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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year beginning 2008, and ending 20

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, I Tax-exempt status, J Website, K Type of organization, L Year of formation, M State of legal domicile

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission, 2-6 Governing body statistics, 7a-7b Revenue and taxable income, 8-12 Revenue breakdown, 13-19 Expenses breakdown, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Signature Block section: Sign Here, Signature of officer (DEBORAH WHITENURST, SECRETARY), Date (11/16/09), Preparer's signature, Firm's name (CBIZ MHM, LLC), Preparer's identifying number (34-1884125), Phone no (602-264-6835)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JAN 06 2010

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE  
ARIZONA COMMUNITY FOUNDATION, AN AZ NONPROFIT CORPORATION, SO LONG AS  
ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 218,750. including grants of \$ 218,750.) (Revenue \$ NONE)

OTHER GRANTS TO CHARITABLE ORGANIZATIONS IN SUPPORT OF THE  
PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, INC.

4b (Code: \_\_\_\_\_) (Expenses \$ 2,786,990. including grants of \$ 606,429.) (Revenue \$ NONE)

DESIGNING EDUCATIONAL STRATEGIES AND SOLUTIONS WHICH CAN  
BE REPLICATED AND IMPLEMENTED, PARTICULARLY IN RURAL OR  
IMPOVERISHED AREAS, WHICH WILL DIRECTLY IMPROVE STUDENT  
ACHIEVEMENT IN SUPPORT OF THE PURPOSES OF THE ARIZONA  
COMMUNITY FOUNDATION, INC.

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 3,005,740. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-27 contain various questions about organizational requirements and schedules.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable . . . . .	1a	69	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	NONE	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	16	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4a</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)? . . . . .	4a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c		<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	9a		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders . . . . .	11a		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?		X
<b>14</b>	Does the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>15b</b>	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <u>ARIZONA</u>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <u>PAUL VELASKI 2201 E. CAMELBACK RD, STE. 202 PHX, AZ, 85016</u> <u>602-381-1400</u>

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD V. BUDINGER CHAIRMAN/DIRECTOR	15.	X		X			NONE	NONE	NONE	
WILLIAM D. BUDINGER DIRECTOR	1.	X					NONE	NONE	NONE	
LOUIS A. WEIL III ("CHIP") DIRECTOR	1.	X					NONE	NONE	NONE	
BERT GETZ DIRECTOR	1.	X					NONE	NONE	NONE	
SUSAN BUDINGER DIRECTOR	1.	X					NONE	NONE	NONE	
GEOFF CAMPBELL DIRECTOR	1.	X					NONE	NONE	NONE	
DEBORAH WHITEHURST SECRETARY/DIRECTOR	1.	X		X			NONE	159,150.	25,686.	
CAROL PECK PRESIDENT	55.			X			250,264.	NONE	22,894.	
MICHAEL RIVERA PROG. ADMIN.	40.					X	106,500.	NONE	19,076.	
CHRISTOPHER CANELAKE PROG. ADMIN.	40.					X	100,000.	NONE	30,685.	
FREDRIC STEPHEN PROG. ADMIN.	40.					X	99,000.	NONE	23,333.	



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

1b Total ..... 555,764. 159,150. 121,674.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ...
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ...
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ...

Table with 2 columns: Yes, No. Contains checkboxes for questions 3, 4, and 5.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: AZ COMMUNITY FNDTN 2201 E CAMELBACK, PHX, AZ 85016 MANAGEMENT FEES 120,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

