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Form **990**-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning . 2011, and ending Employer identification number LESLIE M CROUCH AND JUDY ANN CROUCH 52-7218074 EDUCATIONAL TRUST В Telephone number (see the instructions) 2 CAMINO LA VENTA HENDERSON, NV 89011 С If exemption application is pending, check here Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► Ś (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income for charitable purposes (cash basis only) (see instructions)) 139,550 Contributions, gifts, grants, etc, received (att sch) if the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10. **b** Gross sales price for all assets on line 6a EVENU Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) Total. Add lines 1 through 11 . 550 0 0 139 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule) 650 **b** Accounting fees (attach sch) See St 1 c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule)(see instrs). 0 3 7012 8 19 Depreciation (attach 7,038. sch) and depletion 20 Occupancy Ė 21 Travel, conferences, and meetings EXPENSES 22 Printing and publications 23 Other expenses (attach schedule) See Statement 4,473. 24 Total operating and administrative 12,161 expenses. Add lines 13 through 23 Contributions, gifts, grants paid Stmt 3 132,768 132,768. 25 Total expenses and disbursements. 0. Add lines 24 and 25 144,929 0 132,768 Subtract line 26 from line 12: a Excess of revenue over expenses -5,379and disbursements 0 **b** Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

BAA For Paperwork Reduction Act Notice, see instructions.

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Parl	· 11 ·	Balance Sheets	Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year		of year
ган	. !!]	Dalatice Silects	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	297.	2,607.	
	2	Savings and tempora	ary cash investments			
	3	Accounts receivable	>			
		Less allowance for o	doubtful accounts			
	4	Pledges receivable	>			
		Less: allowance for e	doubtful accounts			
	5	Grants receivable				
	6		cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans reco				
Α	,	Less allowance for				
Ş	۰	Inventories for sale				
A S E T	8					
T S	9	Prepaid expenses ar	· ·			
3		obligations (attach s	-			
		Investments — corporate				ļ.· · · · · · · · · · · · · · · · · · ·
	(Investments — corporate	bonds (attach schedule)			ļ
	11	Investments – land, equipment basis	buildings, and			
		Less accumulated deprec (attach schedule)	nation ►			
	12	Investments - morte	gage loans.			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and e	equipment basis > 179,106.			
		Less accumulated deprec (attach schedule)	lation See Stmt 4 ► 64,394.	121,750.	114,712.	
	15 16	Other assets (descri				
<u> </u>	17	see the instructions Accounts payable ar	Also, see page 1, item I)	122,047.	117,319.	0.
ī		' '	id accided expenses			1
A B	18	Grants payable				i
Ī	19	Deferred revenue	to a trustana O other discussified passage			-
Ļ	20		tors, trustees, & other disqualified persons			-
Ť	21	5 5	s payable (attach schedule)			-
Ē	22	Other liabilities (descr	ibe			-
E S	23	Total liabilities (add	lines 17 through 22)	0.	0.	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				
N F E U T N	25	Temporarily restricte	ed			1
' D	26	Permanently restrict				
A S B S A			not follow SFAS 117, check here			
A B A L A	27	·	orincipal, or current funds	122,047.	117,319.	
SŅ	28	Paid-in or capital surplus,	, or land, building, and equipment fund			1
OE	29	Retained earnings, accum	ulated income, endowment, or other funds			
RS	30		fund balances (see instructions)	122,047.	117,319.	
	31		net assets/fund balances	122 047	117 210	
Do:	 -	(see instructions)	ges in Net Assets or Fund Balanc	122,047.	117,319.	
				·	<u> </u>	<u> </u>
1	Tota	I net assets or fund be	alances at beginning of year — Part II, colu	ımn (a), line 30 (must a	gree with	122,047.
_		, ,	d on prior year's return)		1 2	
_		r amount from Part I,				-5,379.
3		increases not included in li	ne z (Remize)		<u> </u>	116 660
4		lines 1, 2, and 3	(itamiza)			116,668.
5		ases not included in line 2 (Double selection (1)	5	116 660
6	rota	riet assets or fund b	alances at end of year (line 4 minus line 5)	ı — Part II, column (b), l	ine 30 6	116,668.

