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Form **990** Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

**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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** 04/01 , 2008, and ending 03/31 , 2009

B Check if applicable: Address change / Name change / Initial return / Termination / Amended return / Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: EDWARD J. ROBSON FAMILY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 2201 E. CAMELBACK ROAD, SUITE 202 — Room/suite

City or town, state or country, and ZIP + 4: PHOENIX, AZ 85016

D Employer identification number: 86-1012657

E Telephone number: (602)381-1400

G Gross receipts $ 310,560.

F Name and address of principal officer: EDWARD ROBSON
2201 E CAMELBACK, SUITE 202, PHOENIX, AZ 85016

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c) ( 3 ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ NONE

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2000

M State of legal domicile AZ

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
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 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| 5 | Total number of employees (Part V, line 2a) | 5 | NONE |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 3 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| 8 | Contribution and grants (Part VIII, line 1h) | | |
| 9 | Program service revenue (Part VIII, line 2g) | NONE | NONE |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 522,054. | 310,560. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | NONE | NONE |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 522,054. | 310,560. |
| **Expenses** | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 515,000. | NONE |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | NONE | NONE |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | NONE | NONE |
| b | Total fundraising expenses, Part IX, column (D), line 25) ▶ | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 25,661. | 26,007. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 540,661. | 26,007. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | -18,607. | 284,553. |
| **Net Assets or Fund Balances** | | **Beginning of Year** | **End of Year** |
| 20 | Total assets (Part X, line 16) | 6,325,034. | 6,507,439. |
| 21 | Total liabilities (Part X, line 26) | 1,162,547. | 1,064,000. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 5,162,487. | 5,443,439. |

## Part II Signature Block

RECEIVED
12 1 6 2009
FRESNO, CA

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

▶ X [signature] Signature of officer — Date 11/16/09

▶ X Deborah Whitehurst Secretary
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ [signature] — Date 11/14/2009 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM, LLC
3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012

EIN ▶ 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.**

Form **990** (2008)

JSA
8E1010 2 000

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**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 $ _____ including grants of $ _____ ) (Revenue $ _____ )

4b (Code: _____ ) (Expenses $ _____ including grants of $ _____ ) (Revenue $ _____ )

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 ▶ $** *(Must equal Part IX, Line 25, column (B) )*

## Part IV 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 | X | |
| 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 Schedule C, Part II* | 4 | | X |
| 5 | **Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) 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* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | | X |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any 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 | | X |
| 17 | Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 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 | | X |
| 19 | Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |
| 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 | | X |
| 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 | | X |
| 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 $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 | | X |
| b | 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 | | |
| 25a | **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 | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | 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 | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| a | 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, Part IV* | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| 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 | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 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 VI* | 37 | | X |

## Part 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 | 1a NONE | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b NONE | | | |
| c | 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) | | | | |
| 3a | 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 | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| 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 | | |
| 6a | 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 gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | 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 | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | 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 | | X |
| 9 | **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.** | | | | |
| a | 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? | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

**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 |
|---|---|---|---|---|
| | *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 . . . . . 1a 5 | | | |
| b | Enter the number of voting members that are independent . . . . . 1b 3 | | | |
| 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 | X | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X | |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | X |
| 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 | X | |
| 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 | | X |

## Section 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 | X | |
| 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 | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 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. | | | |
| a | 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 | | X |
| 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 | | |

## Section 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 ☒ Upon request

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PAUL VELASKI 2201 E CAMELBACK, SUITE 202, PHOENIX, AZ , 85016
602-381-1400

**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.

[X] 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): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| EDWARD J. ROBSON<br>PRESIDENT | 1. | X | | X | | | | NONE | NONE | NONE |
| MICHELLE ROBSON<br>VICE PRESIDENT | 1. | X | | X | | | | NONE | NONE | NONE |
| DEBORAH WHITEHURST<br>SECRETARY | 1. | X | | X | | | | NONE | 159,150. | 25,686. |
| HERMAN CHANEN<br>DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| SUZANNE REUSS<br>DIRECTOR | 1. | X | | | | | | NONE | 86,500. | 7,445. |
| | | | | | | | | | | |
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated 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 |
|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | NONE | 245,650. | 33,131. |