**Part VIII Statement of Revenue**

86-0941890

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	153,400.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	96,000.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	509,750.					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .							
<b>h</b> Total. Add lines 1a-1f . . . . .			759,150.					
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> _____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
<b>g</b> Total. Add lines 2a-2f . . . . .			NONE					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			899,314.		7,974.	891,340.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			NONE				
	<b>5</b> Royalties . . . . .			NONE				
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
	<b>b</b> Less rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .				NONE			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		17,925,414.	NONE					
	<b>b</b> Less cost or other basis and sales expenses . . . . .			15,956,112.	3,448.			
<b>c</b> Gain or (loss) . . . . .			1,969,302.	-3,448.				
<b>d</b> Net gain or (loss) . . . . .				1,965,854.		1,965,854.		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . .				NONE			
<b>9a</b> Gross income from gaming activities . . . . .	<b>a</b>							
	<b>b</b> Less direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .				NONE			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				NONE			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS . . . . .		900099		29,690.			29,690.	
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e</b> Total. Add lines 11a-11d . . . . .				29,690.				
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .				3,654,008.		7,974.	2,886,884.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	825,179.	825,179.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	273,158.	90,142.	92,874.	90,142.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	858,309.	750,766.	107,543.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	104,573.	90,132.	14,441.	
9 Other employee benefits . . . . .	164,966.	140,642.	24,324.	
10 Payroll taxes . . . . .	74,054.	66,323.	7,731.	
11 Fees for services (non-employees)				
a Management . . . . .	142,003.	21,529.	120,474.	
b Legal . . . . .	9,444.	8,393.	1,051.	
c Accounting . . . . .	3,739.	3,320.	419.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	80,134.		80,134.	
g Other . . . . .	135,335.	135,335.		
12 Advertising and promotion . . . . .	32,686.	32,686.		
13 Office expenses . . . . .	222,788.	218,855.	3,933.	
14 Information technology . . . . .	24,452.	33,051.	-8,599.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	197,736.	182,665.	15,071.	
17 Travel . . . . .	86,519.	81,854.	4,665.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	100,618.	86,880.	13,738.	
23 Insurance . . . . .	10,428.	8,342.	2,086.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PROGRAM EXPENSE -----	184,523.	184,523.		
b HOSTED MEETINGS -----	26,766.	26,766.		
c DUES & PUBLICATIONS -----	24,790.	17,060.	7,730.	
d MISCELLANEOUS EXPENSE -----	241.	1,297.	-1,056.	
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	3,582,441.	3,005,740.	486,559.	90,142.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	162,010.	<b>1</b>	207,938.
	<b>2</b> Savings and temporary cash investments . . . . .	322,169.	<b>2</b>	389,442.
	<b>3</b> Pledges and grants receivable, net . . . . .	61,998.	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	18,524.	<b>4</b>	55,626.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	NONE	<b>9</b>	NONE
	<b>10a</b> Land, buildings, and equipment cost basis . . . . .	<b>10a</b> 527,608.		
	<b>b</b> Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 352,280.	206,230.	<b>10c</b> 175,328.
	<b>11</b> Investments - publicly traded securities . . . . .	27,811,277.	<b>11</b>	18,105,722.
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .	6,856,734.	<b>12</b>	5,028,776.
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	372,500.	<b>15</b>	367,500.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	35,811,442.	<b>16</b>	24,330,332.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	381,957.	<b>17</b>	91,328.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable. . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	372,500.	<b>25</b>	367,500.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	754,457.	<b>26</b>	458,828.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	34,994,987.	<b>27</b>	23,871,504.
	<b>28</b> Temporarily restricted net assets . . . . .	61,998.	<b>28</b>	NONE
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	35,056,985.	<b>33</b>	23,871,504.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	35,811,442.	<b>34</b>	24,330,332.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ** Employer identification number  
**% ARIZONA COMMUNITY FOUNDATION** **86-0941890**

**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. (Please check only one organization.)

- 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). (Attach Schedule H )
- 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 the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (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) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 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). (see instructions)
- 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 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the 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 I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (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 supported organization? 

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
  - (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 organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE PART IV									
<b>Total</b>									

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (See instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 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.

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SUPPORTED ORGANIZATION

SCHEDULE A, PART I, LINE 11H

(I) NAME OF SUPPORTED ORGANIZATION: ARIZONA COMMUNITY FOUNDATION

(II) EIN: 86-0348306

(III) TYPE OF ORGANIZATION: 7

(IV) YES

(V) YES

(VI) YES

(VII) AMOUNT OF SUPPORT: 120,000



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ; Employer identification number: 86-0941890

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II including questions about conservation easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III including questions about reporting art and historical treasures, and a table for reporting revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table.

