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☐ EC 1 SReturn of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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Ī	Tax-e	xempt st		$\overline{}$	501(c))(1) or		527			, <u> </u>	7	If "I	No," att	ach a lis	st (see instru	ctions)	
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FOR STATE USE ONLY

Form 9	90 (2008)	86-0846617	Page 2
Part	Statement of Program Service Ac		
1 Br	riefly describe the organization's mission		
Т	O PERFORM THE FUNCTIONS OF	OR TO CARRY OUT THE PROCESS OF THE	
A	ARIZONA COMMUNITY FOUNDATION	N, AN AZ NONPROFIT CORPORATION, SO LONG	
		TION REMAINS A QUALIFIED ORGANIZATION.	
the	e prior Form 990 or 990-EZ?	icant program services during the year which were not lister	
lf '	"Yes" describe these new services on Sch	nedule O	
se	rvices?	make significant changes in how it conducts, any program	Yes X No
	Yes," describe these changes on Schedu		
		s for each of the organization's three largest program services b	
		ons and section 4947(a)(1) trusts are required to report the amo nd revenue, if any, for each program service reported	ount of grants and
an	ocations to others, the total expenses, ar	id revende, if any, for each program service reported	
		includes and of 0	
		0,000. including grants of \$460,000.) (Revenue \$	
		ATIONS IN SUPPORT OF THE	
_ <u>P</u>	URPOSES OF THE ARIZONA COM	MUNITY FOUNDATION, INC.	
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4 b (C	ode) (Expenses \$	including grants of \$) (Revenue \$)
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4c (C	ode:) (Expenses \$	including grants of \$) (Revenue \$)
_			
	<u></u>		
4d Otl	her program services (Describe in Sched	ule O)	
	xpenses \$ including gran	•	
	otal program service expenses ▶ \$	460,000 (Must equal Part IX, Line 25, column (B))	
JSA		O THE WALL	Form 990 (2008)
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Part	Checklist of Required Schedules			,
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	.		
_	complete Schedule A	1	<u> X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		_X_
5		_		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
-	Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
7		_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		X
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9 10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	-10		Х
• •		11	ų,	
12	Parts VI, VII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return		_X	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	.,,,,		
_	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	-12		23
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ŀ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
		25b		Х
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	- 1		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>

Checklist of Required Schedules (continued) Part IV Nο Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee 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)? If "Yes." complete Schedule L. 28a Х Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b c 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? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 37 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? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	Х
C	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		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	90		
7	Organizations that may receive deductible contributions under section 170(c).	7a		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7b		<u> X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		х
а	If "Yes," indicate the number of Forms 8282 filed during the year			41
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
0	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	Ì	İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ	j	
1	Section 501(c)(12) organizations. Enter	}	- 1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		İ	
	amounts due or received from them)			
	to the term of the	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Sect	ion A. Governing Body and Management			
			Yes	No
	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			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	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?	2	_ X	
3	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?	3	х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	_ x_	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		х
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?	9b		
10	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	10	х	
11	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	11		х
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ARIZONA			
18	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			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization ▶ PAUL VELASKI 2201 E CAMELBACK, SUITE 202, PHOENIX, AZ , 85016			
	FASSTISERSTSTSTSTSTSTSTATINGTSTATTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT			
	602-381-1400			

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

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

- 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	Individual trustee	institutional trustee	•	C) all Key employee	Highest compensated at employee	Former	(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
FREDERICK M. PAKIS										
CHAIRMAN	1.	Х		Х				NONE.	NONE	NON
COURTNEY SHELDON VICE-CHAIRMAN	1.	x		x				NONE	NONE	NON
TAMARA KNAPPENBERGER DIRECTOR	1.	x					-	NONE	NONE	NON
STEPHEN A. MCCONNELL DIRECTOR JOAN LOWELL	1.	х						NONE	NONE	NON
DIRECTOR GEOFFREY PAKIS	1.	х					_	NONE	NONE	NON
DIRECTOR SUZANNE REUSS	1.	х						NONE	NONE	NON
SECRETARY DON GOLDMAN	1.	х		X				NONE	86,500.	7,445
DIRECTOR	1.	<u>x</u>						NONE	NONE	NON
GRANT PAKIS DIRECTOR	1.	х		-				NONE	NONE	NON
										····

P	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo			and I	Hig	hest Compensat	ed Employ	ees (d	continue	<u>d)</u>	
	(A)	(B)				C)	-		(D)	(E)			(F)	
	Name and title	Average		ion (that ap		Reportable	Reportal			imate	
		hours per	우ᇹ	îns	Officer	<u>₹</u>	Hıg	Former	compensation	compensa			ount o)f
		week	튍	Ē	8	ē	ple	∄	from	from rela			other	
			Individual trustee or director	nstitutional trustee	¬	Key employee	st c yee	~	the	organizati			ensat	
			~ =	<u> </u>		%	, o		organization (W-2/1099-MISC)	(W-2/1099-	MISC)		m the	
			ste	Ę		Ö	Pen		(44-2/1099-10130)				nızatıd relate	
			0	tee		ļ	Highest compensated employee						nizatio	
		· . · . · · · · · · · · · · · · · · · ·			_		ed					0.90		
						_		_						
					-			-						
_				_	<u> </u>	\vdash			·					
							:							
_														
								_						
					_	-								
														
				\neg										
1 b	Total							•	NONE	86.	500.		7.4	445
2	Total number of individuals (including those						ore th					ation fr		
_	organization ► NONE	,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 100,000 m 10p	701144510 001		at.o		
													Yes	No
3	Did the organization list any former offic	er. directo	or or	tru	ste	e. k	ev e	mp	lovee, or highest	compensa	ted			
	employee on line 1a? If "Yes," complete Schedu	le J for suc	h indi	vidu	ıal				• • • • • • • • • • • • • • • • • • • •			3		X
4	For any individual listed on line 1a, is the	sum of	renori	able	e c	omr	enea	tion	and other comm	nensation fr	om			
•	the organization and related organizations													
	ındıvıdual	-						• •				4		X
5	Did any person listed on line 1a receive	or accru	ue co	amo	ens	atıo	n fro	m	any unrelated of	rganization	for			
	services rendered to the organization? If "Yes,"											5		Х
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization	compensate	ed in	dep	end	lent	cont	raci	tors that received	l more thai	ր \$10	0,000	of	
	(A)								(B)			(C)		
	Name and business addr	ess							Description of ser	vices	С	ompens	ation	
_														
								\perp	···					
								↓_						
_								<u>L</u>	 					
2	Total number of independent contractors (in	_	iose i	n 1) w	/ho	rece	ived	more than \$100	0,000 in				
	compensation from the organization > N	ONE												