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ NONE

| | | Yes | No |
|---|---|---|---|
| 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* | 3 | | X |
| 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* | 4 | X | |
| 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* | 5 | | X |

**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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

**Part VIII Statement of Revenue** 86-1012657

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns 1a | | | | |
| | b Membership dues 1b | | | | |
| | c Fundraising events 1c | | | | |
| | d Related organizations 1d | | | | |
| | e Government grants (contributions) 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | | | |
| Program Service Revenue | Business Code | | | | |
| | 2a | | | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g **Total.** Add lines 2a-2f ▶ | NONE | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | 310,560. | | | 310,560. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | NONE | | | |
| | 5 Royalties ▶ | NONE | | | |
| | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | | | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | NONE | | | |
| | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | b Less. cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | NONE | | | |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from fundraising events ▶ | NONE | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities ▶ | NONE | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | NONE | | | |
| | Miscellaneous Revenue / Business Code | | | | |
| | 11a | | | | |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e **Total.** Add lines 11a-11d ▶ | NONE | | | |
| | 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | 310,560. | | | 310,560. |

## 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).**

| *Do not include amounts reported on lines 6b, 7b, 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 | NONE | | | |
| 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 | NONE | | | |
| 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 | NONE | | | |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) | NONE | | | |
| 9 Other employee benefits | NONE | | | |
| 10 Payroll taxes | NONE | | | |
| 11 Fees for services (non-employees). | | | | |
| a Management | 25,520. | | 25,520. | |
| b Legal | NONE | | | |
| c Accounting | NONE | | | |
| d Lobbying | NONE | | | |
| e Professional fundraising services See Part IV, line 17 | NONE | | | |
| f Investment management fees | NONE | | | |
| g Other | NONE | | | |
| 12 Advertising and promotion | NONE | | | |
| 13 Office expenses | NONE | | | |
| 14 Information technology | NONE | | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 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 | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | NONE | | | |
| 23 Insurance | NONE | | | |
| 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 MISCELANNEOUS | 487. | | 487. | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 26,007. | | 26,007. | |
| 26 **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 | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 325,064. | 1 | 197,397. |
| | 2 | Savings and temporary cash investments | 2,683. | 2 | 377,417. |
| | 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 | 5,867,966. | 6 | 5,862,738. |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sales or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost basis 10a | | | |
| | b | Less accumulated depreciation Complete Part VI of Schedule D. 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 129,321. | 15 | 69,887. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 6,325,034. | 16 | 6,507,439. |
| Liabilities | 17 | Accounts payable and accrued expenses | 2,147. | 17 | NONE |
| | 18 | Grants payable | 1,160,400. | 18 | 1,064,000. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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 | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,162,547. | 26 | 1,064,000. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 5,162,487. | 27 | 5,443,439. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **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 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 5,162,487. | 33 | 5,443,439. |
| | 34 | Total liabilities and net assets/fund balances | 6,325,034. | 34 | 6,507,439. |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| c | 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? | 2c | | |
| 3a | 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? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

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

Department of the Treasury
Internal Revenue Service

# 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**

**Name of the organization** EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

**Employer identification number** 86-1012657

**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 [X] 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** [X] Type I **b** [ ] Type II **c** [ ] Type III - Functionally Integrated **d** [ ] Type III - Other

**e** [X] 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?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | X |
| **(ii)** A family member of a person described in (i) above? | 11g(ii) | | X |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | X |

**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 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

**Schedule A (Form 990 or 990-EZ) 2008**

JSA
8E1210 4 000

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 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 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 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, 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 | | | | | | |

12 Gross receipts from related activities, etc (See instructions) . . . 12

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 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 (Explain in Part IV ) | | | | | | |
| 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

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

## Section D. Computation of Investment Income Percentage

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

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 COMMMUNITY FOUNDATION

(II) EIN: 86-0348306

(III) TYPE OF ORGANIZATION: 07

(IV) YES

(V) YES

(VI) YES

(VII) AMOUNT OF SUPPORT: 25,520

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**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.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

**Employer identification number** 86-1012657

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ 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 | 1b | | |
| 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? | 2 | | |
| 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<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ 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 | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | 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 | | X |
| b | Any related organization? | 5b | | X |
| | 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 | | X |
| b | Any related organization? | 6b | | X |
| | 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 | 7 | | X |
| 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 | | X |

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

**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 | | | | |
| DEBORAH WHITEHURST | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (ii) | 159,150. | NONE | NONE | 19,098. | 6,588. | 184,836. | 39,000. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (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.

