



August 3, 2012

Foundation Foundation
dba MyBillofRights.org
2021 N Alvarado
Phoenix, AZ 85004

Foundation Foundation dba MyBillofRights.org:

Enclosed is the organization's 2011 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Jeffrey M. Rose, C.P.A.

CLIENT'S ORIGINAL SIGNED COPY RETURNED BY J.M. ROSE



August 3, 2012

Foundation Foundation
dba MyBillOfRights.org
2021 N Alvarado
Phoenix, AZ 85004

Foundation Foundation dba MyBillOfRights.org:

Enclosed is the organization's 2011 Arizona return. The return should be signed, dated, and mailed.

ARIZONA FORM 99 RETURN:

Mail to:
Arizona Department of Revenue
PO Box 52153
Phoenix, AZ 85072-2153

Please sign and mail Form 99 on or before November 15, 2012.

No payment is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Jeffrey M. Rose, C.P.A.

CLIENT'S COPY RETURNED BY J.M. ROSE
ORIGINAL SIGNED

August 3, 2012

Foundation Foundation
dba MyBillOfRights.org
2021 N Alvarado
Phoenix, AZ 85004

Foundation Foundation dba MyBillOfRights.org:

Enclosed are the 2011 Exempt Organization returns, as follows...

2011 FORM 990-EZ

2011 ARIZONA FORM 99

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Jeffrey M. Rose, C.P.A.

CLIENT'S COPY RETURNED TO J.M. ROSE
ORIGINAL SIGNED BY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2011

Prepared For:

Foundation Foundation
dba MyBillofRights.org
2021 N Alvarado
Phoenix, AZ 85004

Prepared By:

J. M. ROSE
P.O. Box 519
Woodland Hills, CA 91365

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

August 15, 2012

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring 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.*

A For the 2011 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Foundation Foundation dba MyBillofRights.org</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2021 N Alvarado</p> <p>City or town, state or country, and ZIP + 4 Phoenix, AZ 85004</p>	<p>D Employer identification number 20-3487592</p> <p>E Telephone number 480-290-8530</p> <p>F Group Exemption Number ▶</p> <p>H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p>G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>		
<p>I Website: ▶ www.mybillofrights.org</p>		
<p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>K Check ▶ <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.</p>		
<p>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 54599.</p>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	54599.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54599.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	6225.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	303.
	16 Other expenses (describe in Schedule O) See Schedule O	16	28489.
17 Total expenses. Add lines 10 through 16	17	35017.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19582.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4825.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	24407.

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

Form **990-EZ** (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
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		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)		X
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)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	X	
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	6275.
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. AZ		
42a	The organization's books are in care of Chris Dickey Telephone no. 512-609-8322 Located at 40 N IH 35 # PB4, Austin, TX ZIP + 4 78701		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
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
44a	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
44b	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
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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 Form 990-EZ (see instructions)	45b	

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

Chris Dickey, Exec Director
 Type or print name and title

Preparer Use Only	Print/Type preparer's name Jeffrey M. Rose, C.P.A.	Preparer's signature Jeffrey M. Rose, C.P.A.	Date 08/03/12	Check <input type="checkbox"/> if self-employed	PTIN P00236690
	Firm's name J. M. ROSE			Firm's EIN 95-2868068	
	Firm's address P.O. Box 519 Woodland Hills, CA 91365			Phone no. (818) 992-5800	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Foundation Foundation

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17064.	49212.	10610.	40793.	54599.	172278.
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	17064.	49212.	10610.	40793.	54599.	172278.
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)						
6 Public support. Subtract line 5 from line 4.						172278.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	17064.	49212.	10610.	40793.	54599.	172278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						172278.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2011. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 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						
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						
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization **Foundation Foundation dba MyBillofRights.org** Employer identification number **20-3487592**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Chris Dickey - or	X		28775.	6275.		X	X		X	
Total				▶ \$	6275.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