Page 9

Pa	rt VII	Statement of Revenue	86-0846617								
			(Å) Total revenue	(B) Related or exempt function revenue	revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a b c d e	Federated campaigns									
Contributed and other	g	and similar amounts not included above . 1f NONE Noncash contributions included in lines 1a-1f \$									
	<u>h</u>	Total. Add lines 1a-1f	NONE								
Ž		Business Code									
Program Service Revenue	2a b c										
Se	d										
Program	e f g	All other program service revenue	NONE								
	3	Investment income (including dividends, interest, and									
	4	other similar amounts)	NONE			416,057.					
	5	Royalties · · · · · · · · · · · · · · · · · · ·	NONE								
	6a b c	Gross Rents									
	d	Net rental income or (loss).	NONE								
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other 5,466,862.									
	ь	Less: cost or other basis and sales expenses 6,256,717. Gain or (loss)									
	d	Net gain or (loss)	-789,855.			-789,855.					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18									
Ę,	b	Less direct expenses b									
0	C	Net income or (loss) from fundraising events ▶	NONE								
	_	Gross income from gaming activities See Part IV, line 19									
	b	Less direct expenses b	NONT			-					
	10a	Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances	NONE								
	ь	Less cost of goods sold b									
		Net income or (loss) from sales of inventory.	NONE								
		Miscellaneous Revenue Business Code									
	44=										
	11a		i		-						
	ь										
	C			-							
	d	All other revenue									
	е	Total. Add lines 11a-11d ▶	NONE			i					
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,									
		9c, 10c, and 11e	-373,798.			<u>-373,798.</u>					

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).

	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(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	460,000.	460,000.		
2	Grants and other assistance to individuals in				
	the US 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,	NONE			,
	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401				
_	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10 11	Payroll taxes	NONE			
	Management	36,946.		36,946.	
	Legal	NONE		50, 540.	
	Accounting	NONE			
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			
f	Investment management fees	56,564.		56,564.	
_	Other	3,372.		3,372.	
	Advertising and promotion	NONE			
13	, , , , , , , , , , , , , , , , , , , ,	NONE			
14	Information technology	NONE NONE		··-	
15 16	Royalties	NONE NONE			
17	Travel	NONE			
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			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			· ·· · · · · · · · · · · · · · · · · ·
23	Insurance	NONE			
24	Other expenses Itemize expenses not covered above (Expenses grouped together			ł	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	MISCELANNEOUS EXPENSE	487.		487.	
b					
C					
d					
е					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	557,369.	460,000.	97,369.	
40	Joint Costs. Check here ▶ ☐ 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				
JSA				 	

Pa	rt X	Balance Sheet					
			(A) Beginning of year		Er	(B) nd of yea	ar
	1	Cash - non-interest-bearing	30,474.	1			NONE
	2	Savings and temporary cash investments	1,006.	2		193	283.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
	•	employees, or other related parties Complete Part II of Schedule L		5			
	6	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		6			
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
As	9	Prepaid expenses and deferred charges		9			
	_	Land, buildings, and equipment cost basis 10a			ļ		
		Less accumulated depreciation Complete					
	"	Part VI of Schedule D		10c			
	11	Investments - publicly traded securities	10,431,154.	11	 	7,877,	906
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · ·	10,431,134.	12		1,011,	090.
	13	Investments - program-related See Part IV, line 11	 	13	 		
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	 		
	15	Other assets See Part IV, line 11		15			
	1 -	Total assets. Add lines 1 through 15 (must equal line 34)	10 460 634		 	071	170
_	16		10,462,634.	16	 	3,071,	
	17	Accounts payable and accrued expenses	10,659.	17			NONE
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20	ļ		
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key employees,]		
iab	ļ	highest compensated employees, and disqualified persons Complete Part II			1		
_		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D	NONE				<u>568.</u>
	26	Total liabilities. Add lines 17 through 25	10,659.	26		2,	<u>568</u> .
ses		Organizations that follow SFAS 117, check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.					
au	27	Unrestricted net assets	10,451,975.	27	8	3,068,	611.
Bai	28	Temporarily restricted net assets		28			
ᅙ	29	Permanently restricted net assets		29			
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	10,451,975.	33	F	3,068,	611.
_	34	Total liabilities and net assets/fund balances	10,462,634.	34		071.	
Pa	rt XI	Financial Statements and Reporting	40110410311			10121	محدد
						Yes	No
1	Acco	unting method used to prepare the Form 990. Cash X Accrual Other	Ī			1	
2a		the organization's financial statements compiled or reviewed by an independent accounts			2	<u> </u>	<u>x</u>
-a b		the organization's financial statements audited by an independent accountant?			_		X
		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility f		• •	· · · *		^
C		, review, or compilation of its financial statements and selection of an independent accour	-			ا	1
2~		result of a federal award, was the organization required to undergo an audit or audits as si		• • •	2	-	
3a		result of a rederal award, was the organization required to undergo an audit or audits as significant of audits as significant of the control			_		
h		-					X
0	IT YE	es," did the organization undergo the required audit or audits?			<u> 3</u>	<u>0 </u>	<u></u>