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

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047
**2008**
**Open To Public Inspection**

**Name of the organization** EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

**Employer identification number** 86-1012657

**Part I** **Excess Benefit Transacations** (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | No |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

**Part II** **Loans to and/or From Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| ROBSON RNCH MTNS LLC FINANCE LAND PURCH. | | X | 7,336,780. | 5,862,738. | | X | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **Total** . . . . . ▶ $ | | | | 5,862,738. | | | | | | |

**Part III** **Grants or Assistance Benefitting Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|---|---|---|
| | | |
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**Part IV** **Business Transactions Involving Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule L (Form 990 or 990-EZ) 2008**

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**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-1012657

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 EDWARD J. ROBSON FAMILY FOUNDATION. 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 EDWARD J. ROBSON FAMILY FOUNDATION
& ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

OFFICER RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

EDWARD ROBSON AND MICHELLE ROBSON HAVE A FAMILY RELATIONSHIP.

DEBORAH WHITEHURST AND SUZANNE REUSS HAVE A BUSINESS RELATIONSHIP.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-1012657

MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTON A, LINE 6

THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUNITY FOUNDATION (THE SUPPORTED ORGANIZATION) MEMBERS AND DONOR MEMBERS.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
& ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

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 EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

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 COMMITTE, AND EITHER THE CEO OR THE COO FOR APPROVAL AND SIGNATURE BY AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-1012657

MANAGEMENT COMPANY

FORM 990, SECTION A, LINE 3

THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE ARIZONA COMMUNITY FOUNDATION.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-1012657

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 EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-1012657

DECISIONS SUBJECT TO MEMBER APPROVAL

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

THE ARTICLES OF INCORPORATION MAY BE AMENDED BY AFFIRMATIVE VOTE OF THE MAJORITY OF THE MEMBERS. ANY CHANGES TO THE BYLAWS MUST BE APPROVED BY THE ARIZONA COMMUNITY FOUNDATION.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
& ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

IN FISCAL YEAR BEGINNING APRIL 1, 2008 AND ENDING MARCH 31, 2009, THE FOUNDATION ADOPTED AMENDED AND RESTATED ARTICLES OF INCORPORATION AND AMENDED AND RESTATED BYLAWS.

THE FOLLOWING IS A SUMMARY OF THE MODIFICATIONS TO THE ARTICLES OF INCORPORATION:

1) ADDED SPECIFIC ACTIVITIES THE FOUNDATION MAY CONDUCT TO CARRY OUT ITS PURPOSES DIRECTLY OR INDIRECTLY.

2) ADDED PROHIBITION OF CONTROL OR VETO POWER BY, OR COMPENSATION, REIMBURSEMENT OR OTHER SIMILAR PAYMENT TO, DISQUALIFIED PERSONS WITH RESPECT TO DONOR MEMBERS.

3) REMOVED SPECIFIC RIGHTS AND OBLIGATIONS OF MEMBERS, INCLUDING SPECIFIC MATTERS TO BE APPROVED BY THE MEMBERS, AND PLACED THOSE ITEMS IN THE BYLAWS.

4) REMOVED INDEMNIFICATION AND LIMITATION OF LIABILITY FOR OFFICERS AND DIRECTORS AND PLACED THOSE PROTECTIONS IN THE BYLAWS.

THE FOLLOWING IS A SUMMARY OF THE MODIFICATIONS TO THE BYLAWS:

1) ADDED RIGHTS AND OBLIGATIONS OF THE MEMBERS, INCLUDING, MORE SPECIFIC PROVISIONS FOR HOW MEMBERS APPOINT DIRECTORS.

2) ADDED PROVISIONS FOR HOW MEMBER MEETINGS ARE CONDUCTED.

3) ADDED PROHIBITION OF CONTROL OR VETO POWER BY DISQUALIFIED PERSONS WITH RESPECT TO DONOR MEMBERS.

