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# SCANNED NOV 2 0 2013

Form 990-EZ Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Open to Public Inspection

A	For th	e 2012 c	alendar year, or tax year beginning and ending						
B 	Check if applicab	le	C Name of organization	וס	Employer (	dentification number			
닏	Addre	ess change	WAYER AND TO WOLLD TO WELL TO		06 0	750713			
늗	Name	change	MCKENNA'S YOUTH FOUNDATION	A. F	86-0758713 E Telephone number				
<u>_</u>		return	Number and street (or P O box, if mail is not delivered to street address)  Room/st	lite   E					
Ļ	Term	inated	1971 WEST MAPLEWOOD STREET			524-6876			
<u>_</u>	Amer	ded return	City or town, state or country, and ZIP + 4		Group Exer	•			
ᆫ	Applica	ation pending	CHANDLER, AZ 85248-1843		Number -				
		iting Meth		-	Check -				
			CKENNATOUTH.ORG		required to	attach Schedule B			
<u>J</u>	Tax-ex	empt stati	<b>is</b> (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no ) 4947(a)(1) or	527	(Form 990,	, 990-EZ, or 990-PF)			
K	Check I		ıf the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b>	ıts gros	ss receipts a	are normally <b>not</b> more than			
	\$50,00	0 A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instr	uctions	) But if the	organization chooses to file			
	a returr	n, be sure	to file a complète return						
L	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (	Part II,					
	line 25,	column (	B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	92,535.			
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstructi	ons for Par	t I)			
		Check	of the organization used Schedule O to respond to any question in this Part 1			X			
	1	Contribut	cions, gifts, grants, and similar amounts received		1	54,243.			
	2	Program	service revenue including government fees and contracts		2				
	3	Members	thip dues and assessments		3				
	4	Investme	nt income		4				
	5a	Gross an	nount from sale of assets other than inventory 5a						
	b	Less cos	t or other basis and sales expenses 5b		_				
	C	Gain or (	oss) from sale of <u>assets other than inventory (Subtract</u> line 5b from line 5a)		5c				
	6	Gaming a	ind fundraising events RECEIVED						
Ð	а	Gross ind	come from gaming (attach Schedule G if greater that to						
eur		\$15,000)							
Revenue	b	Gross ind	come from fundra sing events (not including \$						
ш		from fun	draising events reported on line 1) (attach Schedule Off the sum of such						
		gross inc	ome and contributions exceeds \$35000 UT	,074	4.				
	C		ect expenses from garning and fundraising events 6c 23	,100	0.				
	d	Net incor	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	14,974.			
	7a	Gross sa	les of inventory, less returns and allowances 7a						
	b	Less cos	st of goods sold 7b		_				
	C	Gross pr	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other rev	enue (describe in Schedule 0) SEE SCHEDULE	0	8	218.			
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>9</b>	69,435.			
	10	Grants ar	nd similar amounts paid (list in Schedule 0) SEE SCHEDULE	O	10	33,665.			
	11		paid to or for members		11				
es	12	Salaries,	other compensation, and employee benefits		12	15,792.			
Expenses	13	Profession	onal fees and other payments to independent contractors		13	2,183.			
×	14	Occupan	cy, rent, utilities, and maintenance		14	3,000.			
ш	15	Printing,	publications, postage, and shipping		15	269.			
	16	Other exp	penses (describe in Schedule 0) SEE SCHEDULE	0	16	30,952.			
	17	Total exp	penses. Add lines 10 through 16	!	17	85,861.			
S	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)		18	<16,426.>			
set	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))						
As		(must ag	ree with end-of-year figure reported on prior year's return)		19	12,136.			
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)		20	0.			
_	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20		21	<4,290.>			
LH	A For	Paperwo	rk Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2012)			

