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CLIENT'S COPY

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

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2013

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_

2013

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

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. You must 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 lines 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.

Table with 2 columns: Line number and Description/Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, and Form 8868.

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 2013 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 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 the 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 receive payment, please 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. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2013 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 consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 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 consent screen.

Officer's signature \_\_\_\_\_ Date 05/13/14

Part III Certification and Authentication

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

95860011034

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this PIN 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 \_\_\_\_\_ Date 05/13/14

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

# Short Form Return of Organization Exempt From Income Tax

## 2013

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **and ending**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
**Foundation Foundation**  
**dba MyBillofRights.org**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite/apartment/unit/box number  
**2021 N Alvarado**

City or town, state or province, country, and ZIP or foreign postal code  
**Phoenix, AZ 85004**

**D** Employer identification number  
**20-3487592**

**E** Telephone number  
**480-290-8530**

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Website: ▶ **www.mybillofrights.org**

**I** Check  if the organization is not required to attach Schedule B

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no. )  4947(a)( )  527  990,  990-EZ, or 990-PF.

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$50,000 or more, or total assets (from column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 43456.**

**Part I Revenue, Expenses, and Changes in Net Assets Fund Balance** (see the instructions for Part I)

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

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>43456.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less return and allowance	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (explain in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>43456.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publication, postage, and mailing	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) <b>See Schedule O</b>	<b>16</b>	<b>132998.</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>132998.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>-89542.</b>
	<b>19</b> 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)	<b>19</b>	<b>104822.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>15280.</b>

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

Form **990-EZ** (2013)

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	106097.	15280.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	106097.	15280.
26 Total liabilities (describe in Schedule O) See Schedule O	1275.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104822.	15280.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Monument design development fees	29a
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>
29 Website design and maintance	29a
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>
30	30a
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>
31 Other program services (describe in Schedule O)	31a
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>
32 Total program service expenses (add lines 28a through 31a)	32 0.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one, even if not compensated - see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to program	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chris Dickey President	0.00	0.	0.	0.
David Dickey Vice President	0.00	0.	0.	0.

**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 on Schedule O		N/A
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 513(b) 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?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or to any such loan in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
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 4959 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	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organization. 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 14a reimbursed by the organization		0.
40e	e All organizations. At any time during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 990-T	40e	X
41	List the states with which a copy of this return is filed		AZ
42a	The organization's books are in the name 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 in Form 990-22.1, 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 401(a)(9) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received accrued during the tax year	43	N/A
44a	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
44b	b Did the organization operate or provide capital 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 payment 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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	b 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	

	<b>Yes</b>	<b>No</b>
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		<b>X</b>
	46	

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

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

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 title of each employee	(b) Number of hours per week devoted to the organization	(c) Reportable compensation (Forms W-2 and 1099-C)	(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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

Under penalties of perjury, I declare that I have prepared 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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jeffrey M. Rose, C.P.A.</b>	Preparer's signature <b>Jeffrey M. Rose, C.P.A.</b>	Date <b>05/13/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00236690</b>
	Firm's name <b>J. M. ROSE</b>			Firm's EIN <b>95-2868068</b>	
	Firm's address <b>P.O. Box 519 Woodland Hills, CA 91365</b>			Phone no. <b>(818) 992-5800</b>	

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from a general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) not more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 1371 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11g:
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that this organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization:
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below, the governing body of the supporting organization? _____		
(ii) A family member of a person described in (i) above? _____		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____		
- h Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization described on lines 1-3 above or IRC section (see instructions)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10610.	40793.	54599.	366982.	43456.	516440.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10610.	40793.	54599.	366982.	43456.	516440.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						516440.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	10610.	40793.	54599.	366982.	43456.	516440.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						516440.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Comparison of Public Support Percentages**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2012 Schedule B, Part III, line 14 .....	<b>15</b>	100.00	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part III) .....						
<b>13 Total support.</b> (Add lines 9, 10c, and 11.)						

**14 First five years.** 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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

**Part IV Supplemental Information.** 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).

Lined area for supplemental information.