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes/No table for 3a(i), 3a(ii), 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other <u>EARL PROPERTY FND II LLC</u> . . . . .	358,686.	FMV
<u>HIRTLE CALLAGHAN PVT EQ III</u> . . . . .	306,287.	FMV
<u>HIRTLE CALLAGHAN PVT EQ IV</u> . . . . .	304,150.	FMV
<u>HIRTLE CALLAGHAN PVT EQ V</u> . . . . .	205,698.	FMV
<u>HIRTLE CALLAGHAN II LTD</u> . . . . .	3,853,955.	FMV
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶	5,028,776.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	367,500.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		[REDACTED]
<u>TEACHER AWARD COMMITMENT-BONDS</u>	367,500.	
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<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	367,500.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

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**Part XIV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

**Open to Public  
Inspection**

Name of the organization

RODEL CHARITABLE FOUNDATION - AZ

Employer identification number

86-0941890

§ ARIZONA COMMUNITY FOUNDATION

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

- 2 Enter total number of section 501(c)(3) and government organizations 19
- 3 Enter total number of other organizations NONE

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING OF GRANT FUNDS

PART I LINE 2

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE RODEL CHARITABLE

FOUNDATION ARE, IN MOST CASES, REQUIRED TO SUBMIT A FINAL REPORT

DESCRIBING THE RESULTS OF THEIR FUNDED PROGRAM OR UPDATE THE FOUNDATION

ON THEIR PROGRESS TO DATE. THESE FINAL REPORTS OUTLINE THE RETURN ON

INVESTMENT FOR THE GRANTEE, THE DONOR, THE FOUNDATION, THE COMMUNITY AND

ANY OTHER STAKEHOLDERS INVOLVED.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RODEL CHARITABLE FOUNDATION - AZ

Employer identification number

86-0941890

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A STEPPING STONE FOUNDATION P.O. BOX 84318 PHOENIX, AZ 85071	74-2567068	501(C)(3)	10,000.				UNRESTRICTED
ALHAMBRA FOUNDATION FOR THE FUTURE 4510 N. 37TH AVENUE PHOENIX, AZ 85019	86-0729940	501(C)(3)	10,000.				SCHOLARSHIPS
ARIZONA COLLEGE SCHOLARSHIP FOUNDATION 1430 E. MISSOURI AVE. #B-205	20-2366755	501(C)(3)	100,000.				EDUCATION
ARIZONA STATE UNIVERSITY FOUNDATION P.O. BOX 2260 TEMPE, AZ 85280	86-6051042	501(C)(3)	205,000.				RODEL COMM.
CREIGHTON ELEMENTARY SCHOOL DISTRICT 2702 E. FLOWER STREET PHOENIX, AZ 85016	86-6000474	CREI. EL. USD	16,859.				DOCT. INCENT.
FOWLER ELEMENTARY SCHOOL DISTRICT 1617 S. 67TH AVE. PHOENIX, AZ 85043	74-2567068	FOWL. ELEM. USD	5,397.				APR. INCENT
GLENDALE ELEMENTARY SCHOOL DISTRICT 7301 N. 58TH AVE. GLENDALE, AZ 85301	74-2490334	GLEND. ELEM USD	11,297.				NOV. INCENT.
GRAND CANYON TRUST 2601 N. FORT VALLEY RD. FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	100,000.				NATIVE AM. SUPP
ISAAC SCHOOL DISTRICT 3348 W. MCDOWELL RD. PHOENIX, AZ 85009	86-0838316	ISAAC SCH. DIST	18,550.				NOV. INCENT.
LAVEN ELEMENTARY SCHOOL DISTRICT 9401 S. 51ST AVE. LAVEN, AZ 85339	86-6000584	LAVEN ELEM SD	5,153.				DEC. INCENT.
NORTHERN ARIZONA UNIVERSITY FOUNDATION P.O. BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	6,000.				SCHOLARSHIPS
PENDERGAST ELEMENTARY SCHOOL DISTRICT 3802 N. 91ST AVE. PHOENIX, AZ 85037	866000522	PENDER. EL. SD	14,085.				NOV. INCENT.
PHOENIX COUNTRY DAY SCHOOL P.O. BOX 15087 PHOENIX, AZ 85060	86-0172671	501(C)(3)	30,000.				PROJ. EXCEL.
PHOENIX ELEMENTARY SCHOOL DISTRICT 1817 N. 7TH ST. PHOENIX, AZ 85006	86-6000534	PHX ELEM SD	5,067.				APR. INCENT.
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER RD. TUCSON, AZ 85706	86-0656064	SUNNYSIDE USD	6,212.				DEC. INCENT.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

