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SCAMMED JUL 2 2 ZUN

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2000 a

		ent of the l levenue Se		Note: The foundat	ion may	be able	to use a copy of	this return to	satisfy state	reporti	ng requirements.	<u> </u>	
Fo	r ca	leudar	year 2009	, or tax year beg	inning			, 2009	, and endi	ing		, 20	
			hat apply	Initial retu			Initial return	of a former p	oublic chai	rity	,	Final return	
				Amended	return		Addre	ss change		Na	me change		
			Name of fo	oundation			•			A	Employer identific	cation number	
U	se ti	he IRS											
	lat	el.	SWANSO	N FAMILY FOU	NDAT:	ION	ON				20-8249043		
0	the	rwise,	Number ar	nd street (or P O box	numberı	f mail is	not delivered to stree	t address)	Room/su	ite E	B Telephone number (see page 10 of the instructions)		
	pr	int											
_	or type. 4960 E. VALLEY VISTA L				TA L	ANE					(60	2) 740-3688	
		pecific ctions.	City or tow	n, state, and ZIP co	de		_		<u> </u>	-	If exemption applica	tion is	
ın	stru	ctions.		•						٦	pending, check here 1. Foreign organizat	▶	
			PARADI:	SE VALLEY, A	Z 852	253				'	2. Foreign organizat		
н	Che	ck type		zation. X Secti			exempt private	foundation			85% test, check h	ere and attach	
Ë				nonexempt charitable			Other taxable p		tion		computation .		
<u> </u>				all assets at end	Acco		method X C			╼┩╒	If private foundation	.	
				col. (c), line		-	specify)	asii Acc	, uai)(1)(A), check here	
		•ai (#6		142,960.			an (d) must be oi	n cash basis.)		F	If the foundation is under section 507(b)	in a 60-month termination	
				venue and Expens	<u> </u>		ir (a) made be or	1 04017 5401517	· T		ander section 307(b)	(d) Disbursements	
		total o	f amounts in	columns (b), (c), an	d (d)	(a)	Revenue and	(b) Net inve		(c)	Adjusted net	for charitable	
		mayr	not necessar	ily equal the amount age 11 of the instruc	s in	•	xpenses per books	ıncon	ne		ıncome	purposes	
Т	_		<u> </u>				125,342	1		•		(cash basis only)	
	1		_ if the	ts, etc , received (attach sch e foundation is not requ	uired to		120,042	1					
	2	Check	attac	ch Sch B					-				
	3		=	nd temporary cash inves			57		57.				
ļ	4			rest from securities									
ı													
ł	Ь	Net ren	tal income or ((loss)					1	··· ·			
	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all			RECT	WED	 							
5		assets o	n line 6a			 	1	S	 				
aniiaau	7	Capital	gain net ind	come (from Part IV, I	ıne 2) .	1	2						
7	8			oital gain			S JUN 3 (2010					
	9		e modificationales less return	ons · · · · · · ·	• • • •	1 1	र्थ 💮	C.	<u> </u>				
'	U a		wances · · ·			1	OGDE	v UT					
			ost of goods so			l L	UGUL	<u>V.</u>					
	C			s) (attach schedule)									
1	1	Other	ncome (atta	ch schedule)			105 200						
41	2	Total.	Add lines 1 1	through 11			125,399		57.				
1	3	Compe	nsation of offic	cers, directors, trustees,	etc		0						
, 1	4	Other	employee sa	lanes and wages .									
	5												
[1	6 a	Legal f	ees (attach s	schedule) ATCH	.1		260		0.		0.	260	
[b	Accour	nting fees (a	ittach schedule) ^{ATC}	H 2	<u></u>	2,500		0.		0.	2,500	
2				fees (attach schedul									
1	7	Interes	t										
1	8			e) (see page 14 of the inst	.11	L	295						
1	9	•		ch schedule) and de									
2	0	-	•	· · · · · · · · · · · ·									
2	1		-	s, and meetings									
ء[ا	2			ations									
ء ام	3			ttach schedule) ATC			249		150.		0.	99	
	4		•	nd administrative ex									
'ا:	-			gh 23			3,304		150.		0.	2,859	
٦/ ١	5			s, grants paid			89,078					89,078	
	6		_	ursements. Add lines 2			92,382		150.	_	0.	91,937	
\neg	7		enses and disp ct line 26 fro		T AIIU 23								
4					nto.		33,017						
				expenses and disburseme come (if negative, en					-0-				
				• •	-	 					-0-		
┸	C	Adjust	ea net incor	ne (if negative, enter	- ∪-)	<u>L</u>		L					

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $9E^{1410\ 1\ 000}\ 92442S\ A11A\ 6/7/2010\ 10:19:55\ AM\ V\ 09-6.3$

JSA ** ATCH 3 4783-10

Form 990-PF (2009)