2143-36

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of	the organization	on THE PAKIS	S FAMILY FOUNDA	TION	-			Employe	er identifica	ition number		
% ARI		UNITY FOUND								46617		
Part I			ity Status (All organ					ee instru	ctions)			
	7	•	dation because it is (P		-	-	-					
1 ⊢			irches, or association			l in sectio	n 170(b)	(1)(A)(i).				
2	-{		on 170(b)(1)(A)(ii). (At		-							
³ ├─	· ·		hospital service organ							•		
4	•	=	zation operated in co	njunction	with a nos	ipitai des	cribea in	section	1/0(0)(1)	(A)(III). Enter the		
e [•	ame, city, and st	ate or the benefit of a co	llogo or un								
5	, -	•		nege or un	iiversity ow	med or o	perateu	by a gove	emmentar	unit described in		
6	3)(b)(1)(A)(iv). (C	vernment or governme	antal unit de	secribed in	naction 1	70/b\/4\/	A\/\				
, <u> </u>			ally receives a substan						or from t	he general public		
<i>'</i>	•		(1)(A)(vi). (Complete F		ita auppoi	t iioiir a s	governin	eritai uint	. 01 110111 (the general public		
8	•		d in section 170(b)(1)		mplete Par	1 II)						
9	1		illy receives (1) more				m contril	outions. I	nembersh	ip fees, and gross		
· L			ated to its exempt fun							· -		
			ment income and un		-		-					
		_	n after June 30, 1975				-					
10	An organiza	ition organized a	and operated exclusive	ely to test fo	or public sat	fety See s	section 5	09(a)(4).	(see instr	uctions)		
11 X	An organiz	ation organized	and operated exclus	ively for th	ne benefit	of, to pe	erform th	e functio	ns of, or	to carry out the		
	purposes of	f one or more p	ublicly supported orga	anizations	described i	in section	n 509(a)(1) or sec	tion 509(a	a)(2) See section		
			at describes the type of	_				lines 116				
	a <u>Lx</u> ∐Typ			٠٠ لــــا	e III - Fund	•	•			pe III - Other		
e <u>x</u>		-	ertify that the organiz									
	=		tion managers and oth	er than on	e or more	publicly :	supporte	organiz	ations de	scribed in section		
f	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											
	-	n, check this box	•				• •	Type II O	i type iii	supporting		
g	-		the organization acce					the				
9	following pe		and organization door	prod arry g			,,,, a,,,, c					
			or indirectly controls	s, either al	one or tog	ether wit	h persor	s descrit	oed in (11)	Yes No		
			erning body of the sup				•		. ,	11g(i) X		
		_	person described in (i) a	-						11g(ii) X_		
	(iii) A 35%	controlled entity	of a person described	d in (ı) or (ıı)	abaya?					11g(iii) X		
h	Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts					
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify		s the	(vii) Amount of		
org	janization		(described on lines 1-9 above or IRC section	governing	document?	col. (i)	of your	(i) organizai	zed in the	support		
			(see instructions))			<u> </u>	port?	U	S?			
			-	Yes	No	Yes	No	Yes	No			
									İ			
SEE P.	ART IV								-			
					<u> </u>		 -					
					 -							
							-					
·												
Total]			
Eas Briva	ov Act and Paner	work Poduction Act	Notice see the Instructions	for Earn 800				Saha	dulo A (For	n 990 or 990-E7) 2008		

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949810 A11A 11/11/2009 15:53:21

Pai	Support Schedule for Org (Complete only if you ched	janizations l ked the box	Described in S on line 5, 7, or	Sections 170(b 8 of Part I)	o)(1)(A)(iv) and	170(b)(1)(A)((vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					<u>-</u>	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			-			
4	Total. Add lines 1-3		· · · · · · · · ·				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			-			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>			<u> </u>
	tion B. Total Support			1 1 2 2 2 2 2	1 10000		T
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activities, etc. (5					12	_
13	First five years. If the Form 990 is for the						. —
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (In	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2007						<u>%</u>
16a	33 1/3% support test - 2008. If the o	_					
_	and stop here. The organization qualif	•	• • • •				
b	33 1/3% support test - 2007. If the o	-					i i
4	box and stop here. The organization q						
1/a	10%-facts-and-circumstances test - 2 is 10% or more, and if the organization	n meets the "fa	act-and-circumst	ances" test, che	ck this box and s	t op here . Expl	aın
	in Part IV how the organization meets			_	•	•	
b	organization	2007. If the org	janization did no	t check a box o	n line 13, 16a, 1	6b, or 17a, ar	
	15 is 10% or more, and if the organization						blok
4.5	Explain in Part IV how the organization supported organization						▶ 🔲
18	Private foundation. If the organization instructions						_
	IIISTI UCTIONS						🗲 📖

Schedule A (Form 990 or 990-EZ) 2008

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.)

Sec	tion A. Public Support				· -		
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not include					1	
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities					/ /	
	furnished in any activity that is related to the						
	-				İ		
_	organization's tax-exempt purpose			 			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					-	
5	The value of services or facilities		:				
	furnished by a governmental unit to the]	
	organization without charge						
6	Total. Add lines 1-5	<u> </u>					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	. <u>-</u>					
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · ·						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						_
	line 6)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ŀ		i i	
_	Add lines 10a and 10b						
				 			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on				-		
12	Other income Do not include gain or						
	loss from the sale of capital assets			İ			
	(Explain in Part IV)					 	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>	L		
14	First five years. If the Form 990 is for	=					. —
	organization, check this box and stop here			<u> </u>	<u></u>		· · · · • <u> </u>
	tion C. Computation of Public Sup			(0)		г.: г	
15	Public support percentage for 2008 (line 8					15	<u>%</u>
16	Public support percentage from 2007 Sche			<u> </u>	<u></u>	16	<u>%</u> _
	tion D. Computation of Investmer						
17	Investment income percentage for 2008 (li			13, column (f))		17	<u>%</u>
18	Investment income percentage from 2007					18	<u></u>
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						· · · · —
b	33 1/3% support tests - 2007. If the orga						_
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, o	r 19b, check this b			
221 1 0	00				\$	chedule A (Form 9	90 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

	2008
ľ	Open to Public Inspection

Nam	of the organization THE PAKIS FAMILY FOU	NDATION	Employer identification number
8 7	RIZONA COMMUNITY FOUNDATION		86-0846617
Pa	t I Organizations Maintaining Donor Ad		or Accounts. Complete if
	the organization answered "Yes" to Fo		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in c	lonor advised
	funds are the organization's property, subject to t	he organization's exclusive legal control? .	· · · · · · · · · · · · · Yes No
6	Did the organization inform all grantees, donors,		
	used only for charitable purposes and not for the		
	impermissible private benefit?		· · · · · · · · · · · · Yes · No
	t II Conservation Easements. Complete		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., reci	· I I	of an historically importantly land area
	Protection of natural habitat	Preservation	of certified historic structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qu	ialified conservation contribution in the for	m of a conservation easement
	on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		1 1
C .	Number of conservation easements on a certified		
d 3	Number of conservation easements included in (
3	Number of conservation easements modified, tra the taxable year ▶	nsterred, released, extinguished, or termin	lated by the organization during
4	Number of states where property subject to cons	envation easement is located	
5	Does the organization have a written policy regard		
•	enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, in:		
7	Amount of expenses incurred in monitoring, inspe		
8	Does each conservation easement reported on lii		- T
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text		
	the organization's accounting for conservation eas	sements	
Pa	t III Organizations Maintaining Collection	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he	AS 116, not to report in its revenue stater	ment and balance sheet works of arch in furtherance of nublic service
	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its		
b	If the organization elected, as permitted under SF		
	historical treasures, or other similar assets held for provide the following amounts relating to these ite		in turtnerance of public service,
	(i) Revenues included in Form 990, Part VIII, line		▶ ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, h		
_	following amounts required to be reported under s		ior imaricial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1.		> \$
a b	Assets included in Form 990, Part X		
-			
For F	rivacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Schedule D (Form 990) 2008

