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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

		nue Service '	► Information about Form 990-EZ and its instructions is at www.irs.go	v/form990.		
A F	or the	2013 calenda	ar year, or tax year beginning , 2013, and end			, 20
B	heck of ap	pplicable:	C Name of organization	D Em	ployer id	lentification number
_	Address c	_	FOUNDATION FOR MESA PARKS AND RECREATION			6-0673038
	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address)  Room/st	uite E Tele	phone n	umber
	nıtıal retu: Terminate		PO BOX 4121		48	30-291-9112
$\overline{}$	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exe	emption
=		n pending	MESA, AZ 85211-4121	Nu	mber •	<u> </u>
G A	ccount	ting Method:	✓ Cash			if the organization is <b>not</b>
ı v	Vebsite	:: ► 		require	ed to att	ach Schedule B
J T	ах-ехеп	npt status (che	ck only one) —   501(c)(3)	7 (Form	990, 99	0-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☑ Other CHARIT			N
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total asset	s	
(Par	t II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>► \$</u>	61078
P	art l	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instr	actions	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this F	Partl		<u></u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	21095
	2	Program se	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment	income		4	10
~	5a	Gross amo	unt from sale of assets other than inventory 5a			
<u>-</u>	ь	Less: cost	or other basis and sales expenses		] !	Į.
9	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
=1	6	Gaming an	d fundraising events			
Revenue	а	Gross inc. \$15,000) .		=		
Ž Ž	b	Gross inco	me from fundraising events (not including \$ 500000000000000000000000000000000000	utions	7 !	
<b>.</b>	l		aising events reported on line 1) (attach Schedule G if the	j	1	
	ļ		th gross income and contributions exceeds \$15,000)	·> 3997	3	
2 7 19	С	Less: direc	t expenses from gaming and fundraising events? . APR <b>66</b>	3359		
2	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b an	d subtract		
Ś	{	line 6c) .		-	6d	6376
	7a	Gross sale	s of inventory, less returns and allowances	= -1		
	ь	Less: cost	of goods sold			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reve	nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> ▶</u>	9	27481
	10	Grants and	I similar amounts paid (list in Schedule O)		10	9972
	11		aid to or for members		11	
BS	12	Salaries, o	ther compensation, and employee benefits		12	400
Expenses	13	Profession	al fees and other payments to independent contractors		13	<u></u>
<u> 8</u>	14	Occupanc	y, rent, utilities, and maintenance		14	
ū	15	Printing, p	ublications, postage, and shipping		15	72
	16	Other expe	enses (describe in Schedule O)		16	134
_	17	Total expe	enses. Add lines 10 through 16	<b>&gt;</b>	17	10578
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	16903
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must	agree with		
As		end-of-yea	ır figure reported on prior year's return)		19	70352
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u></u> ▶	21	87255
For	Daner	work Reduct	ion Act Notice see the separate instructions. Cat No 1064	21		Form <b>990-EZ</b> (2013)