19

NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment? . . . . . **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization? . . . . . **5a**  Yes  No
- b** Any related organization? . . . . . **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization? . . . . . **6a**  Yes  No
- b** Any related organization? . . . . . **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . **8**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL PECK	(i) 250,264.	(ii) NONE	(iii) NONE	20,500.	2,394.	273,158.	NONE
	(ii) NONE	(iii) NONE		NONE	NONE	NONE	NONE
DEBORAH WHITEHURST	(i) NONE	(ii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
	(ii) 159,150.	(iii) NONE		19,098.	6,588.	184,836.	39,000.
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**& ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

GAAP FINANCIAL STATEMENTS

990 PART IV, LINE 12

THIS ORGANIZATION DID NOT RECEIVE STAND ALONE AUDITED FINANCIAL

STATEMENTS PREPARED IN ACCORDANCE WITH GAAP. HOWEVER, THE ORGANIZATION

RECEIVED COMBINED AUDITED FINANCIAL STATEMENTS PREPARED IN ACCORDANCE

WITH GAAP THAT INCLUDED THIS ORGANIZATION AND ITS RELATED ORGANIZATIONS.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**& ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

OFFICER RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

DONALD BUDINGER, WILLIAM BUDINGER AND SUSAN BUDINGER HAVE A FAMILY

RELATIONSHIP.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**

Employer identification number

**& ARIZONA COMMUNITY FOUNDATION**

**86-0941890**

MANAGEMENT COMPANY

FORM 990, PART VI, SECTION A, LINE 3

THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE ARIZONA

COMMUNITY FOUNDATION.



Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**

Employer identification number

**§ ARIZONA COMMUNITY FOUNDATION**

**86-0941890**

MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUNITY FOUNDATION

(THE SUPPORTED ORGANIZATION) MEMBERS AND DONOR MEMBERS.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ  
8 ARIZONA COMMUNITY FOUNDATION

Employer identification number  
86-0941890

MEMBERS/STOCKHOLDERS ELECT GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7A

EACH CLASS OF MEMBERS HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOARD;

HOWEVER, THE MAJORITY OF DIRECTORS SHALL BE APPOINTED BY THE ARIZONA

COMMUNITY FOUNDATION.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**& ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

DECISIONS SUBJECT TO MEMBER APPROVAL

FORM 990, PART VI, SECTION A, LINE 7B

THE AFFIRMATIVE VOTE OF THE ARIZONA COMMUNITY FOUNDATION, AND, IF THERE

ARE TWO OR MORE DONOR MEMBERS, THE AFFIRMATIVE VOTE OF AT LEAST ONE DONOR

MEMBER AT ANY ANNUAL OR SPECIAL MEETING OF MEMBERS SHALL BE REQUIRED TO

ADOPT OR APPROVE THE FOLLOWING ACTIONS:

1. LIQUIDATION OR DISSOLUTION OF THE CORPORATION;

2. MERGER, OR CONSOLIDATION OR TRANSFER OF SUBSTANTIALLY ALL OF THE

ASSETS OF THE CORPORATION;

3. REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PART, OR ADDITION TO

THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ADOPTION OF

NEW ARTICLES OF INCORPORATION OR BYLAWS.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**§ ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

ONCE THE ORGANIZATION HAS RECEIVED A DRAFT OF THE FORM 990, THE CHIEF FINANCIAL OFFICER OF THE ARIZONA COMMUNITY FOUNDATION FORWARDS THE DRAFT TO THE FOLLOWING REPRESENTATIVES OF THE ORGANIZATION:

- 1) EACH MEMBER OF THE AUDIT COMMITTEE
- 2) THE CHAIR OF THE AUDIT COMMITTEE
- 3) EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF OPERATING OFFICER OF THE ARIZONA COMMUNITY FOUNDATION

THESE REPRESENTATIVES REVIEW THE 990 AND NOTIFY THE CFO OF THE ARIZONA COMMUNITY FOUNDATION OF ANY SUGGESTED REVISIONS. THE CFO OF THE ARIZONA COMMUNITY FOUNDATION COMPILES ALL SUGGESTED REVISIONS AND PRESENTS THEM TO THE ACCOUNTANT.

THE ACCOUNTANT REVISES THE FORM 990, TO THE EXTENT DEEMED APPROPRIATE IN THEIR PROFESSIONAL JUDGMENT, AND SUBMITS IT IN FINAL FORM TO THE CFO, THE CHAIR OF THE AUDIT COMMITTEE, AND EITHER THE CEO OR THE COO FOR APPROVAL AND SIGNATURE BY AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ

Employer identification number

8 ARIZONA COMMUNITY FOUNDATION

86-0941890

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE

BOARD OF DIRECTORS OF THE RODEL CHARITABLE FOUNDATION - AZ. ALL BOARD

MEMBERS SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF

INTEREST POLICY, AGREE TO ABIDE BY IT AND IDENTIFY ANY POTENTIAL

CONFLICTS THEY MAY HAVE. THESE ACKNOWLEDGEMENTS ARE REVIEWED BY THE ACF

ADVANCEMENT STAFF.

SHOULD ANY GRANTS BE PRESENTED THAT WOULD GIVE RISE TO A CONFLICT ON

BEHALF OF ONE OR MORE BOARD MEMBERS; THEY ARE ASKED TO DISCLOSE THE

CONFLICT, AND RECUSE THEMSELVES FROM ANY VOTE ON APPROVING THE GRANT. ALL

OF THIS IS ALSO NOTED IN THE MINUTES OF THE APPLICABLE BOARD MEETING.

THIS PROCEDURE IS FOLLOWED FOR ANY OTHER TYPES OF CONFLICT AS WELL.

THE ACF AUDIT AND COMPLIANCE COMMITTEE HAS AUTHORITY TO INVESTIGATE ANY

SITUATION WHERE A CONFLICT OF INTEREST MAY EXIST, BUT IT WAS NOT

DISCLOSED TO THE BOARD OR TO ACF. THEY WOULD GATHER ALL MATERIAL FACTS

AND ASK THE INDIVIDUAL TO MAKE AN APPEARANCE BEFORE THE COMMITTEE TO

DISCUSS THE MATTER. SHOULD THE INVESTIGATION FIND THAT A CONFLICT OF

INTEREST EXISTS AND IT WAS NOT DISCLOSED, APPROPRIATE DISCIPLINARY

MEASURES WILL BE TAKEN. THE AUDIT AND COMPLIANCE COMMITTEE WILL REPORT

THEIR RESULTS TO THIS BOARD AND THE ACF BOARD.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**& ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

COMPENSATION OF EXECUTIVES

990 PART VI, SECTION B, LINE 15A AND LINE 15B

THE OBJECTIVE OF THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY IS TO

ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE OFFICERS WHO CONTRIBUTE TO

THE FOUNDATION'S SUCCESS IN FULFILLING ITS MISSION. ACCORDINGLY, THE

FOUNDATION CONSIDERS THE FOLLOWING IN SETTING EXECUTIVE COMPENSATION:

1) THE FOUNDATION COMPENSATES EXECUTIVES AND STAFF FOR PERFORMANCE,

SKILLS AND COMPETENCIES, DEVELOPMENT AND GROWTH, AND EFFECTIVE VISIBLE

COMMITMENT TO THE FOUNDATION.

2) THE FOUNDATION'S COMPENSATION SYSTEM MAY INCLUDE A MIXTURE OF BASE

SALARY AND RETIREMENT BENEFITS AS WELL AS MEDICAL, DENTAL AND OTHER

INSURANCE BENEFITS.