Pai	rt III Organizations Maintaini	ng Colle	ections	of Art, Histo	orical	Treasure	s, or C	Other Similar	Assets (continued)
3	Using the organization's accession	and othe	r records	s, check any	of the	following t	hat ar	e a significant ι	use of its	collection
	items (check all that apply)				_					
а	Public exhibition			d		Loan or ex	chang	e programs		
b	Scholarly research			e		Other				
С	Preservation for future ge	nerations	;		_					
4	Provide a description of the organiz	zation's c	ollections	and explain	how	they further	the o	rganization's ex	cempt pur	rpose in
	Part XIV			•		•		· ·		,
5	During the year, did the organization	n solicit	or receive	e donations	of art.	historical t	reasur	es. or other sim	ılar	
	assets to be sold to raise funds rath								_	Yes No
Par	t IV Trust, Escrow and Custo									
	Part IV, line 9, or reporte							10110704 100	.0 . 0	. 000,
				· · · · · · · · · · · · · · · · · · ·				·		
1a	Is the organization an agent, trustee	e. custod	ian or oth	ner intermed	iarv fo	or contributi	ons or	other assets n	ot	
	included on Form 990, Part X?				-				-	Yes No
ь	If "Yes," explain the arrangement in								[
_	in 100, Oxplain the arrangement in	T GIT ZIT	and 5511	ipiete the fol		, table			Amount	
С	Beginning balance						4.		anount	
	Additions during the year							 		
	Distributions during the year						-	 		
										
	Ending balance							 		
	Did the organization include an amo), Part X, line	217			• • • • • • •	[Yes No
	If "Yes," explain the arrangement in			-4:		VU4- F-		20 D-+ N/ l	- 40	
Par	t V Endowment Funds. Com	1		1						T
4	Paginning of year balance	(a) Cum	ent Year	(b) Prior y	ear	(c) Two ye	ars back	(d) Three ye	ears back	(e) Four years back
	Beginning of year balance					<u></u>				ļ
	Contributions									<u> </u>
	Investment earnings or losses			<u> </u>				 		
	Grants or scholarships									
е	Other expenditures for facilities .									
_	and programs									
	Administrative expenses									
g	End of year balance						·			
2	Provide the estimated percentage of	•	ir end ba	lance held as	;					
	Board designated or quasi-endowm	ient ▶_		%						
b	Permanent endowment ▶	%								
C	Term endowment ▶	%								
3a	Are there endowment funds not in t	the posse	ession of	the organiza	ation t	hat are held	d and a	administered for	r the	
	organization by									Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations									3a(ii)
b	If "Yes" to 3a(II), are the related orga	anızatıon:	s listed a	s required or	Sche	dule R?				3b
4	Describe in Part XIV the intended us	ses of the	organiz	ation's endo	wmen	t funds				
Par	t VI Investments - Land, Build	dings, a	nd Equi	pment. See	Forr	n 990, Pa	rt X, li	ne 10.		
	Description of investment		(a) Cost	or other basis	(b) Cost or other basis (other)	1	(c) Depreciation	(4	d) Book value
12	Land				 				 	
	Buildings		 .		 				 	
	•				 		+		ļ	
ر 2	Leasehold improvements				<u> </u>		_		 	
a	Equipment	-			<u> </u>				ļ	
	Other			Dest Value	<u> </u>	N (
Tota	I. Add lines 1a-1e. (Column (d) shoul	<u>a equal F</u>	<u>-orm 990,</u>	, Part X, colu	ımn (E	s), line 10(c)	<i>)</i>	<u> </u>	1	

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, lir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	ation ket value
Financial der	rivatives and other financial products			
	equity interests			
Other				
				
				
	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X, III	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
				·
				
	•			
-				
	(b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,			T
	(a	Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
				
				
		<u> </u>		
	(b) should equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part (a) Description of liability	(b) Amount	.	
Federal incon		(b) Amount		
BANK OVE		2,568.		
DANK OVE	GRORAF I	2,500.		
Total (Column	(h) should equal Form 900. Dort V and (B) long 95 1	0.555		
TAME! (COMMIN	(b) should equal Form 990, Part X, col (B) line 25)	2,568.		

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

949810 Alla 11/11/2009 15:53:21

Schedule D (Form 990) 2008

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

ž (h) Purpose of grant or assistance X Yes Employer identification number 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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 86-0846617 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable THE PAKIS FAMILY FOUNDATION General Information on Grants and Assistance (p) EIN ARIZONA COMMUNITY FOUNDATION 1 (a) Name and address of organization or government SEE SCHEDULE I-1 Name of the organization Part II Part I

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

Enter total number of other organizations

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

24

Schedule I (Form 990) 2008

NONE

86-0846617

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE GRANTEE, THE DONOR. THE FOUNDATION, THE COMMUNITY AND ANY OTHER STAKEHOLDERS INVOLVED. RESULTS OF THEIR FUNDED PROGRAM OR UPDATE US ON THEIR PROGRESS TO DATE. ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE PAKIS FAMILY FOUNDATION ARE, IN MOST CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE (d) Amount of non-cash assistance (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients SCHEDULE I. PART I. QUESTION 2 (a) Type of grant or assistance USE_OF_GRANT_FUNDS_ Part IV Part III

SCHEDULE 1-1 (Form 990) Department of the Treasury

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

NRESTRICTED SUPPORT HEAL. ENVIRON. - CHILD HERAPY-SPECIAL NEED LETCH. SCHOOL SCHOL INRESTRICTED SUPPORT NRESTRICTED SUPPORT NRESTRICTED SUPPORT LEM. SCHOOL LEAD. (h) Purpose of grant or assistance SCHOOL OF ACCOUNT. HILD. -STRUGG. EAT PLITAL CAMPAIGN APITAL CAMPAIGN EADER. WRKSHPS SNDOWED CHAIR **Employer identification number** 86-0846617 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash if applicable 10,000. 20,000. 30,000. 20,000. 10,000. 10,000. 10,000. 25,000. 10,000. 25,000. 100,000. 25,000. 50,000 100,000 Enter total number of Section 501(c)(3) and government organizations 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) PAKIS FAMILY FOUNDATION 74-2421549 86-0127609 52-1689073 23-7169261 86-0144859 86-0404800 86-0957030 20-8095826 53-0242652 86-0887696 86-6051042 55-0850279 20-4159280 04-2103634 (p) EIN FOUNDATION 1313 E. OSBORN ROAD #200 PHOENIX, AZ 85014 7600 N. 15TH STREET #100 PHOENIX, AZ 85020 5333 N. SEVENTH ST. #C223 PHOENIX, AZ 85014 AMERICAN ERIENDS OF LONDON BUSINESS SCHOOL PHOENIX CHILDREN'S HOSPITAL FOUNDATION 6850 N. CENTRAL AVENUE PHOENIX, AZ 85012 ARTHRITIS_FOUNDATION-GREATER_SW_CHAP. 18201 N. 41ST DRIVE GLENDALE, AZ 85308 160 PACKARD AVENUE MEDFORD, MA 02155 ARIZONA STATE UNIVERSITY FOUNDATION 4600 N. 12TH STREET PHOENIX, AZ 85014 CHILD IMPROVEMENT THROUGH THERAPY (a) Name and address of organization or government LEADER, WRKSHPS EDIN-YOUTH & FAM. THE NATURE CONSERVANCY OF ARIZONA P.O. BOX 71627 PHOENIX, AZ 85050 P.O. BOX 870412 TEMPE, AZ 85287 THE 93 HIGH ST PORTLAND, ME 04101 3634 N. DRINKWATER BOULEVARD ARIZONA COMMUNITY TRUSTEES OF TUFTS UNIVERSITY ST. BARNABAS ON THE DESERT 2929 E. CAMELBACK ROAD #122 8711 E. PINNACLE PEAK ROAD BE A LEADER FOUNDATION ___ 6715 N. MOCKINGBIRD LN WHISPERING HOPE RANCH ARIZONA OPERA COMPANY THE TIM FOUNDATION Name of the organization POPSICLE