Par	(a) List and describe	_osses for Tax on Investmen e the kind(s) of property sold (e g , re se, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b						
c						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a						
b						
<u>c</u>						
d						
е			 			
		ing gain in column (h) and owned by			(I) Gains (Colu	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (F an -0-) or Losses (fr	
a						
b			<u> </u>			
<u>c</u>						
d			· · · · · · · · · · · · · · · · · · · 		· · · · · ·	
<u>е</u>		<u> </u>				
2	Capital gain net income or (net		enter in Part I, line 7 er -0- in Part I, line 7	2		
3	Net short-term capital gain or ((loss) as defined in sections 1222(5)	and (6)			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) If (loss), enter -0-	3		
Par	t V 💹 Qualification Under	r Section 4940(e) for Reduced	Tax on Net Investme	ent Income		
Was	s,' the foundation does not qual	his part blank tion 4942 tax on the distributable am lify under section 4940(e) Do not cor n each column for each year, see the	nplete this part		Yes	☐ No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (col	(d) Distribution umn (b) divided	
	2010					
	2009					
	2008					
	2007					
	2006					
2	Total of line 1, column (d)			2		
3		ne 5-year base period – divide the tot n has been in existence if less than 5		3		
4	Enter the net value of nonchari	table-use assets for 2011 from Part 2	X, line 5	4		
5	Multiply line 4 by line 3			_5		
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions from	om Part XII, line 4		8		
	If line 8 is equal to or greater to Part VI instructions	han line 7, check the box in Part VI, I	ine 1b, and complete that p	part using a 1%	tax rate See th	ne

Form 990-PF (2011) LESLIE M CROUCH AND JUDY ANN CROUCH 52-	7218074		Pa	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instruction	s)		
1 a Exempt operating foundations described in section 4940(d)(2), check here				
Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			<u>0.</u>
check here ▶ ☐ and enter 1% of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
foundations only Others enter -0-)	3			<u>0.</u>
3 Add lines 1 and 2 4 Subtitle A (greene) toy (demonstrate continue 4047(c)(1) trusts and toyable foundations only. Others enter, 0.)	4			0.
 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 	5			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments				
a 2011 estimated tax pmts and 2010 overpayment credited to 2011				1
b Exempt foreign organizations — tax withheld at source 6b				Ì
c Tax paid with application for extension of time to file (Form 8868)	1			!
d Backup withholding erroneously withheld 6d	1			1
7 Total credits and payments Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11 Enter the amount of line 10 to be Credited to 2012 estimated tax	11			
Part VII-A Statements Regarding Activities				
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
(see the instructions for definition)?		1 b		<u>X</u>
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials pu or distributed by the foundation in connection with the activities	iblished	.		
c Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0. (2) On foundation managers ►\$	0.		l	į
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			l	
foundation managers \$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u>
If 'Yes,' attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	s	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	N	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
If 'Yes,' attach the statement required by General Instruction T		<u> </u>		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
By language in the governing instrument, or				
 By state legislation that effectively amends the governing instrument so that no mandatory directions that c with the state law remain in the governing instrument? 	onflict	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) N/A	· · · · ·			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8b		
9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) o	4942(j)(5)			
for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their in the schedule in the sche		9	\dashv	<u> </u>
and addresses	<u> </u>	10	DE :	X
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а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b	olf 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or long

by the foundation ger period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make a	any investment in a	prior year (but a	after December 31	, 1969) that could
jeopardize its charitable p		been removed	from jeopardy before	ore the first day of
the tax year beginning in	2011?			_

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3b

4 a

N/A

X

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Form 990-PF (2011) LESLIE M CROUCH AN Part VII-B Statements Regarding Activiti			uired (continued)	180/4	Page
5a During the year did the foundation pay or incu			(00////////////////////////////////////		
(1) Carry on propaganda, or otherwise attemp	•	on (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry	☐ Yes X	No	
(3) Provide a grant to an individual for travel,		purposes?		No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	 5b	N/A
Organizations relying on a current notice rega	rdıng dısaster assıstanı	ce check here	▶ _]	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible. If 'Yes,' attach the statement required by Region 1.	sibility for the grant?	,	N/A Yes] No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X]No	
b Did the foundation, during the year, pay premi	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b	X
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any procee				N/A 7b	
Part VIII Information About Officers, Dand Contractors	irectors, trustees,	Foundation Manag	gers, Highly Paid B	-mployees	,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
LELISE M CROUCH	President	0.	0.		0
2 CAMINO LA VENTA	0				
HENDERSON, NV 89011	Cogratary	0.	0.	ļ	0
JUDY CROUCH 2 CAMINO LA VENTA HENDERSON, NV 89011	Secretary 0	0.	0.		U
2 Compensation of five highest-paid employee	s (other than those in	 cluded on line 1– see ir	 nstructions). If none. e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
None			compensation		
					 -
		-			<u></u>
Total number of other employees paid over \$50,000	TEFA03061	12/05/11	<u> </u>)-PF (2011