6, 23

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u></u> 🗆
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		[	70352		87255
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)				24	·
25	Total assets		[	70352		87255
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			70352	27	87255
Par		•		_ · —	l	Expenses
14.0	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	4 11.004	uired for section
	t is the organization's primary exempt purpose?	<del></del>				c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ex-	nanner, describe th			4947	(a)(1) trusts, optional thers.)
28	SAVE THE TRAIN (RELOCATION AND RESTORATIO	N OF LOCOMOTIVE	N MESA PIONEER P	ARK)	ļ	
	(Grants \$ 3088) If this amount	includes foreign gr	ants, check here .	🕨 🗆	28a	3088
29	CITY OF MESA RECREATION PROGRAM - MAKING	WAVES - LEARN TO	SWIM		ļ	
						İ
						Ì
	(Grants \$ 2000) If this amount			<u> ▶ ⊔</u>	29a	2000
30	TREES (MEMORIALS OF TREES PLANTED IN CITY F	PARKS IN MEMORY (	OF LOVED ONES)		1	
					]	
	(Grants \$ 93) If this amount	includes foreign gr	ants, check here .	▶ □	30a	93
31	Other program services (describe in Schedule O)				T	
	(Grants \$ 5397) If this amount				31a	4791
_32	Total program service expenses (add lines 28a	through 31a)		•	32	9972
Par				=	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			•••	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
RUS	S GILLARD - PRESIDENT					
PO E	OX 4121, MESA, AZ 85211-4121	10 HOURS				
		.[			I	
				<del> </del>		
	T MILLETT - VICE PRESIDENT					
PO B	OX 4121, MESA, AZ 85211-4121	10 HOURS	<del> </del>	<del> </del>		
		-	j			
JAM	ES RUIZ - TREASURER				$\dashv$	
	OX 4121, MESA, AZ 85211-4121	15 HOURS				
						· · · · · · · · · · · · · · · · · · ·
MICH	IAEL MCCAFFREY - SECRETARY	.[				
<u>PO E</u>	OX 4121, MESA, AZ 85211-4121	10 HOURS	<u> </u>			
		.]				
		<del> </del>	<del> </del>	<del>                                     </del>	+	
		-{				
		<del>                                     </del>	<del> </del>	<del>                                     </del>	+	
			1		1	
		-	<del> </del>	<del>                                     </del>		
		1				
		7	1	1	- 1	

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	00	Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	ļ	<b>✓</b>
34	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		1
35a	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		1
b	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		-
С	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
	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	ļ		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	. !	✓
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			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	}		
•	reimbursed by the organization	ł		
е	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		1
41	List the states with which a copy of this return is filed ► ARIZONA			
42a		602-76		7
	Located at ► 4153 E HUBER CIR, MESA, AZ ZIP + 4 ►	85	205	_ <del></del>
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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	ļ		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		W	T
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	NO
	completed instead of Form 990-EZ	44a		✓
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O	1		1
AF-	explanation in Schedule O	44d		<del>                                     </del>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1	l	Ì
	Form 990-EZ (see instructions)	45b		1
				<u> </u>

							1.,	
46	Did the organization engage, directly or in to candidates for public office? If "Yes,"						40	
Part			, , , , , , , , , , , , , , , , , , , ,		<del></del>		46	_   ▼
	All section 501(c)(3) organization		estions 47-49b and	52, and com	plete the	e table	es for i	lines
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI .		<del></del> -	· · ·	<u>_</u>
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect du	ring the	tax [	Ye	es No
•-	year? If "Yes," complete Schedule C, Par				····	1	47	1
48	Is the organization a school as described i	n section 170(b)(1)(A)(	ii)? If "Yes," complete s	Schedule E .		.	48	1
49a	Did the organization make any transfers t	•	•	zation?		. [	49a	1
b	If "Yes," was the related organization a se						49b	
50	Complete this table for the organization's employees) who each received more than							
	employees) who each received more than	<u>r                                      </u>	<del></del>	(d) Health be		<i>z</i> , ente	- 1401	<del></del>
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to benefit plans, and			imated ar	
_		devoted to position	(Forms W-2/1099-MISC)	compensa		01.101	Compon	ioution.
		]					,	
		<del> </del>	ļ					
••				1	ŀ			
				<del> </del> -				
			i					
							-	
			1	ł				
	Table and a state and a state and a state a	\$400,000	L	L	i			
51	Total number of other employees paid ov Complete this table for the organization		ensated independent	contractors w	mo each	recei	ived ma	ore than
J.	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	CONTRACTORS II	no caon	10001	vou m	Jie inai
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compe	ensation	
								_
			-	1				
			<del>                                     </del>					
		***************************************	1					
								_
				J				
			ļ		——			
			{					
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did the organization complete Schedule	<del>-</del>		and 4947(a)(1	)			
	nonexempt charitable trusts must attach	a completed Schedu	le A	<u> </u>		<b>▶</b> 🕢	Yes [	] No
Under p	penalties of perjury, I declare that I have examined this rect, and complete, beclaration of preparer (other tha	return, including accompar	nying schedules and stateme	ents, and to the be	st of my kn	owledge	e and be	lef, it is
	Trect, and complete occasionation prepare (other tha		ormation or which propagal	T				
Sign	Signature of officer	$\overline{}$		lDate		<del></del>		
Here	) av	mes Kuiz	Irrasurer	-	4//	412	2014	
	Type or print name and title	10112	711201301.01			7		
Paid	Print/Type preparer's name	Prepared's signature	Da	4 1 1	Check	11 1	TIN	
Prep		KANIGERA	0 3	3/15/14	setf-employ		P0108	4782
Use	Only Firm's name RDH TAX SERVICE			Firm's				
May +	Firm's address > 4153 E HUBER CIR, he IRS discuss this return with the prepare		instructions	Phone	no.		-763-28 Yes	<u>37</u> ☐ No
TICAY L	aloogo and lordin min ne bichard					· 🔼	L CP	40