Schedule I-1 (Form 990) 2008

2			1	1		1	I	1	1	1	İ	1	ł	!	1		
Page 2		(f) Description of non-cash assistance															
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	990), Part III.)	(e) Method of valuation (book, FMV, appraisal, other)															
86-0846617	Schedule I (Form	(d) Amount of non-cash assistance															
86-0	ividuals in the U.S	(c) Amount of cash grant															
	Assistance to Ind	(b) Number of recipents															
Schedule I-1 (Form 990) 2008	Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance															

Schedule I-1 (Form 990) 2008

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 THE PAKIS FAMILY FOUNDATION	Employer identification number
% ARIZONA COMMUNITY FOUNDATION	86-0846617
OFFICER RELATIONSHIPS	
FORM 990, PART VI, SECTION A, LINE 2	
THE SAME COMPANY OF THE SAME CHARLES	WTG VALUE A
FRED PAKIS, COURTNEY SHELDON, GEOFFREY PAKIS, AND GRANT PA	KIS HAVE A
FAMILY RELATIONSHIP.	
	·
	·

Schedule O (Form 990) 2008 Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number
* ARIZONA COMMUNITY FOUNDATION	86-0846617
MANAGEMENT COMPANY	
FORM 990, PART VI, SECTION A, LINE 3	
THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE AR	IZONA
COMMUNITY FOUNDATION.	
·	

Schedule O (Form 990) 2008 Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number
% ARIZONA COMMUNITY FOUNDATION	86-0846617
4) ADDED PROHIBITION OF DISQUALIFIED PERSONS WITH RESPECT TO DONO	R
MEMBERS IN THE PRESIDENT, SECRETARY OR TREASURER POSITIONS.	
5) ADDED PROHIBITION OF COMPENSATION, REIMBURSEMENT OR OTHER SIMI	LAR
PAYMENTS TO DISQUALIFIED PERSONS WITH RESPECT TO DONOR MEMBERS.	
6) ADDED INDEMNIFICATION AND LIMITATION OF LIABILITY FOR OFFICERS	AND
DIRECTORS IN ACCORDANCE WITH STATE LAW.	
7) ADDED ADOPTION OF GOVERNANCE POLICIES.	
8) INCORPORATED CHANGE IN FISCAL YEAR TO ENDING ON MARCH 31.	
AS SET FORTH IN ARTICLE X OF THE AMENDED AND RESTATED BYLAWS, THE	
FOUNDATION COMPLIES WITH A PREVIOUSLY ADOPTED CONFLICT OF INTERES	Γ
POLICY.	
FURTHER, AS SET FORTH IN ARTICLE XI OF THE AMENDED AND RESTATED BY	YLAWS,
THE FOUNDATION HAS ADOPTED THE ATTACHED FOLLOWING POLICIES ADOPTED	D_BY_THE
ARIZONA COMMUNITY FOUNDATION, INC., THE SUPPORTED ORGANIZATION OF	THE
FOUNDATION:	
WHISTLEBLOWER POLICY	
DOCUMENT RETENTION POLICY	
GIFT ACCEPTANCE POLICY	

Schedule O (Form 990) 2006		raye &
Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number	
% ARIZONA COMMUNITY FOUNDATION	86-0846617	
MEMBERS/STOCKHOLDERS		
_101/201/21/21/21/21/21/21/21/21/21/21/21/21/21		
FORM 990, PART VI, SECTION A, LINE 6		
THE ODCANTARTON HAS TWO STASSES OF MEMBERS. ARTHONA COMMIN	TEV EQUIDATION	
THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUN	ITT FOUNDATION	
(THE SUPPORTED ORGANIZATION) MEMBERS AND DONOR MEMBERS.		- -
		-

Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number
Name of the organization THE PAKIS FAMILY FOUNDATION REPORT OF THE PAKIS FAMILY FOUNDATION	86-0846617
MEMBERS/STOCKHOLDERS ELECT GOVERNING BODY	
FORM 990, PART VI, SECTION A, LINE 7A	
FORM 3301 FAMI VII DECITOR AN HIME TA	
EACH CLASS OF MEMBERS HAS THE RIGHT TO APPOINT DIRECTORS TO THE B	OARD;
HOWEVER THE MATORITY OF DIRECTORS SUNIT RE ADDOTNITED BY THE ADTO-	ONA
HOWEVER, THE MAJORITY OF DIRECTORS SHALL BE APPOINTED BY THE ARIZE	ONA
COMMUNITY FOUNDATION.	

Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number
% ARIZONA COMMUNITY FOUNDATION	86-0846617
DECISIONS SUBJECT TO MEMBER APPROVAL	
FORM 990, PART VI, SECTION A, LINE 7B	
THE ARTICLES OF INCORPORATION MAY BE AMENDED BY AFFIRMATIVE V	O16_0f_1HE
MAJORITY OF THE MEMBERS. ANY CHANGES TO THE BYLAWS MUST BE A	APPROVED_BY
THE ARIZONA COMMUNITY FOUNDATION.	

Name of the organization THE PAKIS FAMILY FOUNDATION	Employer Identification number
& ARIZONA COMMUNITY FOUNDATION	86-0846617
PUBLIC AVAILABILITY	
FORM 990, PART VI, SECTION C, LINE 19	
THE ORGANIZATION PROVIDES A HARD COPY OF THE FINANCIAL STATEMENTS	5_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 DO	NOR_OR_
POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND T	HE
CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING WHETHER TO P	ROVIDE
THE DOCUMENTS.	