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Foundation Foundation

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		comedy			(add col. (a) through
		concert			col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3 in column (d)			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tab or instant bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 6 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 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  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>	The organization's facility	%
<b>13b</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?  Yes  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 Mandatory distribution

- a Is the organization required under state law to make charitable distribution 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 first year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part IV** Supplemental Information (continued)

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SIGNED BY





**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**

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

(c) Purpose of Loan: organization was short of funds to pay current bills when paid in prior yr

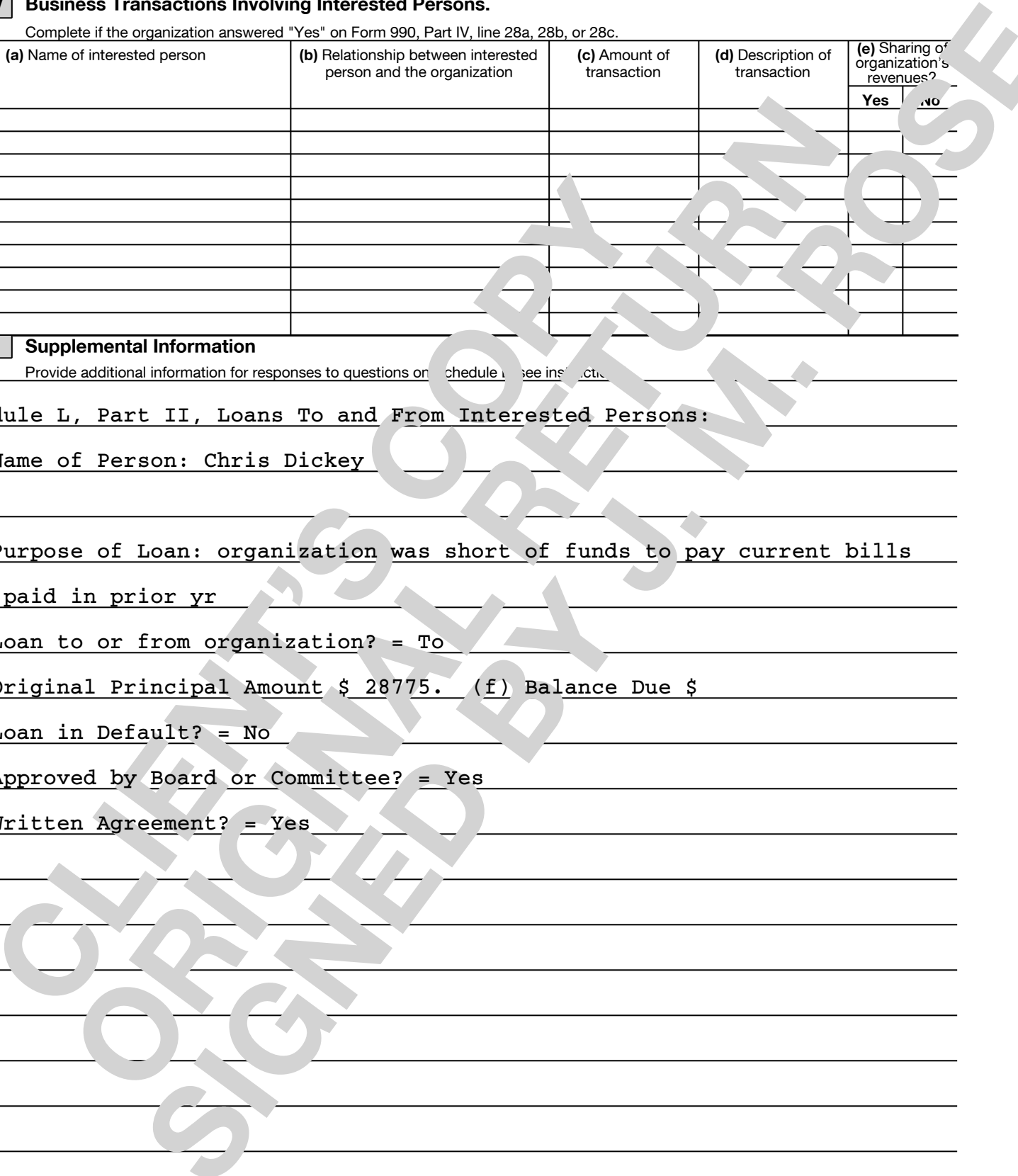
(d) Loan to or from organization? = To

(e) Original Principal Amount \$ 28775. (f) Balance Due \$

(g) Loan in Default? = No

(h) Approved by Board or Committee? = Yes

(i) Written Agreement? = Yes



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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	110808.
Filing fees	10.
Bank charges	30.
Promotional materials	13273.
Office expense	655.
Website and social media	1982.
Travel	5262.
Postal	978.
Total to Form 990-EZ, line 16	132998.