#### SCHEDULE A (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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer id	lentificatio	n number		
	DATION FOR MES									73038		
Pai			rity Status (Ali orga						nstructio	ons.		
1 2 3 4	A church, con  A school desc  A hospital or a  A medical rese	vention of churc ribed in <b>section</b> a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).	-	(iii). Ent	er the	
5	An organization	•	the benefit of a collect	ge or uni	versity ov	wned or	operated	by a go	vemmen	tal unit	descrit	ed in
6 7	An organization described in s	on that normally ection 170(b)(1)	nment or govemmenta receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of rt II.)	its suppo	ort from a			nit or fror	n the ge	eneral p	public
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unrel lifter June 30, 1975. Se	an 331/3% tions—sul lated bus	6 of its su bject to d siness tax	upport fro pertain ex kable inc	xceptions come (les	s, and (2) ss section	no mon	e than 3	331/3%	of its
10 11	An organization	on organized ar one or more pub	I operated exclusively and operated exclusive blicity supported organ describes the type of If c	ely for th nizations supportir	ne benefit described ng organiz	t of, to of t in sect cation an	perform t ion 509(a d comple	the funct a)(1) or se	ions of, ection 50 1e throu	9(a)(2). gh 11h.	See se	ection
е	☐ By checking the	his box, I certify indation manage	that the organization ers and other than one	is not co	ntrolled d	irectly o	r indirect	y by one	or more	disquali	fied pe	rsons
f	organization, o	check this box	a written determination							oe III su 	pportir	ng . 🗆
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•			
			ndirectly controls, eithody of the supported of							nd 11g	Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(	_	
			a person described in							11g(	ii)	
<u> </u>	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the orga col. (i)	rou notify nization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amo	unt of me support	onetary
			(see itsulactions))	Yes	No	Yes	No	Yes	No			
(A)												
(B)	(a) 1 V											
(C)												
(D)												
(E)												
		I	1	I	l l	ŀ	1	1	1	L		

**Total** 

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

	embles compared to a design and a second and
•	(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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48467	52137	48893	17037	21095	187629
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	48467	52137	48893	17037	21095	187629
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)						76870
c	•						110759
6 Section	Public support. Subtract line 5 from line 4.  on B. Total Support						110739
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	48467	52137	48893	17037	21095	187629
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15	12		15	10	65
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						187694
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u>	· · · · ·		· · • U
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line					14	59.01 %
15	Public support percentage from 2012 Sci 331/3% support test—2013. If the organi	nedule A, Part	II, line 14 .		 H line 14 is 221	15 por more o	59.02 %
16a	box and stop here. The organization qua						
<b>h</b>	331/3% support test—2012. If the organ				-		
b	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "I organization	ets the "facts- facts-and-circu	and-circumsta imstances" tes 	inces" test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here. I</b> as a publicly s	Explain in upported .
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of the organization of the organization or supported organization	tion meets the neets the "facts	e "facts-and-c s-and-circums 	ircumstances" tances" test. T	test, check the organization	nis box and <b>st</b> on qualifies as a	op here. a publicly ► □
18	Private foundation. If the organization d						see
	ınstructions	. <u></u>	<u></u>	<u> </u>			

#### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				- "		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	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						
с 8	Add lines 7a and 7b						
Secti	ine 6.)						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(5) 2010	(0) 2011	(4) 2012	(0) 2010	(i) Total
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			i			
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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		_		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2013 (line 8		-			15	
16	Public support percentage from 2012 Sch			<u>.</u> .	<u> </u>	16	%
	on D. Computation of Investment In						<del></del>
17	Investment income percentage for 2013 (					17	<u>%</u>
18	Investment income percentage from 2012					18	% and line
19a	331/3% support tests—2013. If the organ						
b	17 is not more than 33½%, check this box 33½% support tests—2012. If the organizatine 18 is not more than 33½%, check this	zation did not d	heck a box on	line 14 or line	19a, and line 10	6 is more than 3	33 <sup>1</sup> /3%, and
00	<b>Private foundation.</b> If the organization di						
_20	rivate ioungation. Il the organization di	u noi check a	DUX UIT IIIIE 14	, 13a, UI 13D, (	MICH WID DOX	aiu see iiisliu	CUUIIS P

SCHOULDE M (F	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **SCHEDULE G** (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name o	of the organization					Employer identific	cation number
FOUN	DATION FOR MESA PARKS AND R						0673038
Par	Fundraising Activities. Form 990-EZ filers are r	•	_		vered "Yes" to Fo	orm 990, Part IV,	line 17.
1 a b c	Indicate whether the organization  Mail solicitations  Internet and email solicitation  Phone solicitations  In-person solicitations	ons	e [ f [ g [	Solicitati Solicitati Special i	ion of non-government of government of government of fundraising events	nent grants grants	
2a b	Did the organization have a wri or key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by	n 990, Part VII) o d individuals or o	r entity in co entities (fun	onnection v	with professional fu	ndraising services?	Yes 🗸 No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
5							
		<u> </u>	<del> </del>				
7							
8							
9							
10							
Total				▶			
3	List all states in which the organization or licensing.	enization is regis	stered or lic	ensed to s	colicit contributions	or has been notifi	ed it is exempt from
							<u> </u>

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	/dD Total avents
			POW WOW	TRIATHLON		(d) Total events (add col. (a) through col. (c))
<b>o</b>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15000	24973		39973
щ	2	Less: Contributions				
	3	Gross income (line 1 minus		:		-
		line 2)	15000	24973	<del></del>	39973
	4	Cash prizes			-	
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
it Exp	7	Food and beverages				
Direc	8	Entertainment			<u> </u>	
	9	Other direct expenses .	15080	18517		33597
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in cact line 10 from line 3. c	olumn (d)		33597 6376
Pa	rt III					
		than \$15,000 on Form 99	90-EZ, line 6a.			
Φ						·
enc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		Gross revenue	(a) Bingo		(c) Other gaming	
Revenu	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo	binga/progressive bingo		
ect Expenses	2 3 4	Cash prizes	(a) Bingo  Yes%  No		(c) Other gaming  Yes % No	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	☐ Yes% ☐ No	binga/progressive bingo  Yes % No	☐ Yes%	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	☐ Yes% Mo	binga/progressive bingo  Yes%  No  solumn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No d lines 2 through 5 in c	binga/progressive bingo  Yes % No  No  olumn (d)	☐ Yes% ☐ No	
ect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No d lines 2 through 5 in c	binga/progressive bingo  Yes%  No  Nolumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No Id lines 2 through 5 in construct line 7 from Inganization operates gamberate gaming activities	binga/progressive bingo  Yes%  No  Nolumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 a Is b If	Cash prizes	☐ Yes% ☐ No  Id lines 2 through 5 in concept. Subtract line 7 from I ganization operates garberate gaming activities	bingo/progressive bingo  Yes%  No  Nolumn (d)	☐ Yes%	col. (a) through col. (c))