Schedule O (Form 990) 2008	Page Z
Name of the organization THE PAKIS FAMILY FOUNDATION	Employer identification number
ARIZONA COMMUNITY FOUNDATION	86-0846617
GAAP FINANCIAL STATEMENTS	
_GAAF_FINANCIAD_SIAIBEENIS	
990 PART IV, LINE 12	
THIS ORGANIZATION DID NOT RECEIVE STAND ALONE AUDITED FI	NANCIAL
STATEMENTS PREPARED IN ACCORDANCE WITH GAAP. HOWEVER, TH	F OPCANIZATION
_DIAIBMENID_INDIAMDD_IN_ACCONDANCE_MIIN_GGAINOMEYENIN	E ORGANIZATION
RECEIVED COMBINED AUDITED FINANCIAL STATEMENTS PREPARED	IN ACCORDANCE
WITH GAAP THAT INCLUDED THIS ORGANIZATION AND ITS RELATE	O ORGANIZATIONS.

Schedule O (Form 990) 2008		Page ∠
Name of the organization THE PAKIS FAMILY FOUNDATION RARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0846617	
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 LIA		
COMPANIES (LLC) AS LISTED ON FORM 990, PART IX. AS A LIMITED PAR		
NON-MANAGER LLC MEMBER, INFORMATION REGARDING TOTAL INCOME AND EN		
ASSETS IS NOT READILY AVAILABLE TO THE FOUNDATION. IN AN ATTEMPT		
RESPOND TO THE SPIRIT OF THE IRS'S REQUEST FOR INFORMATION REGARD		
TAXABLE SUBSIDIARIES THE LP'S AND LLC'S ARE LISTED WITH THE LATES		
AVAILABLE INFORMATION. WHEN NO K-1 HAS BEEN RECEIVED IN TIME TO	<u>BE</u>	
REPORTED IN THIS RETURN, TOTAL INCOME AND ENDING ASSETS HAVE BEEN	_LEFT	
BLANK.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► 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.

THE PAKIS FAMILY FOUNDATION

Identification of Disregarded Entities

Partl

8 ARIZONA COMMUNITY FOUNDATION

Name of the organization

Department of the Treasury

Internal Revenue Service

Open to Public

Employer identification number 86-0846617

Inspection

(F)
Direct controlling
entity (F)
Direct controlling
entity Schedule R (Form 990) 2008 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section (D) Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state
or foreign country) (B) Primary activity (B) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity SEE SCHEDULE R-1 Part ||

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Schedule R (Form 990) 2008

Part III

Page 2

86-0846617

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

cable as a Corporation or Trust
Organizations Tax
dentification of Related
Part IV

(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							

Schedule R (Form 990) 2008

Transactions With Related Organizations Part V

Receipt of it interest (ii) annutes (iii) annutes (iii) or for find a controlled entity, the did type of form the controlled entity with one or more related organizations (iii) and the controlled entity with a controlle
1
10 10 10 10 10 10 10 10
14
16
16
1
11 14 11 11 11 11 11 11 11 11 11 11 11 1
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Including covered relationships and transaction thresholds Transaction (C) Transaction (C
Including covered relationships and transaction thresholds Transaction Transaction Transaction Transaction Amount involved Type (a-r) Type (a-r)
Including covered relationships and transaction thresholds Transaction Transa
Including covered relationships and transaction thresholds (B) Transaction Type (a-r.) Type (a-r.)
11
11 X 11 X 11 X 10 X 10 X 10 X 10 X 10 X
1 X 1
Including covered relationships and transaction thresholds (B) Transaction Transaction Transaction Type (a-r) Type (a-r) Type (a-r)
1m X 10 X 1p
10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X
10 X 1p 1d X 1r 1r 1ransaction thresholds (C) Transaction type (a-1) Transaction type (a-1)
Including covered relationships and transaction thresholds Transaction thresholds (C) Transaction thresholds (C) Transaction thresholds (C) Transaction thresholds (C) Transaction thresholds (C)
Including covered relationships and transaction thresholds Transaction (C) Transaction Amount involved type (a-1)
Including covered relationships and transaction thresholds Transaction Transaction Transaction Type (a-r) Typ
Including covered relationships and transaction thresholds Transaction Transaction Type (a-r) Type (a-r)
Including covered relationships and transaction thresholds (B) Transaction Type (a-r) Type (a-r)
including covered relationships and transaction thresholds (B) Transaction Transaction (C) Transaction Amount involved type (a-r)
including covered relationships and transaction thresholds (B) (C) Transaction type (a-r) Type (a-r)
including covered relationships and transaction thresholds Transaction Transaction Type (ar) Type (ar)
Including covered relationships and transaction (B) Transaction (Ppe (a-r)) Type (a-r)
Transaction Amount involved type (a-r)

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86-0846617 Schedule R (Form 990) 2008

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) (C) (B) (C) (C) (D) (B) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No

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Schedule R (Form 990) 2008

Schedule R-1 (Form 990) 2008	86-0846617			Page 2
Part II Continuation of Identification of Related Tax-Exempt Organizations	ions			
(A) Name, address, and EIN of related organization	(B) (C) Primary activity Legal domicile (state or foreign country)	state Exempt Code section	(E) Public charity status	(F) Direct controlling entity
ARIZONA COMMUNITY FOUNDATION				
PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	7	N/A
AFC PUBLIC FOUNDATION				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	11A	AZ COMM. FD
THE ARMSTRONG FAMILY FOUNDATION 86-0846677				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
B AND L CHARITABLE FOUNDATION 86-0950135				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE 20-2822602				ĺ
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	11A	AZ COMM. FD
THE EVANS CHARITABLE FOUNDATION 86-0914248				
PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	11A	AZ COMM. FD
THE GATES FAMILY FOUNDATION				
PHOENIX, AZ	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
SAM & PEGGY GROSSMAN FAMILY FOUNDATION 86-0939696	- ! : : : : : :			
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
R.S. HOYT JR. FAMILY FOUNDATION 86-0958722	 			
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
THE INGEBRITSON FAMILY FOUNDATION 86-0800012				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
THE MOLLY LAWSON FOUNDATION, INC.				
DENIX, AZ	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
LIPPINCOIT FAMILY FOUNDATION, INC.				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	11A	AZ COMM. FD
THE LODESTAR FOUNDATION 86-0965287				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	11A	AZ COMM. FD
MESA COMMUNITY FOUNDATION				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501(C)(3)	110	AZ COMM. FD
DAVID AND BARBARA MITCHEL FOUNDATION 86-0889896				
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	501 (C) (3)	11A	AZ COMM. FD
			Schedule R-	Schedule R-1 (Form 990) 2008

