

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	
		ROAD 2 RECOVERY FOUNDATION	
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
		23623 N SCOTTSDALE ROAD D 3420	
		City, town, or country	State
		SCOTTSDALE	AZ
		ZIP + 4	
		85255	
		D Employer identification number	86-0996104
		E Telephone number	(480) 276-1131
		F Group Exemption Number	. . . ▶
<ul style="list-style-type: none"> • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ WWW.ROAD2RECOVERY.COM		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	423,360

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	205,060
	2 Program service revenue including government fees and contracts	2	94,469
	3 Membership dues and assessments	3	
	4 Investment income	4	1,710
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 198,211 of contributions reported on line 1)	6a	122,121
b Less: direct expenses other than fundraising expenses	6b	145,891	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-23,770	
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	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	277,469	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	75,775
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	75,818
	13 Professional fees and other payments to independent contractors	13	5,129
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,286
	16 Other expenses (describe ▶ See attached statement)	16	48,325
	17 Total expenses. Add lines 10 through 16	17	206,333
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	71,136
	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	321,795
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	392,931

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		321,795	22 169,199
23 Land and buildings			23
24 Other assets (describe ▶ INSURED RIDER ENDOWMENT)		0	24 225,000
25 Total assets		321,795	25 394,199
26 Total liabilities (describe ▶ PAYROLL TAXES PAYABLE)		0	26 1,268
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		321,795	27 392,931

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>SUPPORT INJURED PRO MOTORCYCLE RIDERS</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	PROVIDED ASSISTANCE TO INJURED RIDERS; SUPPORTED STEVE HUDSON'S & MXER'S FOR JESUS MINISTRY FOR SPIRITUAL SUPPORT FOR RIDERS. FUNDED RIDER'S INSURANCE ENDOWMENT (\$225000) SUPPORTED MEDICAL MOBILE UNIT VIA NATIONAL RIDE DAY EVENTS. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	162,255
29	..... (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	..... (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	162,255

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name BOB MOORE Str 1545 FARADAY SUIT City CARLSBAD ST CA ZIP 92008	Title CHAIRMAN/ CO-FOUN Hr/WK 2.00	0	0	0
Name BOB WALKER Str 950 BAYLOR DR City SAN MARCOS ST CA ZIP 92078	Title PRESIDENT/ CO - FOUN Hr/WK 2.00	0	0	0
Name SHANE TRITTLER Str 27907 STALLION PL City CASTAIC ST CA ZIP 91384	Title VP Hr/WK 1.00	0	0	0
Name JIMMY BUTTON Str 1545 FARADAY SUIT City CARLSBAD ST CA ZIP 92008	Title DIRECTOR/ CO-FOUN Hr/WK 5.00	0	0	0
Name CHUCK BALDWIN Str 4412 GOLF VIEW DR City ANDERSON ST IN ZIP 46011	Title DIRECTOR Hr/WK 6.00	0	0	0
Name TODD JENDRO Str 4255 MERIDIAN PAR City AURORA ST IL ZIP 60504	Title DIRECTOR Hr/WK 1.00	0	0	0
Name KEITH MCCARTY Str 6555 KATELLA AVE City CYPRESS ST CA ZIP 90630	Title DIRECTOR Hr/WK 1.00	0	0	0
Name MIKE FISHER Str 9950 JERONIMO City IRVINE ST CA ZIP 92618	Title DIRECTOR Hr/WK 1.00	0	0	0
Name ROGER DECOSTER Str 3251 E IMPERIAL HWY City BREA ST CA ZIP 92821	Title DIRECTOR Hr/WK 1.00	0	0	0
Name KURT NICOLL Str 27635 DIAZ RD City TEMECULA ST CA ZIP 92590	Title DIRECTOR Hr/WK 1.00	0	0	0
Name CLIFF WHITE Str 1919 TORRANCE BL City TORRENCE ST CA ZIP 90501	Title DIRECTOR Hr/WK 1.00	0	0	0
Name MARK CARTER Str 3501 SEPULVEDA BL City TORRENCE ST CA ZIP 90505	Title DIRECTOR Hr/WK 1.00	0	0	0
Name TERRY BAISLEY Str 601 E GOWEN RD City BOISE ST ID ZIP 83716	Title DIRECTOR Hr/WK 1.00	0	0	0
Name BRIAN ORTON Str 601 UNION ST, SUITE City SEATTLE ST WA ZIP 98101	Title FINANCIAL DIRECTOR Hr/WK 1.00	0	0	0
Name ANITA BUTTON Str 23623 N SCOTTSDALE City SCOTTSDALE ST AZ ZIP 85255	Title DIRECTOR OF OPERATIONS Hr/WK 60.00	72,965	0	0
Name JENNY COOMBS Str 5230 E BROWN RD City MESA ST AZ ZIP 85205	Title EVENTS DIRECTOR Hr/WK 2.00	1,785	0	0
Name STEVE AUGUSTINE Str 4498 COQUINA DR City JACKSONVILLE BEACH ST FL ZIP 32250	Title MEDICAL DIRECTOR Hr/WK 1.00	0	0	0
Name City ST ZIP	Title Hr/WK ..... .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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. 40e		X
41	List the states with which a copy of this return is filed. ▶ AZ		
42 a	The books are in care of ▶ Name ANITA BUTTON Telephone no. ▶ (480) 276-1131 Located at ▶ 7389 E SOFTWIND DR City SCOTTSDALE ST AZ ZIP + 4 ▶ 85255		
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		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