schedu	ile G (Form 990 or 990-EZ) 2013		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes ☐	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐	J No.
13	Indicate the percentage of gaming activity operated in:	☐ 1es [	] 140
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П Yes Г	] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		•
C	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐	] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions).		1

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
FOUNDATION FOR MESA PARKS AND RECREATION	86-0673038
EXPLANATION FOR LINE 10:	
GENERAL NEIGHBORHOOD SERVICES \$4,791	
SAVE THE TRAIN 3,088	
MAKING WAVES SWIM PROGRAM 2,000	
TREE FUNDING FOR CITY PARKS 93	
TOTAL LINE 10 \$9,982	
EXPLANATION FOR LINE 16:	
POST OFFICE BOX RENTAL - TRAIN \$ 52	
1 OJI OI I I DO A KENTAL - I KAN	
AZ CORPORATION COMMISSION FEE 10	
GENERAL PO BOX ANNUAL RENT 72	
GENERAL FO BOX ANNOAL RENT 72	
TOTAL LINE 16 \$ 134	
EXPLANATION FOR LINE 31:	
OFLEDDATE MECA #2.647	
CELEBRATE MESA \$2,647	
VISTA INTERN PROGRAM 1,400	
MISCELLANEOUS OTHER 744	
TOTAL LINE 31 \$4,791	