3) THE FOUNDATION'S COMPENSATION SYSTEM INCLUDES PERFORMANCE REVIEWS AND

ADJUSTMENTS TO BASE SALARY AND BENEFITS BASED ON CHANGES IN THE

MARKETPLACE (SUBJECT TO THE FOUNDATION'S FINANCIAL CONSTRAINTS).

ADJUSTMENTS TO INDIVIDUAL BASE PAY WILL BE BASED ON JOB PERFORMANCE

INCLUDING GROWTH IN MASTERING JOB COMPETENCIES. ALL ADJUSTMENTS TO PAY

WILL BE CONSISTENT WITH PRACTICE IN A COMPARABLE MARKETPLACE.

4) THE FOUNDATION'S COMPENSATION SYSTEM IS LINKED TO A STRUCTURED

PERFORMANCE MANAGEMENT SYSTEM, WITH IDENTIFIABLE GROWTH AND DEVELOPMENT

AS WELL AS PROFESSIONAL ACHIEVEMENT GOALS. THE GOALS WILL BE ACCOMPANIED

BY IDENTIFICATION OF EFFECTIVE BENCHMARKS FOR MEASURING SUCCESS.

5) THE FOUNDATION'S COMPENSATION SYSTEM SHOULD BE MARKET COMPETITIVE.

GENERALLY, THE FOUNDATION BASES COMPENSATION AS CLOSE AS POSSIBLE TO THE

APPROPRIATE EXTERNAL MARKETPLACE.

6) IN SETTING COMPENSATION, THE FOUNDATION MAY PERIODICALLY RETAIN THE

SERVICES OF A PROFESSIONAL COMPENSATION CONSULTANT TO ASSESS THE

Name of the organization RODEL CHARITABLE FOUNDATION - AZ % ARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0941890
--	--

REASONABLENESS OF THE COMPENSATION THAT WILL BE PAID TO THE FOUNDATION'S EXECUTIVES IN LIGHT OF THEIR DUTIES, QUALIFICATIONS, PERFORMANCE AND TIME COMMITMENT AND THE REASONABLENESS OF THE RANGES OF COMPENSATION THAT WILL BE PAID TO ALL EMPLOYEES.

IN SETTING DIRECTOR AND EXECUTIVE COMPENSATION, THE FOUNDATION FOLLOWS THE FOLLOWING PROCEDURES:

1) OBTAIN ADVANCE APPROVAL - THE BOARD OF DIRECTORS, THE HUMAN RESOURCES COMMITTEE, OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS (EACH, AN "AUTHORIZED BODY") WILL REVIEW AND APPROVE IN ADVANCE THE COMPENSATION ARRANGEMENTS OF ANY DIRECTOR OR EXECUTIVE OF THE FOUNDATION. NO MEMBER OF THE AUTHORIZED BODY MAY PARTICIPATE IN APPROVING THE COMPENSATION ARRANGEMENT IF SUCH PERSON HAS A CONFLICT OF INTEREST, AS DETERMINED IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY.

2) USE APPROPRIATE COMPARABILITY DATA - THE AUTHORIZED BODY WILL RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION. RELEVANT COMPARABILITY DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE FOUNDATION; CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DIRECTOR OR EXECUTIVE WHOSE COMPENSATION THE AUTHORIZED BODY IS DISCUSSING.

3) DOCUMENT THE DECISION - THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THE DETERMINATION. AT A

Name of the organization RODEL CHARITABLE FOUNDATION - AZ % ARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0941890
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MINIMUM, THE RECORD OF THE COMPENSATION DECISION WILL INCLUDE:

- A) THE TERMS OF THE COMPENSATION ARRANGEMENT;
- B) THE DATE THE COMPENSATION ARRANGEMENT WAS APPROVED;
- C) THE MEMBERS OF THE AUTHORIZED BODY WHO PARTICIPATED IN DISCUSSING THE COMPENSATION ARRANGEMENT AND THE MEMBERS WHO ULTIMATELY VOTED ON THE ARRANGEMENT;
- D) THE COMPARABILITY DATA RELIED UPON BY THE AUTHORIZED BODY AND HOW SUCH DATA WAS OBTAINED; AND
- E) ANY ACTIONS TAKEN WITH RESPECT TO DETERMINATION OF THE COMPENSATION ARRANGEMENT BY ANY MEMBER OF THE AUTHORIZED BODY WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION.