See Part V for Continuations

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Chris Dickey

(a) Purpose of Loan:

organization was short of funds to pay current bills when paid in prior yr

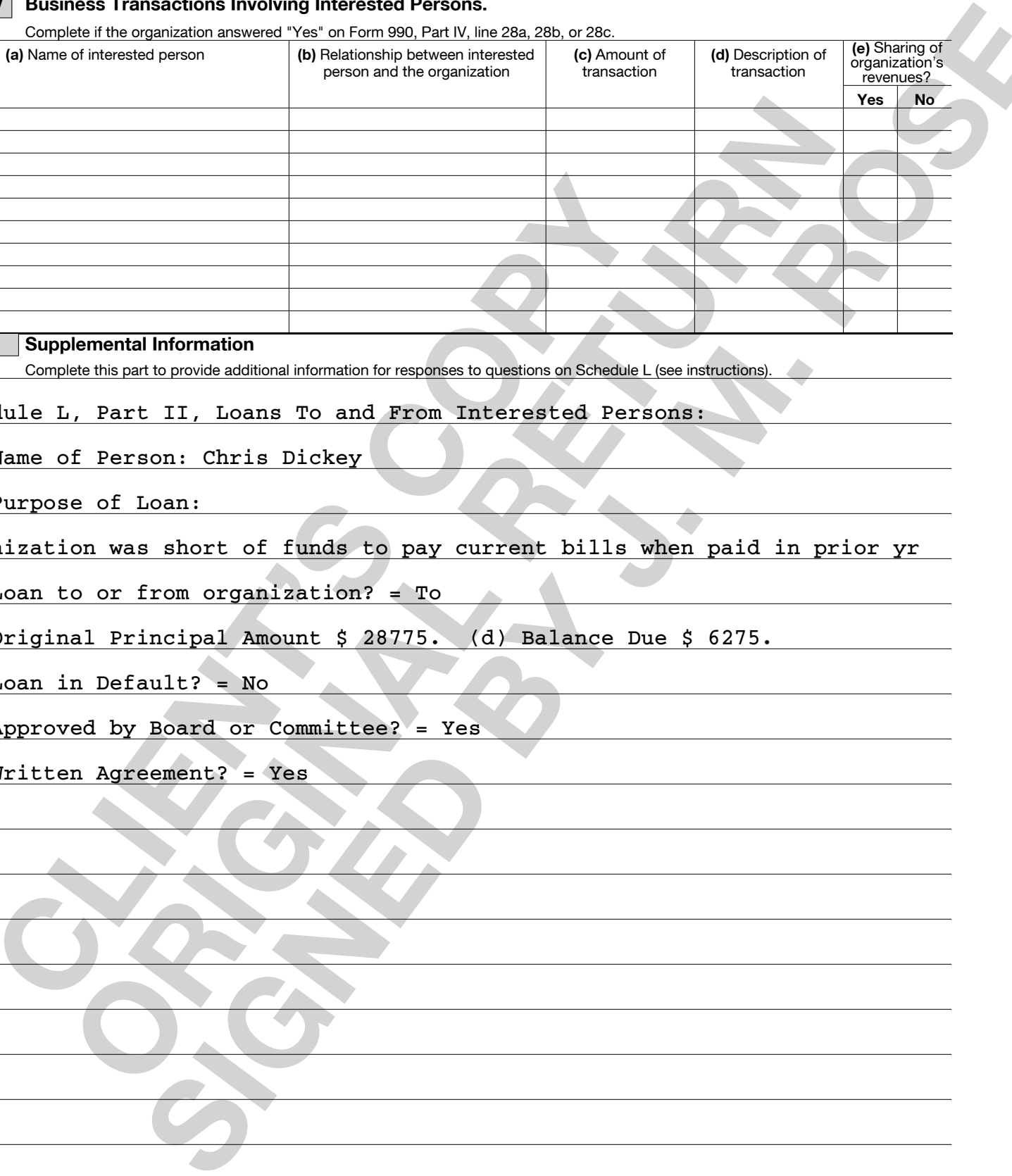
(b) Loan to or from organization? = To

(c) Original Principal Amount \$ 28775. (d) Balance Due \$ 6275.