FOUNDATION FOR MESA PARKS & RECREATION DISBURSEMENTS - 2013

Marine   Admiritary   Trials	Control of the Cont				100	E	_	Per New				
Close   Clos	10.000   10.00	- 17	Chia	Fund	Ħ	Administr	Tristhlen	Ехрелее	Grande	Expenses	Other	Registrations
Company   Comp	Company   Comp	Integer States Postal Svc. Train PO Box	<b>3 3</b>	Genoral	\$ 52.00							
March   Marc	March   Marc	IN CORTY (B13 MST Files)	3 3	Triathlon Save the Trans	8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	•	B5 00				\$108.05	
The control of the	The control of the	ageno express new right contracts lames Ruiz 13 Train Go-Daddy Websta	6	Save the Train	38.5						# E	
The control of the	The control of the	Schlese Print Shop 2013 MST Filers	9	Triathion	\$ 217.50	**	217 50					
10.000   1	10   10   10   10   10   10   10   10	Wagen Hard Brunswick Bowery Journey Board Biogram 2013 MST Postmeristians	1 5	Trimmen	35187	•	353.87				•	
Comparison of the Comparison	Comparison of the Comparison	lewling Trophy Bowling Tourney Trophies	12	dave the Train	\$ 48 89	•					\$ 48.89	
### Control Co	Note that   Note	Sesh - Cashbox Money for Celebrate Mess	2	Seneral	88					00.061	97.70	
100   100	100   December   100	Irunawick Zona Mesa Save Train Furgrapser	ş	Save the Train	\$ 88 88 88 88						\$ 85.88	
Commany   Comm	Command   Comm	lesert Owellers Express Trackless Teiri CM	1900	General	8					240 00		
10   10   10   10   10   10   10   10	10   10   10   10   10   10   10   10	Andrea New Train State Severthal Train	9	Save the Train	2008					•	\$ 850.04	
10   10   10   10   10   10   10   10	10   10   10   10   10   10   10   10	Z Corporation Commission Filing Fee	1603	General	8							
10   10   10   10   10   10   10   10	10   Command   17   17   17   17   17   17   17   1	se Source - Wooden Plaque Memorial Of Holen - Accuming Septices	9 5	Deneral Deneral						۲ ۲		
10   10   10   10   10   10   10   10	10   Section 1   10   10   10   10   10   10   10	smes Ruiz Postage & Meeting Costs	909	Deneral	25 27 27 27 27 27 27 27 27 27 27 27 27 27							
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15   Transform   15   15   15   15   15   15   15   1	15   Triangle   15   15   15   15   15   15   15   1	PR Metawates - Train Perts Blasted	3	Save the Tran	28.715 S						888	
15   Outcome   15   15   15   15   15   15   15   1	15   Outcome   15   15   15   15   15   15   15   1	Ten Financial Orp - Triathlon Insurance	ě	Triampion	35000		350 00					
15   10   10   10   10   10   10   10	15   10   10   10   10   10   10   10	sets Clerk Reimbursement for Mailing	5	Danera	20		1					
		nt Elsworth - Reimb For dusi Triffolign reg Martense Brother for Save Train Catholic	219	Inamon	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•	97 CG				\$ 88.17	
19   Trimbon   10   10   10   10   10   10   10   1	19   Trimbon   10   10   10   10   10   10   10   1	sond Express Printing for Save the Frein	2	See the Train	12030						\$ 120.30	
The control of the co	The control of the co	Inc Ellaworth Reimb For dual Triathlen rag	919	Triangles	8:38	•	4.0					
April 1997   Common Planck	April	School McCaffrey MST Facebook Adi Raim	5	Trischion	* * *	•	889					
in fact, where from twisted was the form of the following	in the form	the manage of a manual control of the control of th	9	Triamon		• ••	900					
Control Cont	Control Cont	Im Rutz - Rem for Finisher Medals MST	9	Triedion	\$ 23.8	•	43300					
	International Contracts From Very 1971   Pervices   150	lound Lighting FX Pow Wow Light Disposit	1620	Pow Wow	\$ 478.67			8 47857				
And the control of th	And the control of th	11st Century Native American Pow Wax	ğ	Pose Work	88	•	5	00 008				
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Stock Post Light Play Applied   Stock Post Post Post Post Play   Stock Post Post Post Post Post Post Post Post	Stock Post Light Play Application   Stock Post Play   Stock Play   Stock Post Play   Stock Post Play   Stock Post Play   Stock Play   Stock Post Play   Stock Post Play   Stock Play	Shurriway Security Security for Pow Vrow	1636 8	Pow Wow	\$ 6 337 50			\$ 533750				