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A)	(B)	(0)	(a)		(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
S.E.M. FAMILY FOUNDATION					
PHOENIX, AZ	COM. SUPPORTAZ	ŽΥ	501(C)(3)	11A	AZ COMM. FD
TOW AND MARIE MITCHEL FOUNDATION 86-0893817					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	4Z	501(C)(3)	11A	AZ COMM. FD
THE ODOM FAMILY FOUNDATION 86-0790314					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	42	501(C)(3)	11A	AZ COMM. FD
PHOENIX MONASTERY FOUNDATION 86-0880826					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	42	501(C)(3)	11A	AZ COMM. FD
EDWARD J. ROBSON FAMILY FOUNDATION 86-1012657					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	4Z	501(C)(3)	11A	AZ COMM. FD
RODEL CHARITABLE FOUNDATION - AZ 86-0941890					
PHOENIX, AZ	COM. SUPPORTAZ	42	501(C)(3)	11A	AZ COMM. FD
THE SILVERMAN FAMILY FOUNDATION 86-0704259					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	12	501(C)(3)	11A	AZ COMM. FD
STARDUST CHARITABLE FUND					
PHOENIX, AZ	COM. SUPPORTAZ	λZ	501(C)(3)	11A	AZ COMM. FD
JAMES A. UNRUH FAMILY FOUNDATION 86-0955776					
PHOENIX, AZ	COM. SUPPORTAZ	42	501(C)(3)	11A	AZ COMM. FD
WAZE FOUNDATION					
PHOENIX, AZ	COM. SUPPORTAZ	12	501(C)(3)	11A	AZ COMM. FD
THE WELLIK FOUNDATION					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	1Z	501(C)(3)	11A	AZ COMM. FD
THE ROBERT J. WICK FAMILY FOUNDATION 86-0782796					
IIX, AZ	COM. SUPPORTAZ	12	501(C)(3)	11A	AZ COMM. FD
THE WALTER M. WICK FAMILY FOUNDATION 86-0782797					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	4Z	501(C)(3)	11A	AZ COMM. FD
YOUTH PARNIERS FOUNDATION 68-0544541					
2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	4Z	501(C)(3)	11A	AZ COMM. FD
RAY ROLES FAMILY FOUNDATION					
PHOENIX, AZ	COM. SUPPORTAZ	42	501(C)(3)	11A	AZ COMM. FD
				Schodulo R.4	Schedule R-1 (Form 990) 2008

Schedule R-1 (Form 990) 2008

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	(F) (F) Public charty status Direct controlling (if section 501(c)(3)) entity	(F) Direct controlling entity
JOANIE L. FLATT FAMILY FOUNDATION 86-0811552 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORTAZ	AZ	501(C)(3)	11A	AZ COMM. FD
CAMELBACK ROAD PHOENIX, AZ	1 1	AZ	501 (C) (3)		
	-				
				Schedule R-1	Schedule R-1 (Form 990) 2008

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Page 3	(J) General or managing partner?	Yes No			-	-				-	ļ	-	-			\vdash	
	Code V-UBI amount on G box 20 of K-1	<u> </u> ¥						-									
	(H) Disproportionate allocations?	Yes No		<u> </u>										-			
		%			-		-			-			-	<u> </u>	ļ	 	
	(G) Share of end-of-year assets																
hip	(F) Share of total income		•														
cable as a Partners	(E) Predomnant income (related, investment, unrelated)																
rganizations Ta	(D) Direct controlling entity																
elated Or	(C) Legal domicile (state or foreign																
entification of R	(B) Primary activity		1														
Schedule R-1 (Form 990) 2008 Part III Continuation of Identification of Related Organizations Taxable as a Partnership	(A) Name, address, and EIN of related organization																

Schedule R-1 (Form 990) 2008 Part IV Continuation of Identification of Related Organization	<u> </u>	Taxable as a Corn	Corporation or Trust	86-0846617			Page 4
	: ti	(C) gal don (state c	(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 86-6224420 201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	105,304.	52.1000
BOYCE CRUT 86-0945292 201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	323,526.	58.1000
SUITE 202 PHOENIX,	INVESTMENT	AZ	_	TRUST	NONE	633,179.	70.9000
<u>LIPPINCOTT CRUT</u>	INVESTMENT	AZ	AZ COMM, FOUND.	TRUST	NONE	554,995.	51,0000
	INVESTMENT	Z¥	1	TRUST	NONE	981,001.	69.0000
MERKEL CRUT	INVESTMENT	ZY	AZ COMM, FOUND.	TRUST	NONE	194,796.	55,9000
<u>ANDERSON UNITRUST86-0927449</u> 2211 W. NORTHERN AVE. PHOENIX, AZ 85021	INVESTMENT	Z¥	AZ COMM. FOUND.	TRUST	ANON	101.793.	53.2000
,	INVESTMENT	ZV		TRUST	NONE	206,430.	0006.09
AZ AZ	INVESTMENT	ZY	AZ COMM. FOUND.	TRUST	9,051.	NONE	84.6000
ELERNOR ROSSER #313_7257040	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	22,312.	NONE	58.3000
14TH FLOOR WILLINGTON,	INVESTMENT	ZV		TRUST	99, 131.	NONE	64.9000
	INVESTMENT	AZ	COMM.	TRUST	98,932.	NONE	89.7000
					Š	Schedule R-1 (Form 990) 2008	1 990) 2008

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	m 990), Pa
1	Jule R (For
	ons (Sched
	Organizati
	Related (
	ions With
:	Transact
0) 2008	iuation of
R-1 (Form 99	Contin
Schedule	Part V

(A)	(8)	(c)
Name of other organization	Transaction type (a-r)	Amount involved
(2)		
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		
	Sche	Schedule R-1 (Form 990) 2008

