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SOUTHERN ARIZONA LEADERSHIP  
COUNCIL, INC.

Form 990-EZ (2008)

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? CIVIC, ECONOMIC AND SOCIAL WELFARE

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.

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts; optional  
for others.)

28 MEMBER TASK FORCES RESEARCH ISSUES AFFECTING SOUTHERN ARIZONA INCLUDING TRANSPORTATION, WATER, GOVERNANCE, TECHNOLOGY, BUSINESS TAXATION, INTERNATIONAL TRADE,

**(Grants \$**  **) If this amount includes foreign grants, check here**

28a

## 29 EDUCATION, AND URBAN GROWTH.

**(Grants \$** **) If this amount includes foreign grants, check here**

29a

30

**(Grants \$ )** If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

**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.)

(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
SEE STATEMENT 5		159,675.		
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**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
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	34	<input checked="" type="checkbox"/>
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.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	<input type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	<input type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	37a	0.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?	38b	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39b	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40c	<input type="checkbox"/>
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	40d	<input type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	<input checked="" type="checkbox"/>
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	0.	
41 List the states with which a copy of this return is filed ► <u>AZ</u>		
42a The books are in care of ► <u>RON SHOOPMAN</u>	Telephone no. ► (520) 327-7619	
Located at ► <u>4400 E. BROADWAY, SUITE 307, TUCSON, AZ</u>	ZIP + 4 ► 85711	
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	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <u> </u>		
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	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <u> </u>		
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	<input type="checkbox"/>
	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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**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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 <b>N/A</b>	(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
Total number of other employees paid over \$100,000 ►				

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."

**N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►		

<b>Sign Here</b>	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		
	► <i>John D. Meltzer</i> 3/26/09		
► Signature of officer			
► <i>PRESIDENT</i> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>John D. Meltzer</i>	Date 3-23-09	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► BEACHFLEISCHMAN PC P.O. BOX 64130 TUCSON, ARIZONA 85728-4130	Preparer's Identifying Number (See instr.)	
		EIN ►	Phone no. (520) 321-4600

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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SOUTHERN ARIZONA LEADERSHIP COUNCIL, INC

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FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	8,845.
BANK CHARGES	24.
CONFERENCE AND MEETINGS EXPENSE	30,285.
DUES AND SUBSCRIPTIONS	2,012.
EQUIPMENT AND RENTAL MAINTENANCE	7,295.
OFFICE EXPENSE	10,616.
GIFTS	369.
INSURANCE	2,118.
PAYROLL TAXES	18,053.
INTEREST EXPENSE	505.
TRAVEL EXPENSE	3,520.
TELEPHONE	8,786.
DEPRECIATION	5,568.
TOTAL TO FORM 990-EZ, LINE 16	97,996.

FORM 990-EZ

OTHER ASSETS

STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS	295.	295.
OTHER DEPRECIABLE ASSETS	20,990.	15,422.
TOTAL TO FORM 990-EZ, LINE 24	21,285.	15,717.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES PAYABLE	5,406.	2,351.
UNCLAIMED PROPERTY	75.	75.
TOTAL TO FORM 990-EZ, LINE 26	5,481.	2,426.

SOUTHERN ARIZONA LEADERSHIP COUNCIL, INC

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FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
TRANSPORTATION SURVEY TIME COALITION PO BOX 1145 PHOENIX, AZ, 85001	NONE	10,000.
EDUCATION SCIENCE FOUNDATION ARIZONA 400 E. VAN BUREN ST, #230 PHOENIX, AZ, 85004	NONE	10,000.
EDUCATION TUCSON VALUES TEACHERS 2250 E. BROADWAY BLVD TUCSON, AZ 85719	NONE	9,043.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		29,043.

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RONALD SHOOPMAN 4400 E. BROADWAY, TUCSON, AZ 85711	PRESIDENT 60.00	136,500.	0.	0.
JOHN PEDICONE 4400 E. BROADWAY, TUCSON, AZ 85711	VICE PRESIDENT 26.50	23,175.	0.	0.
PETER LIKINS 4400 E. BROADWAY, TUCSON, AZ 85711	CHAIRMAN 0.25	0.	0.	0.
BRUCE BEACH 4400 E. BROADWAY, TUCSON, AZ 85711	VICE CHARIAN 0.25	0.	0.	0.
HANK AMOS 4400 E. BROADWAY, TUCSON, AZ 85711	SECRETARY 0.25	0.	0.	0.
JANNIE COX 4400 E. BROADWAY, TUCSON, AZ 85711	TREASURER 0.25	0.	0.	0.

SOUTHERN ARIZONA LEADERSHIP COUNCIL, INC		86-0879845		
KEN ABRAMS 4400 E. BROADWAY, TUCSON, AZ 85711	DIRECTOR 0.25	0.	0.	0.
STAN ABRAMS 4400 E. BROADWAY, TUCSON, AZ 85711	DIRECTOR 0.25	0.	0.	0.
LARRY ALDRICH 4400 E. BROADWAY, TUCSON, AZ 85711	DIRECTOR 0.25	0.	0.	0.
DON BOURN 4400 E. BROADWAY, TUCSON, AZ 85711	DIRECTOR 0.25	0.	0.	0.
GARY CLARK 4400 E. BROADWAY, TUCSON, AZ 85711	DIRECTOR 0.25	0.	0.	0.
JIM CLICK, JR. 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
JOE COYLE 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
MIKE HAMMOND 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
DUFF HEARON 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
DAVID MEHL 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
CHRIS MONSON 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
JOHN MUNGER 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
RICK MYERS 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
KATHLEEN PERKINS 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
DON PITT 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
SI SCHORR 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.
LESLIE TOLBERT 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0.	0.	0.

SOUTHERN ARIZONA LEADERSHIP COUNCIL, INC		86-0879845
ROGER VOGEL 4400 E. BROADWAY, TUCSON, AZ	DIRECTOR 0.25	0. 0. 0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		159,675. 0. 0.

SOUTHERN ARIZONA LEADERSHIP COUNCIL, INC

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**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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**STATEMENT 6**