
| 2. Returns and Allowances                               | 0.                    |
| 3. Line 1 less line 2                                   | 200.                  |
| 4. Cost of Goods Sold (line 13)                         | 544.                  |
| 5. Gross Profit (line 3 less line 4)                    | -344.                 |
| Cost of Goods Sold:                                     |                       |
| 6. Inventory at Beginning of Year                       | 148.                  |
| 7. Merchandise Purchased                                | 3,055.                |
| 8. Cost of Labor  | 0.                    |
| 9. Materials and Supplies                               | 0.                    |
| 10. Other Costs   | 0.                    |
| 11. Add Lines 6 through 10                              | 3,203.                |
| 12. Inventory at End of Year                            | 2,659.                |
| 13. Cost of Goods Sold (line 11 less line 12)           | 544.                  |
|   |                       |
| Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utiliti  | ies, and Maintenance: |
| Description of Expenses:                                | Amount:               |
| Depreciation  | 1,138.                |
| Other Expenses  | 10,642.               |
| Total to Form 990-EZ, line 14                           | 11,780.               |

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Erik Hite Foundation, Inc.

Employer identification number 27-2023911

| Form 990-EZ, Part I, Line 16, Other Expenses:   |                | -                                 |
|---|----------------|-----------------------------------|
| Description of Other Expenses:  |                | Amount:                           |
| Advertising   |                | 222.                              |
| Insurance   |                | 649.                              |
| Office Supplies   |                | 1,322.                            |
| Flowers   |                | 257.                              |
| Licenses/Fees   |                | 3,025.                            |
| Sales Tax   |                | 48.                               |
| Training/Meeting  |                | 545.                              |
| Bank Charges  |                | 2.                                |
| Total to Form 990-EZ, line 16   |                | 6,070.                            |
| Form 990-EZ, Part II, Line 24, Other Assets:  Description   |                |                                   |
| Inventory   | 148.           | 2,659.                            |
| Prepaid Insurance   | 554.           | 2,187.                            |
| Security Deposit  | 0.             | 4,500.                            |
| Total to Form 990-EZ, line 24   | 702.           | 9,346.                            |
| Form 990-EZ, Part II, Line 26, Other Liabilitie   | 28:            |                                   |
| Description   | Beg. of Year   | End of Year                       |
| Note Payable  | 0.             | 20,000.                           |
| Form 990-EZ, Part III, Primary Exempt Purpose -   | To memorialize | the life                          |
| and sacrifice of Officer Erik Hite and to provi<br>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. |                | o the<br>rm 990 or 990-EZ) (2010) |

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

Erik Hite Foundation, Inc. Employer identification number 27-2023911

| families of Fallen Police Officer and Emergency Service professionals,  |
|---|
| the organization will develop and implement childcare centers, as well  |
| as education and family outreach programs hosted in a safe and positive |
| environment.  |
|   |
| Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:  |
| The organization did not, during the year, receive any funds, directly, |
| or indirectly, to pay premiums on a personal benefit contract.          |
| The organization, did not, during the year, pay any premiums, directly, |
| or indirectly, on a personal benefit contract.                          |
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Department of the Treasury Internal Revenue Service Name(s) shown on return

# **Depreciation and Amortization** 990-EZ

Business or activity to which this form relates

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Identifying number

Erik Hite Foundation, Inc. Form 990-EZ Page 1 27-2023911 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 ff zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 1,138. the tax year 14 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Depreciation deduction (a) Classification of property ear placed in service (business/investment use (e) Convention (f) Method only - see instructions) 3-year property 19a 5-year property b 7-year property 10-year property 15-year property е 20-year property 25 yrs S/L 25-year property g MM S/L 27 5 yrs. h Residential rental property 27 5 vrs MM S/L MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/L Class life 20a S/L b 12-year 12 yrs. 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,138. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2010 tax year 43 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 44