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

Description	Beg. of Year	End of Year
Loan payable C Dickey	1275.	0.

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.

# TAX RETURN FILING INSTRUCTIONS

Arizona Form 99

**FOR THE YEAR ENDING**

December 31, 2013

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount of Tax:**

No payment required

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

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

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**Return Must be Mailed On or Before:**

May 15, 2014

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**Special Instructions:**

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

99

For the [X] calendar year 2013 or [ ] fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**CHECK ONE:**  
 Original  
 Amended

Name: **Foundation Foundation dba MyBillofRights.org**  
 Employer Identification Number (EIN): **20-3487592**

Address - number and street or PO Box: **2021 N Alvarado**  
 City, Town or Post Office: **Phoenix, AZ 85004**  
 State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Telephone Number (with area code): **480-290-8530**

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

**A** Date Arizona operations began: **08/02/2005**

**B** Nature of Arizona activities: **Bill of Rights Monuments**

**C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

**Attach a copy of the organization's federal return.**

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -**

**D**  NMMD Registry Identification Number: \_\_\_\_\_

**E** What type of entity is the dispensary?  
 Corporation  Limited Liability Company (LLC)  Partnership  S corporation  
 Sole Proprietorship

**F** If the dispensary is an LLC, what is the federal tax classification?  
 Corporation  Disregarded Entity  Partnership  S corporation  
 If the dispensary is an LLC, a partnership or an S corporation, **attach a schedule** that includes partnership information, including name, address, TIN, and ownership percentage at the end of the tax year.

**G** Federal form filed:  1040  1041  1065  1120  1120-C  Other (specify) \_\_\_\_\_

**H**  Check this box if you attached a copy of the dispensary's federal return to the Arizona Form 990 or Form 165 when it was filed; do not attach a copy of the same return to this form. **Other (specify) attach a copy of the dispensary's federal return.**

Sources of Income

1	Gross sales from business activities		00
2	Less - Cost of goods sold or of operating expenses - attach itemized statement	2	00
3	Gross profit from business activities - subtract line 2 from line 1		00
4	Interest	4	00
5	Dividends		00
6	Rents and royalties	6	00
7	Gain or (loss) from sales of assets - excluding inventory items		00
8	Dues, assessments, etc. from members	8	00
9	Dues, assessments, etc. from affiliates	9	00
10	Contributions, gifts, grants, etc., received	10	00
11	Other income - attach itemized statement	11	43456 00
12	Total income - add lines 1 through 11	12	43456 00

Statement 1

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	13	00
14	Salaries and wages (other than amounts included on line 2)	14	00
15	Interest	15	00
16	Taxes	16	00
17	Rent expense	17	00
18	Depreciation - attach schedule	18	00
19	Miscellaneous expenses - attach itemized statement	19	132998 00
20	Total expenses - add lines 13 through 19	20	132998 00

Statement 2

Disbursements

21	Disbursements from current year for exempt purposes - from page 2, line A6	21	00
22	Disbursements from principal for exempt purposes - from page 2, line B6	22	00
23	Other disbursements not itemized on Schedule A or Schedule B - attach schedule	23	00

Accumulation of Income

24	Accumulation of income in current year - line 12 less the sum of lines 20, 21, 22, and 23	24	-89542 00
25	Accumulation of income at beginning of year	25	104822 00
26	Accumulation of income at end of year - add lines 24 and 25	26	15280 00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27	00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

**SCHEDULE A - Disbursements From Current Income for Exempt Purposes**

<b>A1</b>	Dues, assessments, etc., to affiliates	<b>A1</b>		00
<b>A2</b>	Contributions, gifts, grants, etc., paid	<b>A2</b>		00
<b>A3</b>	Benefit payments to or for members or their dependents:			
<b>A3a</b>	Death, sickness, hospitalization, disability, or pension benefits	<b>A3a</b>		00
<b>A3b</b>	Other benefits	<b>A3b</b>		00
<b>A4</b>	Dividends and other distributions to members, shareholders, or depositors	<b>A4</b>		00
<b>A5</b>	Other	<b>A5</b>		00
<b>A6</b>	<b>Total</b> - add lines A1 through A5. Enter total here and on page 1, line 21	<b>A6</b>		00