1

F	Check if the organization used Schedule O to		on in this Part II				X
			A) Beginning of year			(B) E	nd of year
22	Cash, savings, and investments		29,266	. 22	2		5,583
23	Land and buildings			23	3		
24	Other assets (describe in Schedule O)			24	-		
25		_	29,266		_		5,583
26	,		17,130				9,873
27		21)	12,136	•   27	7		<4,290
P	Statement of Program Service Accomplish		•	T	,   ,	_	<b>penses</b> for section
	Check if the organization used Schedule O to at is the organization's primary exempt purpose? SEE SCHEDULE		on in this Part III		<u>-</u> -  È	i01(c)(3)	and 501(c)(4)
							ons and section ) trusts, optional
	cibe the organization's program service accomplishments for each of its three largest pro- ner, describe the services provided, the number of persons benefited, and other relevant i		es In a clear and concise			or others	
 28					$\dagger$	T	
				_		ļ	
	(Grants \$ ) If this amount includes forei	ign grants, check here	<b></b>		] 2	ва	
29							
		· · · · · · · · · · · · · · · · · · ·					
			<del></del>		.		
	(Grants \$ ) If this amount includes foreign	ign grants, check here	<u> </u>		2	9a	
30							
		<del></del>					
	/Out of the control o				۱	_	
21	(Grants \$ ) If this amount includes foreign Other program services (describe in Schedule O)	ign grants, check here	<u></u>	<u> </u>	1 3	0a	
J 1	(Grants \$ ) If this amount includes foreign	ian arants check here	•		1 3	1a	
32	Total program service expenses (add lines 28a through 31a)	ign granto, encek nere		<b>•</b>	_	12	0 .
P.	art IV List of Officers, Directors, Trustees, and Ke	y Employees List each one 6	even if not compensated (	see th			or Part IV)
	Check if the organization used Schedule O to	respond to any question	on in this Part IV	'			
		(b) Average hours	(C) Reportable			h benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emp	loye	utions to e benefit d deferred	amount of other
		position	(if not paid, enter -0-)			nsation	compensation
_	CHAEL DAMIANI						
	RECTOR	20.00	0.			0.	0 .
	CRRI DAMIANI	40.00	1 4 400			200	
	UNDRAISER	40.00	14,400.		Ι,	392.	0.
	CORGE DELK	0.00	0.			ο.	0.
	RECTOR CRRY APICELLA	0.00	0.			0.	0.
	RECTOR	0.00	0.			0.	0 .
	RRY DUVALL	0.00	0.			•	0 (
	RECTOR	0.00	0.			0.	0.
	RECTOR	0.00	+		_		
		<del></del>					
		<del></del>					
			<u>                                      </u>	_			
			l l			]	
							<del></del>

P	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	77 /	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		v
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		Х
27.	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	•	Х
	Did the organization hie rath 1720-10t for this year.  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
oou	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	]	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	**********		<del></del>
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 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?			17
	If "Yes," complete Schedule L, 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.			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	organization  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		х
41	List the states with which a copy of this return is filed AZ			
	The organization's books are in care of ► MICHAEL DAMIANI Telephone no ► (602)5	24-	687	6
	Located at ▶ 1971 W. MAPLEWOOD STREET, CHANDLER, AZ ZIP+4 ▶ 8			
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	
	account)?	42b		X
	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.	40-		v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
42	If "Yes," enter the name of the foreign country			$\Box$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  43	N/A		لـــا
	and effect the amount of tax-exempt interest received of accided during the tax year	,	•	-
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	Х
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	_	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45b		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		90-EZ	(2012)

. Form 990-EZ (2	012) MCKENNA'S YOUTH FOUN	DATION			86-07587	13	Page 4
46 Did the oi	ganization engage, directly or indirectly, in political campa		r in opposition	· · · · · · · · · · · · · · · · · · ·		Yes	
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer que Check if the organization used Schedule O to respo		-	the tables for line	<u> </u>	46	X
<ul> <li>48 Is the org</li> <li>49a Did the org</li> <li>b If "Yes," w</li> <li>50 Complete</li> </ul>	ganization engage in lobbying activities or have a section sanization a school as described in section 170(b)(1)(A)(ii)) ganization make any transfers to an exempt non-charitable as the related organization a section 527 organization? this table for the organization's five highest compensated 1,000 of compensation from the organization.	? If "Yes," complete Schedu e related organization? employees (other than offic	le E		-	Yes 47 48 49a 49b	X X X
than \$100	(a) Name and title of each employee paid more than \$100,000 NONE	(b) Averag per week de positi	evoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estir amount o compens	f other
	iber of other employees paid over \$100,000 this table for the organization's five highest compensated	Independent contractors w	►	ed more than \$100.	000 of compensat	ion from th	
organizat	on If there is none, enter "None" NONE address of each independent contractor paid more than \$	<del></del>	(b) Type of			ompensatio	
		2400.000					
52 Did the or	ober of other independent contractors each receiving over ganization complete Schedule A? Note All section 501(c) trusts must attach a completed Schedule A perjury, I declare that I have examined this return, including accompaner other than officers based on all information of which preparer	(3) organizations and 4947			belief, it is true, come	Yes E	No plete
Sign Here	Signature of officer-				Date		
Paid Preparer Use Only	Firm's address ▶ 2700 N. CENTRAL	.C. AVENUE, SUIT	Date 11/04/	Check self- emplo	P012		
May the IRS dis	PHOENIX, AZ 8500 ccuss this return with the preparer shown above? See instructions				<b>▶</b> [X	Yes [	No (2012)