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March Repair   March M	March Repair   March March March Repair   March R	David Begans DJ. Services for Pow Wee	9	Powwor	20000			120000				
142   Service   143   Service   144   Servic	142   Several Trains   1888 80   5   148 8	lesen Express Train Kiddle Train	3	Save the Train	\$ 400 00						\$ 400 00	
144   See See Third   158   148	144   See See Third   158   18   18   18   18   18   18   1	aund Lighting FX - Pow Wow Light Deposit	Š	Pow Wow	\$ 2 686 50			\$ 268550				
1546   Street Wilson   150	1546   Street Wilson   114   100   114	ewine Triply RRSW Award plaque:	3	Save the Train	338.78						339.76	
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CC Pervivors 114 00 5 114 10 C C Pervivors 114 10 Pervivors	CC Pervivors 114 00 5 114 10 C C Pervivors 114 10 Pervivors 1	One John Rendels for Pow Wow	3	Pow Wow	8038			\$ 81038			}	
Mark to House the control of the c	### to Name Notes in the Committee of Commit	Jays Inn - Hotel Room Rentate	ខ	Pow Wow	8			114 00				
Approximate and continued and conti	### WATER THE	Jays Inn Hast Room Rangia	ខ	Pow Wow	= : :			88				
September   Sept	September   Sept	Jaya Inn Hills Room Kartais	36	Bow With	3 2 2							
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### IN HEAD REPORT   C Developer   5 100   5 510	### Note National CC Providers 5 5700 \$	Jaye Inn Hotel Room Rentals	ខ	Pow Wow	8 67 00			\$ 67 00				
### MAY FOR THE	### MAY FOR THE	Jays Inn Hotel Room Remate	ខ	Porwon	57 00			2000				
Street Marker Name Relay   See Street Train   See	Style Marker Parkers   Style Markers   Style	Jays Inn - Hall Room Rivalis	38	Save the Train	23 27			8			\$ 23.27	
A WARF ALCOHOLOGY - CAN AND A LONG - CAN A LONG - CA	West Automatic Value Anni Parkers   1547 Olevens   1550 00	Alang Music PA System Rental for RRSW	ž	Save the Train	* 8						140 00	
Mark Relationary Factors   Mark Relationary   Mar	Mark Reference   Mark Remains   Ma	St West Apirtments - Vista Intern Rels Asst	3	Oenera	92000						20009	
March   Marc	March   Marc	Burg Rodinguez - Visto Intern Resmiturgement	2	Deneral Pare Train	888						325	
A continue of the continue o	See   Assertion   CC   General   C	Emous Clarks Write Up Mg for Car Show	ខ	Oeneral	25					\$ 121.40		
The control of the	Committee   Comm	ky of Mesa Parics	ខ	Ganeral	\$ 47250					\$ 472.50		
Auto Clark Structurement by MST 1 1550 Therefore \$ 252 7 5 5020 Clark MARIA Structurement by MST 1 1650 Therefore \$ 2020 Therefore \$ 2020 Therefore \$ 2020 Clark MARIA Structurement by MST 1 1650 Therefore \$ 2020 Clark MST 1 1650 Therefore \$ 202	Windle State National National State National State National State National National State National State National Nat	comeno a Macanos ona invaso upito Media. Justo Smothers Vista Intern Raim	3 2	General	7 9 9	•	77 01-1				160 00	
1527 General 5 700 6 7100 1 10	1527 General 5 700 C 700 C 152	uss Gillard - Raimbursement for MST	550	Thathlon	\$ 83.62	•	03.85					
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Marcy Weets Schoutsign   1553   Marcy Weets   \$ 200000     \$ 5,000000     \$ 5,000000     \$ 5,000000     \$ 5,0000	Marry Warest Schützlight   1523   Marry Warest   1520   Marry Wa	ost Office Box Renewal less Sinn and Stamb., Beblin Addr Stamp	, 55 5	General	228							
			1653	Nation Weres	\$ 2,000,00					\$ 2,000,00	1	
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1,733				For vyory	-							

# FOUNDATION FOR MESA PARKS AND RECREATION 2013 MAJOR FUNDRAISING EVENTS

EVENT	RE\	<u>/ENUE</u>	EXP	<u>ENSES</u>	PROF	IT/(LOSS)
TRIATHLON	\$	24,973	\$	18,517	\$	6,456
MESA POW WOW	\$	15,000	\$	15,080	\$	(80)
SUB TOTALS	\$	39,973	\$	33,597	\$	6,376
OTHER CONTRIBUTIONS, MEMBERSHIPS AND DUES	\$	21,095	\$	10,578	\$	10,517
INTEREST	\$	10	\$		\$	10
GRAND TOTALS	\$	61,078	\$	44,175	\$	16,903

## FOUNDATION FOR MESA PARKS & RECREATION CASH RECONCILIATION - 2013

Statement Cut-off Date
Balance per Wells Fargo Statement

CHECKING	SAVINGS	PayPal
12/31/2013	12/31/2013	
57.151.59	30,103,15	-

Add: Outstanding Deposits

**Less: Outstanding Disbursements** 

Adjusted Balance Balance per Financial Statements Variance

57,151.59	30,103.15	-
57,151.59	30,103.15	-
_	-	-