**SCHEDULE B - Disbursements From Principal for Exempt Purposes**

<b>B1</b>	Dues, assessments, etc., to affiliates	<b>B1</b>		00
<b>B2</b>	Contributions, gifts, grants, etc., paid	<b>B2</b>		00
<b>B3</b>	Benefit payments to or for members or their dependents:			
<b>B3a</b>	Death, sickness, hospitalization, disability, or pension benefits	<b>B3a</b>		00
<b>B3b</b>	Other benefits	<b>B3b</b>		00
<b>B4</b>	Dividends and other distributions to members, shareholders, or depositors	<b>B4</b>		00
<b>B5</b>	Other	<b>B5</b>		00
<b>B6</b>	<b>Total</b> - add lines B1 through B5. Enter total here and on page 1, line 22	<b>B6</b>		00

**SCHEDULE C - Balance Sheet**

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

		(a)		(b)	
		Beginning of Year		End of Year	
<b>Assets</b>					
<b>C1</b>	Cash	106097	00	<b>C1</b>	15280 00
<b>C2a</b>	Accounts receivable		00		
<b>C2b</b>	Less - allowance for doubtful accounts		00		
<b>C2c</b>	Line C2a less line C2b. Enter difference in column (b)		00	<b>C2c</b>	00
<b>C3a</b>	Other notes and loans receivable - attach schedule		00		
<b>C3b</b>	Less - allowance for doubtful accounts		00		
<b>C3c</b>	Line C3a less line C3b. Enter difference in column (b)		00	<b>C3c</b>	00
<b>C4</b>	Inventories		00	<b>C4</b>	00
<b>C5</b>	Investments (securities) - attach schedule		00	<b>C5</b>	00
<b>C6</b>	Investments (other) - attach schedule		00	<b>C6</b>	00
<b>C7a</b>	Land, buildings, and equipment; basis		00		
<b>C7b</b>	Less - accumulated depreciation - attach schedule		00		
<b>C7c</b>	Line C7a less line C7b. Enter difference in column (b)		00	<b>C7c</b>	00
<b>C8</b>	Other assets - describe		00	<b>C8</b>	00
<b>C9</b>	<b>Total assets</b> - add lines C1 through C8	106097	00	<b>C9</b>	15280 00
<b>Liabilities</b>					
<b>C10</b>	Accounts payable and accrued expenses		00	<b>C10</b>	00
<b>C11</b>	Mortgages and other notes payable - attach schedule		00	<b>C11</b>	00
<b>C12</b>	Other liabilities - describe	1275	00	<b>C12</b>	00
<b>C13</b>	<b>Total liabilities</b> - add lines C10 through C12	1275	00	<b>C13</b>	00
<b>Net Assets</b>					
<b>C14</b>	Capital stock or trust principal		00	<b>C14</b>	00
<b>C15</b>	Paid-in or capital surplus		00	<b>C15</b>	00
<b>C16</b>	Retained earnings or accumulated income	104822	00	<b>C16</b>	15280 00
<b>C17</b>	<b>Total net assets</b> - add lines C14 through C16	104822	00	<b>C17</b>	15280 00
<b>C18</b>	<b>Total liabilities and net assets</b> - add lines C13 and C17	106097	00	<b>C18</b>	15280 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>Foundation Foundation</b>	EIN <b>20-3487592</b>
--	-----------------------

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the 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.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE	DATE	<b>Exec Director</b>
<b>Paid Preparer's Use Only</b>	<b>Jeffrey M. Rose, C.P.A.</b>	<b>05/13/14</b>	<b>P00236690</b>
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	<b>J. M. ROSE</b>		<b>95-2868068</b>
	FIRM'S NAME (OR PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	<b>P.O. Box 519</b>		<b>(818) 992-5800</b>
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	<b>Woodland Hills, CA</b>		<b>91365</b>
	CITY	STATE	ZIP CODE

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

CLIENT'S ORIGINAL RETURN SIGNED BY JIM ROSE

AZ 99 Other Income Statement 1

Description	Amount
Program service revenue	43456.
Total to Form 99, Page 1, Line 11	43456.

AZ 99 Misc Expenses Statement 2

Description	Amount
Program purpose expenses	110808.
Filing fees	10.
Bank charges	30.
Promotional materials	13273.
Office expense	655.
Website and social media	1982.
Travel	5262.
Postal	978.
Total to Form 99, Page 1, Line 19	132998.

CLIENT'S ORIGINAL RETURN FILED  
SIGNED BY J. M. PROSE