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Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa		
and Contractors (continued)		•
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	ensation
None		
		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Exper	nses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	unt
N/A		
	~ —	
2	[
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3 BAA	Form 990	0.)-PF (2011)
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Part X: Minimum Investment Return (All domestic foundations must complete this pa see instructions.)	rt. Foreign fo	undations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	-
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete this pa		indations
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2011 from Part VI, line 5		
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	, ,	
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1 a	132,768.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the	ي و گو محمد	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3Ь	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	132,768.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	132,768.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	hether the found	dation

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2011				1
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010 128, 492.	120 402			
f Total of lines 3a through e 4 Qualifying distributions for 2011 from Part	128,492.			1
XII, line 4 ► \$ 132,768.				
a Applied to 2010, but not more than line 2a			0.	4
· ·				1
b Applied to undistributed income of prior years (Election required — see instructions)		0.		1
c Treated as distributions out of corpus	0.			
(Election required – see instructions) d Applied to 2011 distributable amount	0.			0.
e Remaining amount distributed out of corpus	132,768.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a))				
6 Enter the net total of each column as				1
indicated below:				1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	261,260.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				1
has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
inie za Taxable ambunt — see instructions				
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2012.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	261,260.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				ļ
c Excess from 2009				
d Excess from 2010 128, 492.				
e Excess from 2011 132,768.		<u> </u>		Form 990-PF (2011)

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Form 990-PF (2011) LESLIE M CROUCH Part XIV Private Operating Foundate			t VII-A guestion	52-7218074	4 Page 10 N/A
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	determination lette				
b Check box to indicate whether the founda		perating foundation	described in section	4942(j)(3) or	4942(1)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 0/(-/	47(-7
income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					· · · · · · · · · · · · · · · · · ·
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>	147.000	_ _
Part XV Supplementary Information assets at any time during the	(Complete this le vear — see i	s part only if the	organization ha	ad \$5,000 or mor	e in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav None	- have contributed r	nore than 2% of the e than \$5,000) (See	total contributions resection 507(d)(2))	received by the found	dation before the
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more foundation has a	of the stock of a co 10% or greater inte	rporation (or an equ rest	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ☐ If the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d a The name, address, and telephone number	makes contribution es gifts, grants, etc	ns to preselected characters; (see instructions)	aritable organization to individuals or org	janizations under oth	pt unsolicited ler conditions,
See Statement 5 b The form in which applications should be	submitted and info	ormation and materi	als they should inclu	ıde	
See Statement for Line 2a			·		
c Any submission deadlines.					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors
See Statement for Line 2a					
ВАА	7	EEA0310L 07/14/11		F	orm 990-PF (2011)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	substantial contributor	recipient					
Name and address (home or business) a Paid during the year	substantial contributor	recipient					
Total			► 3a				
b Approved for future payment Total			► 3b				

Page **12**

Part XVI-A	Ànaly	sis of	Income	-Producina	Activities
rait Avi-A	Milai	y 515 UI	IIICOIIIC	-r rouucing	ACUVILIES

		Lincolated	husinoss insomo	Evaluded by	section 512 512 or 514	
enter gross	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
•	am service revenue			çode		
		 	-	 		
		-		-		
-						
				 		
f						
·	and contracts from government agencies					
•	ership dues and assessments					
3 Interest	on savings and temporary cash investments					
4 Divide	ends and interest from securities					
5 Net re	ental income or (loss) from real estate					
a Debt-f	inanced property			ļ l		
b Not de	ebt-financed property					
6 Net ren	tal income or (loss) from personal property					
	investment income					
	(loss) from sales of assets other than inventory	ļ				
	come or (loss) from special events			+		
	profit or (loss) from sales of inventory			 		
11 Other				+		
				 		