## **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

2012

Open to Public inspection

Name of the organization

MCKENNA'S YOUTH FOUNDATION

Employer identification number
86-0758713

P	art I	Reason 1	for Public Cha	rity Status (All organiz	ations mu	st complet	e this par	.) See inst	ructions.				
The	organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					-
1		anization 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	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	一			ital service organization	-		170(ь)(1)	(A)(iii).					
4	一		•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	l's nar	ne.
•		city, and state				<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>			(-)(-)(-)(-)	,			,
5		• •		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	oed in		
J		_	(b)(1)(A)(iv). (Compl				,	g					
6				nent or governmental uni	t describe	d in sectio	n 170(h)(1	1\/ <b>A</b> \/\ <sub>U</sub> \					
7	$\overline{\mathbf{x}}$		_	ceives a substantial part					r from the	ceneral	nublic desc	ribed	ın
′	سميا	_			oi its supp	on nom a	governme	intai unit C	i nom me	general	public desc	noeu	171
		,	b)(1)(A)(vi). (Comple	•	(Camplete	Doet II \							
8	H	•		section 170(b)(1)(A)(vi).	•	•				- 1000 0			6×
9	لـــا	-	•	ceives: (1) more than 33						•	_	-	
			•	inctions - subject to certa									
				taxable income (less sec	tion 511 ta	ix) trom bu	sinesses a	acquirea b	y tne orga	ınızatıon	aπer June .	30, 19	75.
			<b>509(a)(2).</b> (Complet					500(-)//					
10	$\vdash$	-	-	perated exclusively to te								_	
11	ш	-	_	perated exclusively for the									or
				ations described in secti				2). See <b>se</b>	etion 509(	a)(3). On	eck the box	tnat	
			· · · · · · · · · · · · · · · · · · ·	organization and compl									
		a Type I		• •		nctionally					n-functiona	-	_
•	•		•	at the organization is not		-							
			=	than one or more publicl						∂(a)(1) or	section 509	}(a)(2).	•
1	i	If the organiza	ation received a wri	itten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				r
			ganization, check t										
8	)			organization accepted ar									
		(i) A persor	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	lescribed	ın (II) and (	III) below	′,	Yes	No
		the gove	erning body of the s	supported organization?							11g(i)	<del> </del>	<del> </del>
		(ii) A family	member of a perso	on described in (i) above?	•						11g(ii)	<del> </del>	ļ
		(iii) A 35% c	controlled entity of a	a person described in (i) (	or (II) abov	e?					11g(iii	<u> </u>	<u> </u>
ı	1	Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
(i	) Name	of supported	(ii) EiN	(iii) Type of organization		organization		•	(vi) Is organizati		(vii) Amoun	t of mo	netary
•	•	rganization		(described on lines 1-9		in col (i) listed in your				ed in the	sup		
_				(see instructions)	governing	document?	(i) of your support		US	?			
				(See instructions))	Yes	No	Yes	No	Yes	No			
													_
							1	İ					
					1								
		-											
		-											
									]				
	_					1							
			-										-
Tot	al										1		

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.)