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

4) ADDED PROHIBITION OF DISQUALIFIED PERSONS WITH RESPECT TO DONOR MEMBERS IN THE PRESIDENT, SECRETARY OR TREASURER POSITIONS.

5) ADDED PROHIBITION OF COMPENSATION, REIMBURSEMENT OR OTHER SIMILAR 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 INTEREST POLICY.

FURTHER, AS SET FORTH IN ARTICLE XI OF THE AMENDED AND RESTATED BYLAWS, THE FOUNDATION HAS ADOPTED THE ATTACHED FOLLOWING POLICIES ADOPTED BY THE ARIZONA COMMUNITY FOUNDATION, INC., THE SUPPORTED ORGANIZATION OF THE FOUNDATION:

WHISTLEBLOWER POLICY

DOCUMENT RETENTION POLICY

GIFT ACCEPTANCE POLICY

Name of the organization EDWARD J. ROBSON FAMILY FOUNDATION
& ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-1012657

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 EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-1012657

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.

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: EDWARD J. ROBSON FAMILY FOUNDATION
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-1012657

## 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

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## 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? Yes | (H) No | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? Yes | (J) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CASSIDY CHARITABLE 86-089910 6390 NORTH CATTLE TRACK ROAD | INVESTMENTS | AZ | AZ COMM. FOUND. | INVESTMENTS | -6,141. | 80,727. | | X | | | X |
| LIBERTY INV., LLLP 86-1001790 20660 N. 40TH STREET, UNIT 214 | INVESTMENTS | AZ | AZ COMM. FOUND. | INVESTMENTS | 13,657. | 437,635. | | X | | | X |
| FTP HOLDINGS, LLC 86-0950521 P.O. BOX 50342 MESA, AZ 85208 | INVESTMENTS | AZ | AZ COMM. FOUND. | INVESTMENTS | -1,375. | | | X | | | X |
| L.T.I.B., LP 86-0989776 8402 JUAN TABO | INVESTMENTS | AZ | AZ COMM. FOUND. | INVESTMENTS | | | | X | | | X |
| A&C LAKESIDE INV. 86-1048713 8433 N. BLACK CANYON HWY | INVESTMENTS | AZ | AZ COMM. FOUND. | INVESTMENTS | | | | X | | | X |
| SHARING EXP. OPT. 33-0830584 3018 E. SIERRA VISTA DRIVE | INVESTMENT | AZ | AZ COMM. FOUND. | INVESTMENTS | -386,236. | 2,530,860. | | X | -175. | | X |
| K & J WITTEN PARTNERSHIP | INVESTMENT | | AZ COMM. FOUND. | INVESTMENTS | | | | 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

| | | | Yes | No |
|---|---|---|---|---|
| 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? | | | |
| a | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from other organization(s) | 1c | | X |
| d | Loans or loan guarantees to or for other organization(s) | 1d | | X |
| e | Loans or loan guarantees by other organization(s) | 1e | | X |
| f | Sale of assets to other organization(s) | 1f | | X |
| g | Purchase of assets from other organization(s) | 1g | | X |
| h | Exchange of assets | 1h | | X |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | X |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | X | |
| l | Performance of services or membership or fundraising solicitations by other organization(s) | 1l | X | |
| m | Sharing of facilities, equipment, mailing lists, or other assets | 1m | | X |
| n | Sharing of paid employees | 1n | | X |
| o | Reimbursement paid to other organization for expenses | 1o | X | |
| p | Reimbursement paid by other organization for expenses | 1p | | X |
| q | Other transfer of cash or property to other organization(s) | 1q | X | |
| r | Other transfer of cash or property from other organization(s) | 1r | | X |

2 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

| | (A) Name of other organization(s) | (B) Transaction type (a–r) | (C) Amount involved |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