				+		
		-				
<u> </u>				 		
P		1			1	
e	tal Add columns (b), (d), and (e)			 		
12 Subto	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				13	0.
12 Subto	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e), heet in line 13 instructions to verify calculation	ons)			13	0.
12 Subto 13 Total. (See works)	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations	·	nment of Exemp	ot Purpos		0.
12 Subto 13 Total. (See works) Part XVI-	Add line 12, columns (b), (d), and (e), heet in line 13 instructions to verify calculation. B Relationship of Activities to the	Accomplis			es	
12 Subto 13 Total. (See works)	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations	Accomplis			es	
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12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e), heet in line 13 instructions to verify calculation. B Relationship of Activities to the	Accomplis			es	
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12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e), heet in line 13 instructions to verify calculation. B Relationship of Activities to the	Accomplis			es	
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12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e), heet in line 13 instructions to verify calculation. B Relationship of Activities to the	Accomplis			es	

Form 990-PF (2011) LESLIE M CROUCH AND JUDY ANN CROUCH 52-7218074 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describer relating a Transfe (1) Cas (2) Oth b Other tr (1) Sale (2) Pur (3) Rer (4) Reu (5) Loa (6) Per c Sharing	er assets ansactions es of assets to a non chases of assets fron ital of facilities, equip mbursement arranger ins or loan guarantee formance of services of facilities, equipment	of the Code (ottoons? foundation to acharitable exer a noncharita ment, or other ments s or membershi ent, mailing lis	her than section 5 a noncharitable ex mpt organization ble exempt organi assets p or fundraising so ts, other assets, o	col(c)(3) organized sempt organized sempt organized zation olicitations or paid employed wing schedule.	ees	Should alw	vavs show t	he fair m	1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5) 1c carket value in	Yes	X X X X X X X X
any trar	ds, other assets, or s isaction or sharing ai	rrangement, st	now in column (d)	the value of th	e goods, othe	er assets,	or services	received	 		
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt	organization	(d) Descri	ption of tran	sfers, transactı	ions, and s	haring arran	gement	s
N/A											
		ļ									
	**,,										
			·								
						<u>.</u>					
				-							
	·										
	<u> </u>										
describe	oundation directly or led in section 501(c) complete the following	of the Code (ot	ited with, or relate her than section 5	ed to, one or m 01(c)(3)) or in	ore tax-exem section 527?	ipt organiz	zations		Yes	X	No
) Name of organizati	on	(b) Type o	f organization		(c)) Description	n of rela	lionship		
N/A											
	- 										
			 								
Under correct	penalties of perjury declaration	e that I have exami of preparer (other t	ned this return, including than taxpayer) is based of		nedules and staten which preparer h	nents, and to las any knowl	the best of my edge	knowledge			uss
Here	dure of officer of trustee	9 A	Dz	9/12/ ate	7017	- 1	ruste	a	May the If this return preparer s (see instri	shown buctions)	elow
	Print/Type preparer's nam	me(/	Preparer's sign	nature	Date	1,01,-	Check	X if	PTIN		
Paid [′]	JOHN P LUCY		JOHN P	LUCY	4	1/3/12	self-emplo	oyed	P01076	<u>969</u>	
Preparer	Firm's name ► <u>J</u>	OHN P. LU	CY CERTIFIE	D PUBLIC	ACCOUNTĂI	NT	Fırm's EIN ►				
Use Only	Firm's address 1	13 W G ST	UNIT 331								
	S.	AN DIEGO,	CA 92101-6	096			Phone no	619-6	96-898	34	
BAA									Form 99 0)-PF (2011)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization LESLIE M CROUCH EDUCATIONAL TRUS	52-7218074					
Organization type (check one)	<u></u>	32 7210074				
Filers of: Form 990 or 990-EZ	Section: 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not 527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treation 501(c)(3) taxable private foundation	ated as a private foundation				
Check if your organization is covered by the Note . Only a section 501(c)(7), (8), or (10) o	General Rule or a Special Rule rganization can check boxes for both the General	Rule and a Special Rule See instructions				
General Rule X For an organization filing Form 990, 990-contributor (Complete Parts I and II)	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one					
Special Rules						
For a section 501(c)(3) organization filing 509(a)(1) and 170(b)(1)(A)(vi), and recer (2) 2% of the amount on (i) Form 990, P	g Form 990 or 990-EZ that met the 33-1/3% suppo ved from any one contributor, during the year, a c art VIII, line 1h or (ii) Form 990-EZ, line 1 Compl	ort test of the regulations under sections contribution of the greater of (1) \$5,000 or lete Parts I and II				
For a section 501(c)(7), (8), or (10) organ total contributions of more than \$1,000 for the prevention of cruelty to children or an	nization filing Form 990 or 990-EZ that received for use <i>exclusively</i> for religious, charitable, scientificials. Complete Parts I, II, and III	rom any one contributor, during the year, fic, literary, or educational purposes, or				
contributions for use exclusively for religing this box is checked, enter here the total	nization filing Form 990 or 990-EZ that received frous, charitable, etc, purposes, but these contribual contributions that were received during the year ts unless the General Rule applies to this organiz	itions did not total to more than \$1,000 r for an exclusively religious, charitable, etc,				
religious, charitable, etc, contributions of	\$5,000 or more during the year	▶ \$				
990-PF) but it must answer 'No' on Part IV,	Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF.	see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011				