	Yes	No
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49b	<input type="checkbox"/>	<input type="checkbox"/>
- 50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Name City ST ZIP	Title Hr/WK	.00 0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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: ANITA BUTTON
 Date: EXECUTIVE DIRECTOR
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature: SECHLER CPA PC
 Date: 9/4/2009
 Check if self-employed:
 Preparer's Identifying Number (See instructions): P00008030
 Firm's name (or yours if self-employed), address, and ZIP +4: 921 E ORANGE DRIVE, PHOENIX, AZ 85014
 EIN: 86-0859647
 Phone no.: (602) 230-2700

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,987	64,989	292,027	185,230	205,060	779,293
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge		0	0			0
4 Total Add lines 1-3	31,987	64,989	292,027	185,230	205,060	779,293
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.						779,293

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	31,987	64,989	292,027	185,230	205,060	779,293
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20	471	3,244	5,088	1,710	10,533
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	5,262		5,262
11 Total support. Add lines 7 through 10						795,088
12 Gross receipts from related activities, etc. (see instructions.)					12	94,469
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test—2008. 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 type="checkbox"/>		
b 33 1/3% support test—2007. 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—2008. 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—2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

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 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. 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—2007. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization ROAD 2 RECOVERY FOUNDATION	Employer identification number 86-0996104
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ROAD 2 RECOVERY FOUNDATION	Employer identification number 86-0996104
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	..... ..... Foreign State or Province: Foreign Country:	\$ 32,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	..... ..... Foreign State or Province: Foreign Country:	\$ 25,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	..... ..... Foreign State or Province: Foreign Country:	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	..... ..... ..... 89109 Foreign State or Province: Foreign Country:	\$ 29,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ROAD 2 RECOVERY FOUNDATION	Employer identification number 86-0996104
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	..... ..... Foreign State or Province: Foreign Country:	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	..... ..... Foreign State or Province: Foreign Country:	\$ 20,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	..... ..... Foreign State or Province: Foreign Country:	\$ 20,028	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	..... ..... Foreign State or Province: Foreign Country:	\$ 19,555	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	..... ..... Foreign State or Province: Foreign Country:	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	..... ..... Foreign State or Province: 92584 Foreign Country:	\$ 5,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ROAD 2 RECOVERY FOUNDATION	Employer identification number 86-0996104
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	..... ..... Foreign State or Province: ST ALBANS HERTFORDS Foreign Country: Australia	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	..... ..... Foreign State or Province: 92075 Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ROAD 2 RECOVERY FOUNDATION	Employer identification number 86-0996104
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	..... ..... Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	..... ..... Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	..... ..... Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	..... ..... Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

