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

Short Form
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)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 Copper Corridor Economic Development Coalition
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO Box 5115
 City or town, state or country, and ZIP + 4
 Oracle, AZ 85623

D Employer identification number
 20-1228531
E Telephone number
 (520) 896-9311
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method Cash Accrual
 Other (specify):

I Website: www.coppercorridor.org
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 90,361

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	90,361
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	90,361	

Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	21,754
	14 Occupancy, rent, utilities, and maintenance	14	702
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe)	16	14,153
17 Total expenses. Add lines 10 through 16	17	36,609	

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	53,752
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,038
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	75,790

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,721	22 67,558
23 Land and buildings		23
24 Other assets (describe)	9,317	24 8,232
25 Total assets	22,038	25 75,790
26 Total liabilities (describe)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,038	27 75,790

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? To unify Eastern Pinal and Southern Gila counties into a regional community to promote economic development, and to plan and prepare for population growth while preserving the region's values	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 Received Arizona Office of Tourism ARRM grant for branding and marketing Completed Mammoth REDI grant - Tourism study Completed Oracle REDI grant - visitor center study Participated in statewide Tourism EXPO with Town of Superior Participated in Job Center strategic planning for CAAG EDA grant resulting in regional SWOT analysis Honored two founding members who retired from the group Joan Warren and Lionel Ruiz Expanded the Ore Cart Trail project to include Globe and Miami Sent representatives to the Governor's Rural Development Conference Received award for innovation in tourism Creation of strategic plan with five strategic goals for the next three years Developed networking resource directory of people and talents/skills Attended rally for Resolution Copper Company attended by Secretary of the Interior Salazar and Senator John McCain Submitted letter of support for the Resolution Copper land exchange New strategic alliances include the Small Business Development Center through Central Arizona College, SCATUI, San Carlos Apache Telecommunications Utility Inc, SRP, Salt River Project Received Scenic Road designation from ADOT for portions of Highways 77 and 177 Completed basic asset inventories for nine communities Awarded Americorps grant (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶ <u>AZ</u>			
42a The organization's books are in care of ▶ <u>Lynn Perez-Hewitt</u> Telephone no ▶ <u>(520) 896-3282</u> 415 N Circle Place Located at ▶ <u>Oracle, AZ</u> ZIP + 4 ▶ <u>85623</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-05-13

Type or print name and title: Lynn Perez-Hewitt Sec/Treas

Paid Preparer's Use Only

Preparer's signature: Mike DeVries Date: _____

Check if self-employed:

Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DeVries CPAs of Arizona PC
4349 East Fifth Street
Tucson, AZ 857112025

EIN: _____

Phone no: (520) 298-6200

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

Additional Data**Software ID:****Software Version:****EIN:** 20-1228531**Name:** Copper Corridor Economic Development
Coalition**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Sylvia Kerlock PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Cathy Gorman PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Jake Jacobson PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Craig Williams PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Bill Marshall PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Aja DeZeeuw PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Benny DiSantiago PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Shannon Ortiz PO Box 5115 Oracle, AZ 85623	Secretary 4 00	0		
Michael Carnes PO Box 5115 Oracle, AZ 85623	Vice President 4 00	0		
Lillian Martinez PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Lynn Perez-Hewitt PO Box 5115 Oracle, AZ 85623	Sec/Treas 2 00	0		
Doris Helmich PO Box 5115 Oracle, AZ 85623	Director 1 00	0		
Liz Tuck PO Box 5115 Oracle, AZ 85623	President 6 00	0		

TY 2009 Other Assets Schedule

Name: Copper Corridor Economic Development
Coalition

EIN: 20-1228531

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Furniture and Fixtures	9,317	8,232

TY 2009 Other Expenses Schedule

Name: Copper Corridor Economic Development
Coalition

EIN: 20-1228531

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Office Expenses	1,144
Licenses and fees	222
Insurance	218
Grant Administration	11,188
Depreciation	1,085
Conferences, Conventions, and Meetings	278
Bank fees	18