Р	а	q	е	

1 of **Part 1**

LESLIE M CROUCH AND JUDY ANN CROUCH

Employer identification number

1 of

52-7218074	

Part	Contributors (see instructions) Use duplicate copies of Part I if additional sp	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LESLIE M CROUCH 2 CAMINO LA VENTA HENDERSON, NV 89011	\$ <u>139,550.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

1 to

1 of Part II

Name of organization

LESLIE M CROUCH AND JUDY ANN CROUCH

Employer identification number

52-7218074

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A			
		- \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_	· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\dashv		
		_ \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-		
		 \$_		
			e B (Form 990, 990-E2	

Schedule E	• 3 (Form 990, 990-EZ, or 990-PF) (2011)		Page	e 1 to	1 of Part III		
Name of organ		ı		Employer identific 52-721807			
Părt III	Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.						
	For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, ch (Enter this information once S space is needed	naritable, etc, ee instructions)	► \$	N/A		
(a)	(b)	(c)		(d)	-		
No. from Part I	Purpose of gift	Use of gift	"	Description of how g	ift is held		
	N/A						
		(e)					
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relationshi	p of transferor to tra	nsferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	jift is held		
Part I							
	(e)						
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Į.	(d) Description of how g	jift is held		
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relationshi	p of transferor to tra	nsferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ı	(d) Description of how g	jift is held		
	Transferee's name, addres	Relationship of transferor to transferee					
		·····					

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ZU		ŀ

Federal Statements

LESLIE M CROUCH AND JUDY ANN CROUCH **EDUCATIONAL TRUST**

Page 1

52-7218074

Statement 1
Form 990-PF, Part I, Line 16b
Accounting Fees

		(a) Expenses <u>per Books</u>	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
TAX PREPARATION	Total	\$ 650. \$ 650.	\$ 0.	\$ 0.	<u>\$ 0.</u>

Statement 2 Form 990-PF, Part I, Line 23 **Other Expenses**

		(a)	(b) Net	(c)	(d)
		Expenses	Investment	Adjusted	Charitable
		<u>per Books</u>	<u> Income</u>	Net Income	<u>Purposes</u>
BANK CHARGES		\$ 70.			
HO ASSOCIATION		3,519.			
UTILITIES		884.			
	Total	<u>\$ 4,473.</u>	<u>\$ 0.</u>	\$ 0.	<u>\$ 0.</u>

Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Cash Grants and Allocations

Class of Activity: Donee's Name: Donee's Address: EDUCATION SCHOLARSHIP KELLY YESIA

SAN DIEGO, CA 92108 NONE

Relationship of Donee: Organizational Status of Donee:

Amount Given: 61,625.

Class of Activity: EDUCATION SCHOLARSHIP Donee's Name: Donee's Address: LIDA RAZAVI

SAN DIEGO, CA 92108 Relationship of Donee: NONE

Organizational Status of Donee: Amount Given: 26,125.

Class of Activity: EDUCATION SCHOLARSHIP Donee's Name: NATHANIEL MARTINEZ Donee's Address: SAN DIEGO, CA 92108 NONE

Relationship of Donee: Organizational Status of Donee: Amount Given: 20,590.