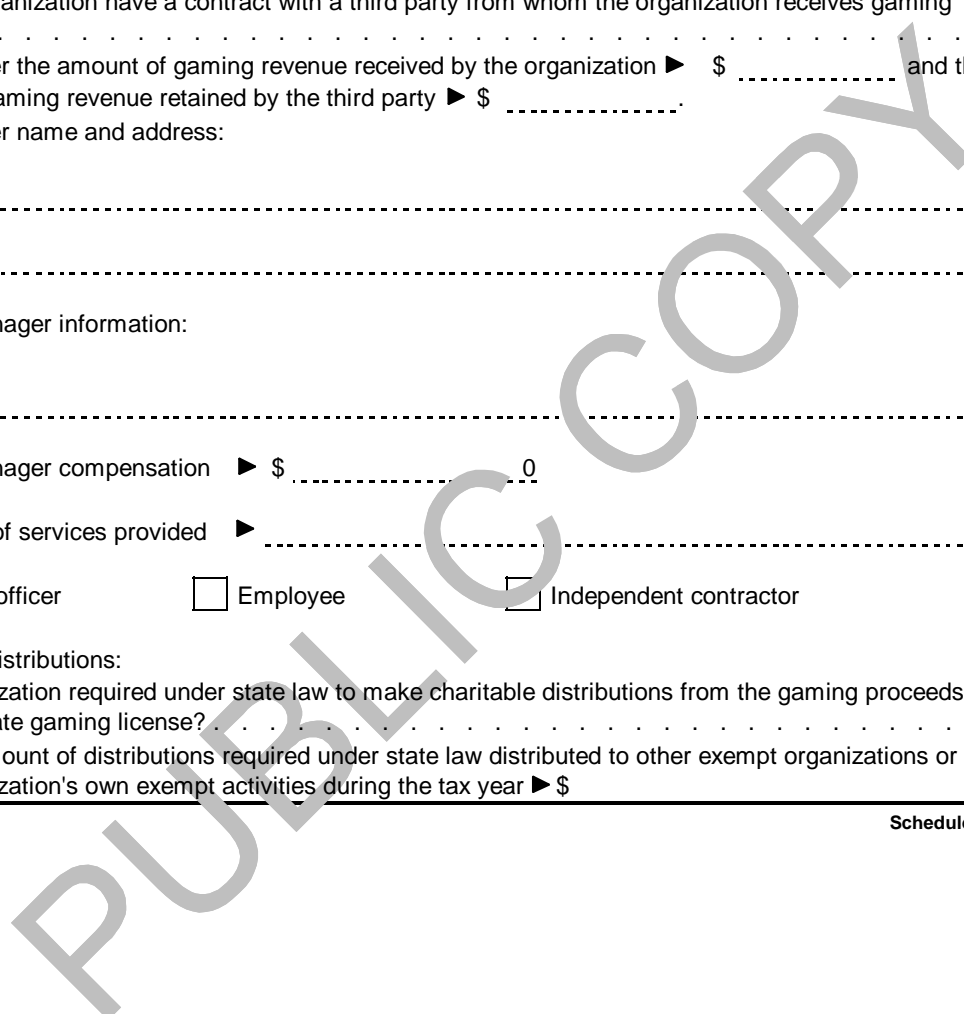
		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 POKER TOURN. (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))		
Revenue	1	Gross receipts	96,107	35,412	188,813	320,332	
	2	Less: Charitable contributions	38,475	31,033	128,703	198,211	
	3	Gross revenue (line 1 minus line 2)	57,632	4,379	60,110	122,121	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	0	0	0	0	
	6	Rent/facility costs	46,802	26,767	3,000	76,569	
	7	Other direct expenses	18,028	21,455	29,839	69,322	
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶					(145,891)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶					-23,770

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 tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue			0	
Direct Expenses	2	Cash prizes			0	
	3	Non-cash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	<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) ▶				(0)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				0

		Yes	No
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?	9a	
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____ _____	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		
	13a _____ %		
b	An outside facility		
	13b _____ %		
14	Provide 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?		
	15a _____		
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:		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____ 0		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
	17a _____		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		



Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	6,849
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	198,211
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	205,060

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	1,710
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	1,710

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Part I, Line 16 (990-EZ) - Other Expenses

48,325

1	Travel, Meals and Entertainment		
	a Travel	1a	1,028
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	6,640
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	BANK CHARGES	11	6,833
12	CONTRACT SERVICES	12	8,583
13	AUTO COSTS	13	2,037
14	EBAY COSTS	14	206
15	INSURANCE	15	1,257
16	INTERNET	16	1,091
17	LICENSE AND FEES	17	451
18	OFFICE ADMINISTRATION	18	8,942
19	PAYROLL TAXES PROGRAM/ADMIN RELATED	19	5,257
20	MEDICAL ASSIST SERVICE	20	5,000
21	RIDER MINISTRY	21	1,000
22		22	
23		23	
24		24	
25		25	
26		26	

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Part II, Line 24 (990-EZ) - Other Assets

0 225,000

	Description	Beginning	End
1	INSURED RIDER ENDOWMENT		225,000
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

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Part II, Line 26 (990-EZ) - Liabilities

0 1,268

	Description	Beginning	End
1	PAYROLL TAXES PAYABLE		1,268
2			
3			
4			
5			
6			
7			
8			
9			
10			

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Part II (Sch G (990/990EZ)) - Events

		320,332	198,211	122,121	0	0	76,569	69,322
Event Type		Line 1 Gross Receipts	Line 2 Less: (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	GOLF TOURNAMENT	96,107	38,475	57,632			46,802	18,028
2	POKER TOURN.	35,412	31,033	4,379			26,767	21,455
3	RIDE DAY	33,182	18,880	14,302				19,130
4	VARIOUS EVENTS AND AUCTION PROGRAM	155,631	109,823	45,808			3,000	10,709
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

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