Calendar year (or fiscal year beginning in)   (g) 2008   (p) 2009   (e) 2010   (d) 2011   (e) 2012   (f) Total membarship fees received. (Do not include any "unusual grants")   102,506. 90,036. 70,669. 76,191. 54,243. 393,645.	<u>Se</u>	ction A. Public Support	····	. <u></u>			<del>,</del>		
membership fees received. (10 not include any of vinusual grants.")  2 Tax revenues levied for the organization sheelft and either paid to or expended on its behalf on the behalf and either paid to or expended on the behalf on the behalf and either paid to or expended on the behalf on the behalf and either paid to or expended on the behalf of the property of the p	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
Include any "unusual grants", 1 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facifities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Cher normo. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 16 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 17 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 18 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 19 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 10 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 10 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 10 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 11 Total support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 12 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 16 Support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 17	1	Gifts, grants, contributions, and						<del></del>	
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Subtract the 8 from line 4  8 Gross income from innerest, dividends, payments received on securities loans, rents, royalties and income from innerest, dividends, payments received on securities loans, rents, royalties and income from innerest, dividends, payments received on securities loans, rents, royalties and income from innerest, dividends, payments received on securities loans, rents, royalties and income from innerest, dividends, payments received on securities loans, rents, royalties and income from innerest innerest and income from innerest innerest and income from innerest		membership fees received. (Do not							
tration's benefit and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3    102,506. 90,036. 70,669. 76,191. 54,243. 393,645.   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) 6   Public support. Secretal 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) 6   Public support. Secretal 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) 6   Public support. Secretal 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) 6   Public support. Secretal 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) 6   Public support. Secretal person (other than a governmental unit or publicly support person that is a secretal person (other than a governmental unit or publicly support person that or not the business is regularly carried on 10   Column (f) 6   Public support. Add line 5 through 10   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line 14   Public support person tage from 2011 Schedule A, Part II, line		include any "unusual grants.")	102,506.	90,036.	70,669.	76,191.	54,243.	393,645.	
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15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	Se	ction C. Computation of Publ	ic Support Per	rcentage					
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b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Public III and	15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	<u>59.89 %</u>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Purpose foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16a	33 1/3% support test - 2012. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo		
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  P 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			• • • • • •	_					
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			▶∟	
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b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		lacksquare							
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		*							
		•						<b>&gt;</b>  -	
	18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 1/a, or 17b				

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				l		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on				İ		
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)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				•	, , , , ,	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (			olumn (f))		15	%
16	Public support percentage from 2011					16	%
	ction D. Computation of Inve						
17				e 13, column (f))		17	%
18						18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□

# SCHEDULE O (Form 990 or 990-EZ)

# 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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MCKENNA'S YOUTH FOUNDATION

Employer identification number 86-0758713

MCKENNA'S YOUTH FOUNDATION		86-0	75871	. 3	
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:			···		
DESCRIPTION OF OTHER REVENUE:			AMC	רעטכ	r:
FEDERAL REFUND FROM PAYROLL TAX OVERPAYMENT					218.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:					
ACTIVITY CLASSIFICATION: CHARITABLE ALLOCATIONS TO VA	RIOU	S UNDE	RPRIV	/ILE	EGED
FAMILIES/ORGANIZATIONS					
AMOUNT GIVEN:				33,	665.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10				33,	665.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:					
DESCRIPTION OF OTHER EXPENSES:			AMC	מטט	Γ:
OFFICE SUPPLIES AND EXPENSE				3,	488.
COMMUNICATIONS	<u> </u>			1,	964.
BANKING, MERCHANT, & MEMBERSHIP CHARGES & FEES		<del></del>		6,	421
INSURANCE			,	5,	190
INTEREST					877.
AUTOMOBILE EXPENSE				1,	750.
SUPPLIES				10,	062.
REIMBURSEMENTS				1,	200.
TOTAL TO FORM 990-EZ, LINE 16				30,	,952
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		······································			
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAI
CREDIT CARD PAYABLE	17,	130.		9	873.
LIA For Panaguerk Poduction Act Notice see the Instructions for Form 990 or 990-F7	Scher	dule O (Form	n 990 or 9	190-F	7) (2012

# SCHEDULE O (Form 990 or 990-EZ)

# 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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MCKENNA'S YOUTH FOUNDATION

Employer identification number 86-0758713

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIMARY MISSION OF THE
ORGANIZATION IS TO PROVIDE SUPPORT TO THE DISADVANTAGED INNER CITY
YOUTH OF PHOENIX, ARIZONA.
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.