(e) Loan in Default? = No

(f) Approved by Board or Committee? = Yes

(g) Written Agreement? = Yes



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **Foundation Foundation**
dba MyBillofRights.org Employer identification number
20-3487592

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Program purpose expenses	21268.
Filing fees	50.
Bank charges	32.
Promotional materials	1280.
Office expense	1235.
Software	23.
Internet	60.
Travel	4541.
Total to Form 990-EZ, line 16	28489.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Loan payable C Dickey	6275.	6275.

**Form 990-EZ, Part III, Primary Exempt Purpose - Promote the awareness of
the bill of rights**

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.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Foundation Foundation dba MyBillofRights.org	Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-3487592
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2021 N Alvarado	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Phoenix, AZ 85004	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Chris Dickey

- The books are in the care of ▶ **40 N IH 35 # PB4 - Austin, TX 78701**
 Telephone No. ▶ **512-609-8322** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2011** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
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.	3c	\$	0.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20____

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**Foundation Foundation
dba MyBillofRights.org**

Employer identification number

20-3487592

Name and title of officer

**Chris Dickey
Exec Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>54599</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **J. M. ROSE** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95860011034

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Jeffrey M. Rose, C.P.A.** Date ▶ **08/03/12**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

Arizona Form 99

FOR THE YEAR ENDING

December 31, 2011

Prepared For:

Foundation Foundation
dba MyBillofRights.org
2021 N Alvarado
Phoenix, AZ 85004

Prepared By:

J. M. ROSE
P.O. Box 519
Woodland Hills, CA 91365

Amount of Tax:

No payment required

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Arizona Department of Revenue
PO Box 52153
Phoenix, AZ 85072-2153

Return Must be Mailed On or Before:

November 15, 2012

Special Instructions:

The return should be signed and dated by an authorized individual.

99

For the calendar year 2011 or fiscal year beginning _____ and ending _____

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	Name Foundation Foundation dba MyBillofRights.org Number and street or PO Box 2021 N Alvarado City or town, state and ZIP code Phoenix, AZ 85004	Employer identification number (EIN) 20-3487592 AZ transaction privilege tax number
Business telephone number 480-290-8530		

Check box if: This is a first return Name change Address change

CHECK BOX IF: Return filed under extension.
 3-mos. Fed 3-mos. AZ - Fed
 82 C 82 F

A Date Arizona operations began **08/02/2005**
 B Nature of Arizona activities **Bill of Rights Monuments**
 C Check federal form filed: 990 990-EZ Other (specify) _____
Attach a copy of the organization's federal return.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Sources of Income	1	Gross sales or receipts from business activities	1	00			
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2	00			
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	3	00			<input checked="" type="checkbox"/>
	4	Interest	4	00			
	5	Dividends	5	00			
	6	Rents and royalties	6	00			
	7	Gain or (loss) from sales of assets, excluding inventory items	7	00			
	8	Dues, assessments, etc., from members	8	00			
	9	Dues, assessments, etc., from affiliated organizations	9	00			
	10	Contributions, gifts, grants, etc., received	10	54599			
	11	Other income - <i>attach itemized statement</i>	11	00			
	12	Total income - <i>add lines 3 through 11</i>	12	54599		00	
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	00			
	14	Salaries and wages - <i>other than amounts included on line 2</i>	14	00			
	15	Interest	15	00			
	16	Taxes	16	00			
	17	Rent expense	17	00			
	18	Depreciation - <i>attach schedule</i>	18	00			
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19	35017		Statement 1	
	20	Total expenses - <i>add lines 13 through 19</i>	20	35017		00	
	Disbursements From Current Income for the Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21	00		
22		Contributions, gifts, grants, etc., paid	22	00			
23		Benefit payments to or for members or their dependents:					
		a.	Death, sickness, hospitalization, disability, or pension benefits	23a	00		
		b.	Other benefits	23b	00		
24		Dividends and other distributions to members, shareholders, or depositors	24	00			
25		Other	25	00			
26	Total - <i>add lines 21 through 25</i>	26					
Disbursements From Principal for the Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27	00			
	28	Contributions, gifts, grants, etc., paid	28	00			
	29	Benefit payments to or for members or their dependents:					
		a.	Death, sickness, hospitalization, disability, or pension benefits	29a	00		
		b.	Other benefits	29b	00		
	30	Dividends and other distributions to members, shareholders, or depositors	30	00			
	31	Other	31	00			
32	Total - <i>add lines 27 through 31</i>	32					
Other	33	Other disbursements not itemized above - <i>attach schedule</i>	33			00	
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i>	34	19582		00	
	35	Accumulation of income at beginning of year	35	4825		00	
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36	24407		00	
Penalty	37	Penalty for late filing or incomplete filing - <i>See instructions</i>	37			00	