$\mathsf{Form}\,8868$

(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

analyzation for each return	

OMB No 1545-1709

## If you are filing for an Automatic 3-Month Extension, complete only Part I flon page 2 of this form) ## If you are filing for an Automatic 3-Month Extension, complete only Part I flon page 2 of this form) ## On not complete Part furthess you have already been granted an automatic 3-month extension on a previously filed Form 8868 ### Part I only ## Acorporation required to file Form 990-T and requesting an automatic 3-month extension - check this box and complete Part I only ### Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ### Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ### Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ### Comparison of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 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 (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 (file form 8868 if you want a 3-month automatic extension of time to file form 8868 for more of delation on the delectronically of this form, was submit the fully completed and signed page 2 (Part II) of Form 8868 for more of delation on the delectronic file of this form, was submit the fully completed and signed page 2 (Part II) of Form 8868 for more delation on the delectronic file of this form, and submit the fully completed and signed page 2 (Part II) of Form 8868 for more delation on the delectronic file of this form and submit the fully completed and signed page 2 (Par	Department of the 1	, ,		► File	a separate appli	cation for each return	n				
Do not complete Part II unless you have a leready been granted an automatic 3-month extension on a previously filed Form 8868			Automatic 3-M	onth Extension	n, complete or	nly Part I and ched	ck this box				\mathbf{x}
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 (#file), Generally, you can electronically file Form 8988 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 890-Bell 6069, or 8870, group returns, or a composite or consolidated From 990-T instead, you must submit the fully completed and signed page 2 (Part II) of Form 8885 For more details on the electronic filing of this form, visit waw vir gow/defile and click on e-file for Charties & Nonprofits Type or Name of Exempt Organization THE PAKIS FAMILY FOUNDATION Employer identification number of the box was ensemble or the state of the properties of the state and form or suit on or file P O box, see instructions Type or Number, street, and form or suit or file P O box, see instructions PERIONIX, AZ 8501.6 PERIONIX, AZ 8501.6 Form 990-F or feturn to be filed (file a separate application for each return) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990-F (see 401(a) or 408(a) trust) Form 990											
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 (na accountable) 4-month extension or (2) you file Form 990-El. 8089 or 8870, group electronically if (1) you want the additional (na accountable) 4-month extension or (2) you file Form 990-El. 8089 or 8870, group electronically if (1) you want the additional file of the form 990-Time of the file of the form 990-Time of the fil	Part I Autor	matic 3-l	Month Extensi	ion of Time. C	only submit or	riginal (no copies	s needed).				
time to tile income fax returns Electronic Filing (-effie), Generally, you can electronically file Form 8888 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 8870, grown returns, or a composte or consolidated From 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 we've iragoverities on the electronic filing of this form, visit we've iragoverities on efficiency for Chanties & Nonprofits Type or Print **RIZONA COMMUNITY FOUNDATION **Employer identification number Print **Number, street, and room or sult on 18 a P.O but see instructions **PICENTIX, AZ 85016 **Committed Form 990-Tourn or post office, state, and 2IP code For a foreign address, see instructions **PICENTIX, AZ 85016 **Check type of return to be filed (file a separate application for each return) **Form 990-BL **Form 990-BL **Form 990-T (see 401(a) or 408(a) trust) **Form 990-EZ **Form 990-T (vitro or post office state, and 2IP code For a foreign address, see instructions **PICENTIX, AZ 85016 **Form 990-T (vitro or post office) **Form 990-T (vitro or post office) **Form 990-T (vitro or post office) **Form 990-T (vitro or post office) **Form 990-T (vitro or post office) **Form 990-T (vitro or post or each return) **Form 990-EZ **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-EZ **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-EZ **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-T (vitro or post or each return) **Form 990-T (vitro or each return) **Form 990-T (vitro or each return) **Form 990-T (vitro or each return) **Form 990-T (vitro or each return) **	•	•	file Form 990-	T and requestii	ng an automati	c 6-month extens	ion - check th	s box and co	mplete	· >	
one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8686 electronically (f) you with the additional (not automatic) 3-month extension or (2) you file Form 990-B. (1,009), or 8870, group returns, or a composite or consolidated From 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, wist www. res. gov/efile and click on e-file for Chantes & Nonprofits Type or Name of Exempt Organization THE PARIS FAMILY FOUNDATION Employer identification number file by the due date for filing year. Number, street, and room or subte no If a P D box, see instructions 201 FAST CAMBLBACK ROAD, SUITE 202 City, town or post office, state, and ZIP Code For a foreign address, see instructions PHOENIX, AZ 85016 Check type of return to be filed (file a separate application for each return) X Form 990-BL Form 990-F				filers), partners	hips, REMICs,	and trusts must us	se Form 7004	to request an	exten:	sion of	
Section Sect	one of the ret electronically if returns, or a co	urns note f (1) you omposite (d below (6 mowant the addition of consolidated	onths for a co onal (not autor From 990-T Ir	rporation requinatic) 3-monthistead, you mu	ired to file Form n extension or (2) ist submit the full	990-T) How you file Form y completed	vever, you c ms 990-BL, (and signed p	annot 6069, age 2	file Form 8 or 8870, g (Part II) of F	3868 Jroup
Fire by the fire the kind for the cyling for the	Type or	Name of	Exempt Organizati	on THE PAK	IS FAMILY	FOUNDATION		Employe	r identı	fication numb	per
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tiling your reterm See instructions City, town or post office, state, and 2IP code For a foreign address, see instructions PHOENTX, AZ 85016 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-T (see 401(a) or 408(a) trust) Form 990-EZ Form 990-EZ Form 990-FF Form 1041-A 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization of the organization of time until 11/16_2009 to file the exempt organization required to file Form 990-T) extension of time until 21/16_2009 21/16 this tax year is for less than 12 months, check reason Initial return Information Produced See instructions 32/2 this application is for Form 990-BL. 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 33/2 \$ 34/2 this application is for Form 990-BL. 990-PF, 990-T, 4720, or 6069,	File by the	Number,	street, and room o	or suite no If a P	D box, see instru	ctions					
return Seen services. Seen structions state, and ZIP code. For a foreign address, see instructions instructions. PHOENTX, AZ 85016 Check type of return to be filed (file a separate application for each return) X Form 990. Form 990-T (corporation) Form 990-T (corporation) Form 990-T (corporation) Form 990-EZ Form 990-EZ Form 990-F Form 990-T (russ other than above) Form 990-F 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 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If the organization has 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 11/16 2009 to file the exempt organization return for the organization named above The extension is for the organization's return for ▶ Calendar year or					· · · · · · · · · · · · · · · · · · ·						
Check type of return to be filed (file a separate application for each return) Form 990	return See	City, towr	or post office, st	ate, and ZIP code	For a foreign ac	ldress, see instructio	ns				
Form 990											
Form 990-BL Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (Form 6069 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole group, check this box ▶		return to	be filed (file a s			eturn)		- 4700			
Form 990-EZ Form 990-PF Form 1041-A 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 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 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 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 this is for a Group Return, enter the organization's return for 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 11/16, 2009 , to file the exempt organization return for the organization named above The extension is for the organization's return for • Calendar year or X tax year beginning or X tax year beginning or X tax year beginning or X tax year beginning O4/01, 2008 and ending O3/31, 2009 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 3b S To Balance Due. 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 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	 	DI	<u> </u>	 		09(a) truet)	- 1				
Form 990-PF Form 1041-A 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	H		 								
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 11/16 ,2009 to file the exempt organization return for the organization named above The extension is for the organization's return for □ calendar year or	 		<u> </u>		•	above)					
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