IF THE AUTHORIZED BODY DETERMINES THAT REASONABLE COMPENSATION FOR A DIRECTOR OR EXECUTIVE IS HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA REVIEWED, THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DECISION.

THE AUTHORIZED BODY WILL DOCUMENT ITS DECISION BY THE LATER OF ITS NEXT MEETING OR 60 DAYS AFTER THE FINAL ACTION BY THE AUTHORIZED BODY ON THE MATTER. WITHIN A REASONABLE TIME THEREAFTER, THE AUTHORIZED BODY WILL REVIEW AND APPROVE THE RECORD AS REASONABLE, ACCURATE AND COMPLETE.



Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**& ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

PUBLIC AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES A HARD COPY OF THE FINANCIAL STATEMENTS TO  
ANYONE THAT REQUESTS THEM. THE ORGANIZATION DOES NOT PROACTIVELY PROVIDE  
COPIES OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE  
PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DONOR OR  
POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND THE  
CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING WHETHER TO PROVIDE  
THE DOCUMENTS.

Name of the organization **RODEL CHARITABLE FOUNDATION - AZ**  
**8 ARIZONA COMMUNITY FOUNDATION**

Employer identification number  
**86-0941890**

RELATED PARTNERSHIPS

SCHEDULE R, PART III

THE ARIZONA COMMUNITY FOUNDATION (FOUNDATION) HAS A GREATER-THAN-50%

INTEREST IN A NUMBER OF LIMITED PARTNERSHIPS (LP) AND LIMITED LIABILITY

COMPANIES (LLC) AS LISTED ON FORM 990, PART IX, AS A LIMITED PARTNER OR

NON-MANAGER LLC MEMBER, INFORMATION REGARDING TOTAL INCOME AND ENDING

ASSETS IS NOT READILY AVAILABLE TO THE FOUNDATION. IN AN ATTEMPT TO

RESPOND TO THE SPIRIT OF THE IRS'S REQUEST FOR INFORMATION REGARDING

TAXABLE SUBSIDIARIES THE LP'S AND LLC'S ARE LISTED WITH THE LATEST

AVAILABLE INFORMATION. WHEN NO K-1 HAS BEEN RECEIVED IN TIME TO BE

REPORTED IN THIS RETURN, TOTAL INCOME AND ENDING ASSETS HAVE BEEN LEFT

BLANK.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

Open to Public  
Inspection

Name of the organization  
RODEL CHARITABLE FOUNDATION - AZ  
& ARIZONA COMMUNITY FOUNDATION

Employer identification number  
86-0941890

**Part I** Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
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**Part II** Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
CASSIDY CHARITABLE 86-089910 6390 NORTH CATTLE TRACK ROAD LIBERTY INV. L.L.P. 86-1001790	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-6,141.	80,727.		X			X
20660 N. 40TH STREET, UNIT 214 FTP HOLDINGS, LLC 86-0950521	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	13,657.	437,635.		X			X
P.O. BOX 50342 MESA, AZ 85208 I.T.I.B., LP 86-0989776	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-1,375.			X			X
8402 JUAN TABO A&C LAKESIDE INV. 86-1048713	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT				X			X
8433 N. BLACK CANYON HWY SHARING EXP. OPT. 33-0830584	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT				X			X
3018 E. SIERRA VISTA DRIVE K & J WITTEN PARTNERSHIP	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-386,236.	2,530,860.		X		-175.	X
UNKNOWN INVESTMENT	INVESTMENT		AZ COMM. FOUND.	INVESTMENT				X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							
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**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		
<b>r</b> Other transfer of cash or property from other organization(s)		