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

		(a) Beginning of year		(b) End of year	
Assets					
A1	Cash	11100	00	A1	30682 00
A2a	Accounts receivable	A2a	00		
	b Less: allowance for doubtful accounts	A2b	00		
	c Line A2a less line A2b. Enter difference in column (b)		00	A2c	00
A3a	Other notes and loans receivable - <i>attach schedule</i>	A3a	00		
	b Less: allowance for doubtful accounts	A3b	00		
	c Line A3a less line A3b. Enter difference in column (b)		00	A3c	00
A4	Inventories		00	A4	00
A5	Investments (securities) - <i>attach schedule</i>		00	A5	00
A6	Investments (other) - <i>attach schedule</i>		00	A6	00
A7a	Land, buildings, and equipment; basis	A7a	00		
	b Less: accumulated depreciation - <i>attach schedule</i>	A7b	00		
	c Line A7a less line A7b. Enter difference in column (b)		00	A7c	00
A8	Other assets - <i>describe</i>		00	A8	00
A9	Total assets - add lines A1 through A8	11100	00	A9	30682 00

Liabilities					
A10	Accounts payable and accrued expenses		00	A10	00
A11	Mortgages and other notes payable - <i>attach schedule</i>		00	A11	00
A12	Other liabilities - <i>describe</i>	6275	00	A12	6275 00
A13	Total liabilities - add lines A10 through A12	6275	00	A13	6275 00

Net Assets					
A14	Capital stock or trust principal		00	A14	00
A15	Paid-in or capital surplus		00	A15	00
A16	Retained earnings or accumulated income	4825	00	A16	24407 00
A17	Total net assets - add lines A14 through A16	4825	00	A17	24407 00
A18	Total liabilities and net assets - add lines A13 and A17	11100	00	A18	30682 00

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here _____ **Exec Director**
 Officer's signature Date Title

Paid Preparer's Use Only **Jeffrey M. Rose, C.P.A.** | **08/03/12** | **P00236690**
 Preparer's signature Date Preparer's EIN, PTIN or SSN

J. M. ROSE | **95-2868068**
 Firm's name (or preparer's, if self-employed) Firm's EIN or SSN

P.O. Box 519 | **91365** | **(818) 992-5800**
Woodland Hills, CA
 Firm's address ZIP code Firm's telephone number

AZ 99

Misc Expenses

Statement 1

Description	Amount
Professional fees to independent contractors	6225.
Printing, publications, postage, shipping	303.
Program purpose expenses	21268.
Filing fees	50.
Bank charges	32.
Promotional materials	1280.
Office expense	1235.
Software	23.
Internet	60.
Travel	4541.
Total to Form 99, Page 1, Line 19	35017.

CLIENT'S ORIGINAL RETURN SIGNED BY J. M. ROSE