Class of Activity: Donee's Name: Donee's Address: EDUCATION SCHOLARSHIP DIVA AMON SAN DIEGO, CA 92108

2011

Federal Statements

LESLIE M CROUCH AND JUDY ANN CROUCH **EDUCATIONAL TRUST**

52-7218074

Page 2

Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Relationship of Donee:

NONE

Organizational Status of Donee:

Amount Given:

23,557.

Class of Activity:

Donee's Name:

EDUCATION SCHOLARSHIP DANIELLE HUMPHRIES

Donee's Address:

SAN DIEGO, CA 92108

NONE

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

871.

Total \$ 132,768.

Statement 4 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment

Category		Basis	 Accum. Deprec.	 Book Value	F	air Market Value
Furniture and Fixtures Machinery and Equipment Buildings	\$	13,140. 1,604. 164,362.	\$ 11,032. 1,604. 51,758.	\$ 2,108. 0. 112,604.	\$	0. 0.
Tot	:al <u>\$</u>	179,106.	\$ 64,394.	\$ 114,712.	\$	0.

Statement 5 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

LESLIE & JUDY CROUCH EDUCATIONAL TRUST

LESLIE CROUCH

Name: Care Of:

Street Address:

2 CAMINO LA VENTA

City, State, Zip Code:

HENDERSON, NV 89011

Telephone:

Form and Content:

702-567-3407
THE APPLICATION SHOULD BE IN WRITING OUTLINING THE EDUCATIONAL LEVEL SOUGHT AFTER FOR THE EDUCATIONAL

SCHOLARSHIP. THE APPLICATIN SHOULD INCLUDE TRANSCRIPTS OF

COMPLETED EDUACTION.

Submission Deadlines:

DECEMBER 31 PRECEEDING THE NEXT FALL SEMESTER THERE ARE NO STATED LIMITS. THE SCHOLARSHIP IS BASED ON Restrictions on Awards:

NEED AND EDUCATIONAL ABILITY.

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

_	
>	X

Do not com	e filing for an Additional (Not Automatic) 3-N plete Part II unless you have already been gr	anted an autom	natic 3-month extension on a previously	filed Form 8868		
corporation request an easier Associated	iling (e-file). You can electronically file Form required to file Form 990-T), or an additional extension of time to file any of the forms liste With Certain Personal Benefit Contracts, which go this form, visit www.irs.gov/efile and c	(not automatic) d in Part I or P ch must be sent) 3-month extension of time. You can eli art II with the exception of Form 8870, Ir : to the IRS in paper format (see instruct	ectronically file Form nformation Return fo	n 8868 to or Transfers	
	utomatic 3-Month Extension of Tim			•		
A corporation	in required to file Form 990-T and requesting	an automatic 6	-month extension - check this box and	complete Part I only	, ▶ 📋	
All other co income tax	rporations (including 1120-C filers), partnersh returns	ups, REMICS, a				
	Name of exempt organization or other filer, see instruction	ns		g number, see instructions		
Type or print	LESLIE M CROUCH AND JUDY AN EDUCATIONAL TRUST	X 52-721807	4			
File by the due date for	Number, street, and room or suite number If a P O box.		Social security number (SSN)			
filing your return See	2 CAMINO LA VENTA	2 CAMINO LA VENTA				
instructions	City, town or post office, state, and ZIP code. For a foreig	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	HENDERSON, NV 89011				·	
Enter the R	eturn code for the return that this application	ıs for (file a se	parate application for each return)		04	
Application Is For		Return Code	Application Is For		Return Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-E	L	02	Form 1041-A		08	
Form 990-EZ		01	Form 4720		09	
Form 990-PF		04	Form 5227		10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telepho If the or If this is check the external	ension is for	four digit Group up, check this b	be United States, check this box Exemption Number (GEN) and attach a list with the na	ames and EINs of all		
until The e ► ∑ • If the	est an automatic 3-month (6 months for a co 8/15 , 20 12 , to file the exemptatension is for the organization's return for calendar year 20 11 or tax year beginning , 20 tax year entered in line 1 is for less than 12 in ange in accounting period	t organization r	ng, 20			
3a If this	ange in accounting period application is for Form 990-BL, 990-PF, 990- fundable credits. See instructions	T, 4720, or 606	9, enter the tentative tax, less any	3a \$	0.	
b If this	application is for Form 990-PF, 990-T, 4720, ents made. Include any prior year overpayme	or 6069, enter nt allowed as a	any refundable credits and estimated tax credit	1	0.	

0.

3c|\$

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for