## 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) Name, address, and EIN of entity | (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? | | (G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (H) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
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**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 86-0348306<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 7 | N/A |
| AFC PUBLIC FOUNDATION 86-0900277<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE ARMSTRONG FAMILY FOUNDATION 86-0846677<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| B AND L CHARITABLE FOUNDATION 86-0950135<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| ELLIS CENTER FOR EDUCATIONAL EXCELLENCE 20-2822602<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE EVANS CHARITABLE FOUNDATION 86-0914248<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE GATES FAMILY FOUNDATION 86-0880829<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| SAM & PEGGY GROSSMAN FAMILY FOUNDATION 86-0939696<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| R.S. HOYT JR. FAMILY FOUNDATION 86-0958722<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE INGEBRITSON FAMILY FOUNDATION 86-0800012<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE MOLLY LAWSON FOUNDATION, INC. 20-0236832<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| LIPPINCOTT FAMILY FOUNDATION, INC. 20-0967548<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE LODESTAR FOUNDATION 86-0965287<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| MESA COMMUNITY FOUNDATION 20-1595354<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11C | AZ COMM. FD |
| DAVID AND BARBARA MITCHEL FOUNDATION 86-0889896<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | 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 86-0898996<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| TOM AND MARIE MITCHEL FOUNDATION 86-0893817<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE ODOM FAMILY FOUNDATION 86-0790314<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE PAKIS FAMILY FOUNDATION 86-0846617<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| PHOENIX MONASTERY FOUNDATION 86-0880826<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| RODEL CHARITABLE FOUNDATION - AZ 86-0941890<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE SILVERMAN FAMILY FOUNDATION 86-0704259<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| STARDUST CHARITABLE FUND 86-0936948<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| JAMES A. UNRUH FAMILY FOUNDATION 86-0955776<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| WAZE FOUNDATION 20-1234655<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE WELLIK FOUNDATION 86-0938555<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE ROBERT J. WICK FAMILY FOUNDATION 86-0782796<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE WALTER M. WICK FAMILY FOUNDATION 86-0782797<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| YOUTH PARNTERS FOUNDATION 68-0544541<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| RAY ROLES FAMILY FOUNDATION 20-1609521<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | 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 |
|---|---|---|---|---|---|
| JOANIE L. FLATT FAMILY FOUNDATION 86-0811552<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |
| THE GHELFI FOUNDATION 86-0862727<br>2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016 | COM. SUPPORT | AZ | 501(C)(3) | 11A | AZ COMM. FD |

**Part III** **Continuation of 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 on box 20 of K-1 | (J) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No |
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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 86-6224420<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 105,304. | 52.1000 |
| BOYCE CRUT 86-0945292<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 323,526. | 58.1000 |
| KONING NIMCRUT 86-6202817<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 633,179. | 70.9000 |
| LIPPINCOTT CRUT 77-6216346<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 554,995. | 51.0000 |
| MAYS CRUT 20-6939493<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 981,001. | 69.0000 |
| MERKEL CRUT 20-1579269<br>2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 194,796. | 55.9000 |
| ANDERSON UNITRUST 86-0927449<br>2211 W. NORTHERN AVE. PHOENIX, AZ 85021 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 101,793. | 53.2000 |
| CROSSON UNITRUST CRT 04-6992818<br>222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | NONE | 206,430. | 60.9000 |
| BELLEMARE DONOR ADVISED FUND 20-6348909<br>5255 E. WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | 9,051. | NONE | 84.6000 |
| ELEANOR ROSSER #3 13-7257040<br>222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | 22,312. | NONE | 58.3000 |
| ELEANOR ROSSER #2A 20-6471009<br>222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | 99,131. | NONE | 64.9000 |
| ELEANOR ROSSER #3A 20-6471050<br>222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801 | INVESTMENT | AZ | AZ COMM. FOUND. | TRUST | 98,932. | NONE | 89.7000 |
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**Part V** **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

| | (A) Name of other organization | (B) Transaction type (a-r) | (C) Amount involved |
|---|---|---|---|
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
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| (20) | | | |
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| (23) | | | |
| (24) | | | |

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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 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 *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

| **Type or print** | Name of Exempt Organization EDWARD J. ROBSON FAMILY FOUNDATION, % ARIZONA COMMUNITY FOUNDATION | **Employer identification number** 86-1012657 |
|---|---|---|
| File by the due date for filing your return See instructions | Number, street, and room or suite no If a P O box, see instructions 2201 E. CAMELBACK 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 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] 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 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
▶ [X] tax year beginning 04/01 ,2008 , and ending 03/31 ,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 | 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 | **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 | 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.**

Form **8868** (Rev 4-2008)

JSA
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