<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ARIZONA COMMUNITY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0348306	COM. SUPPORTAZ	AZ	501(C)(3)	7	N/A
AFC PUBLIC FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0900277	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE ARMSTRONG FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0846677	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
B AND L CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0950135	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-2822602	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE EVANS CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0914248	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE GATES FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0880829	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
SAM & PEGGY GROSSMAN FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0939696	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
R.S. HOYT JR. FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0958722	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE INGBRITSON FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0800012	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE MOLLY LAWSON FOUNDATION, INC. 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-0236832	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
LIPPINCOTT FAMILY FOUNDATION, INC. 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-0967548	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE LODESTAR FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0965287	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
MESA COMMUNITY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-1595354	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
DAVID AND BARBARA MITCHEL FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0889896	COM. SUPPORTAZ	AZ	501(C)(3)	11C	AZ COMM. FD
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
S.E.M. FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0898996	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
TOM AND MARIE MITCHEL FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0893817	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE ODOM FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0790314	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE PAKIS FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0846617	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
PHOENIX MONASTERY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0880826	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
EDWARD J. ROBSON FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-1012657	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE SILVERMAN FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0704259	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
STARDUST CHARITABLE FUND 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0936948	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
JAMES A. UNRUH FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0955776	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
WAZE FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-1234655	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE WELLIK FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0938555	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE ROBERT J. WICK FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0782796	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
THE WALTER M. WICK FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 86-0782797	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
YOUTH PARTNERS FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 68-0544541	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD
RAY ROLES FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 20-1609521	COM. SUPPORTAZ	11A	501(C)(3)	11A	AZ COMM. FD

Schedule R-1 (Form 990) 2008



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JOANIE L. FLATT FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
THE CHELFI FOUNDATION 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
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**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
AUSMAN NIMCRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 86-6224420	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	105,304.	52.1000
BOYCE CRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 86-0945292	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	323,526.	58.1000
KONING NIMCRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 86-6202817	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	633,179.	70.9000
LIPPINCOTT CRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 77-6216346	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	554,995.	51.0000
MAYS CRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 20-6939493	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	981,001.	69.0000
MERKEL CRUT 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 20-1579269	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	194,796.	55.9000
ANDERSON UNITRUST 2211 W. NORTHERN AVE. PHOENIX, AZ 85021 86-0927449	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	101,793.	53.2000
CROSSON UNITRUST CRT 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 04-6992818	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	206,430.	60.9000
BELLEWARE DONOR ADVISED FUND 5255 E. WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711 20-6348909	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	9,051.	NONE	84.6000
ELEANOR ROSSER #1 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 13-7257040	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	22,312.	NONE	58.3000
ELEANOR ROSSER #2A 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 20-6471009	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	99,131.	NONE	64.9000
ELEANOR ROSSER #3A 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 20-6471050	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	98,932.	NONE	89.7000

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	(B)	(C)
Name of other organization	Transaction type (a-r)	Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

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

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

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>RODEL CHARITABLE FOUNDATION - AZ</b> <b>&amp; ARIZONA COMMUNITY FOUNDATION</b>	Employer identification number <b>86-0941890</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>2201 EAST CAMELBACK ROAD, SUITE 202</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PHOENIX, AZ 85016</b>	

### Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ THE AZ COMMUNITY FOUNDATION

Telephone No. ▶ 602 381-1400 FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2008 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

<b>Type or print</b> File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>RODEL CHARITABLE FOUNDATION -</b> <b>% ARIZONA COMMUNITY FOUNDATION</b>	Employer identification number <b>86-0941890</b>
	Number, street, and room or suite no If a P O box, see instructions <b>2201 EAST CAMELBACK ROAD, SUITE 202</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>PHOENIX, AZ 85016</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  **THE AZ COMMUNITY FOUNDATION**  
 Telephone No  **602 381-1400** FAX No

• If the organization does not have an office or place of business in the United States, check this box


• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/16/2009
- 5 For calendar year 2008, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature   Title  \_\_\_\_\_ Date  8/14/2009  
**CBIZ MHM, LLC**  
 3101 N. CENTRAL AVE., STE 300  
 PHOENIX, AZ 85012