PAGE 1

Dart II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
T all t i	amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		100 000	
2	Savings and temporary cash investments	109,943.	132,928.	132,928.
3	Accounts receivable			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			ATCH 5
	disqualified persons (attach schedule) (see page 16 of the instructions)	0.	10,032.	10,032
7	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts ▶			
₍₀ 8	Inventories for sale or use			
Assets 0 9 a	Prepaid expenses and deferred charges			
SS 10 a	Investments - U S and state government obligations (attach schedule)			
-	Investments - corporate stock (attach schedule)		·	
1	Investments - corporate bonds (attach schedule).			
11				,,,
	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	}		
1	(attach schedule)			
12	Investments - mortgage loans			
13 14	Investments - other (attach schedule) Land, buildings, and equipment basis	+	· · · · · · · · · · · · · · · · · · ·	
	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	(attach schedule)			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the	109,943.	142,960.	142,960
	ınstructions. Also, see page 1, item I)		142,500.	142,500
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>မွ</u> 19	Deferred revenue			
= 20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 20 21 20 21	Mortgages and other notes payable (attach schedule)			
ا 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
Fund Balances	Unrestricted			
25	Temporarily restricted			
<u>8</u> 26	Permanently restricted			
핃	Foundations that do not follow SFAS 117,			
교	check here and complete lines 27 through 31. ▶ X			
Ö 27	Capital stock, trust principal, or current funds			
Net Assets	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS 29	Retained earnings, accumulated income, endowment, or other funds	109,943.	142,960.	
₹ 30	Total net assets or fund balances (see page 17 of the			
Š	instructions)	109,943.	142,960.	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	109,943.	142,960.	
Part I	Analysis of Changes in Net Assets or Fund E	Balances		
	I net assets or fund balances at beginning of year - Part II,		agree with	
	of-year figure reported on prior year's return)			109,943
9 Ente	er amount from Part I, line 27a		2	33,017
2 Otho				<u></u>
				142,960.
	lines 1, 2, and 3			
o Teti	I net assets or fund balances at end of year (line 4 minus li	no 6) - Part II. column (h)		142,960
<u>ь гота</u>	i het assets of fund balances at end of year (line 4 minus li	ne 3) - rait ii, columiii (D).		

(a) List ar	nd describe the kind(s) of property solo brick warehouse; or common stock, 20	d (e.g., real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a	,	-	D-Donation	1	· · · · ·
b					
С					
d					
<u>e</u>					-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mina	
а					
b					
<u>c</u>			<u> </u>		
d			<u> </u>		
<u>e</u>	<u> </u>		ļ. —		
Complete only for assets s		wned by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI.	(k), but not less t Losses (from co	
_a					
ь					
<u>c</u>					
<u>d</u>					
<u>e</u>		Hanna alan adama Bada Ba Z	<u> </u>		
2 Capital gain net income of	r (not canital loce)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gau	ر n or (loss) as defined in sections 1		 		
· · · · · · · · · · · · · · · · · · ·	, line 8, column (c) (see pages 1				
-	line 8		3		
Part V Qualification U	nder Section 4940(e) for Rec	duced Tax on Net Investment Inc	come		
		he section 4940(a) tax on net investi		me)	
	·	ributable amount of any year in the b	ase period	d?	Yes X No
1 Enter the appropriate am	ount in each column for each yea	ar; see page 18 of the instructions be	efore mak	ing any entries.	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re	
2008	161,507.	115,401.		(col (b) divided by	1.399529
2007	96,503.		<u> </u>		1.830412
2006					11000111
2005					· · · · ·
2004					
2 Total of line 1, column (d))		2		3.229941
•		de the total on line 2 by 5, or by the			
	•	ss than 5 years	3		1.614971
4 Enter the net value of nor	ncharitable-use assets for 2009 fr	rom Part X, line 5	4		127,894.
5 Multiply line 4 by line 3			5		206,545.
			6		
			7		206,545.
If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box ge 18.	in Part VI, line 1b, and complete t	hat part i	using a 1% tax	rate. See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	structi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations-tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
_				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded ► 11 **T VII-A Statements Regarding Activities**			
			Vaa	
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			X
	of the instructions for definition)?	1b		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials]
	published or distributed by the foundation in connection with the activities.			x
C	Did the foundation file Form 1120-POL for this year?	1 c		<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year ^o			
	(1) On the loundation P 4			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ▶ \$			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?			17
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X_
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	. 1		
	By language in the governing instrument, or	ı İ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		١ ا	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	i		
	Instructions) ARIZONA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	,		
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	,		
	names and addresses	10		X

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.SWANSONFOUNDATION.ORG	_		
14	The books are in care of ► SWANSON FAMILY FOUNDATION Telephone no. ► 602-740	36	88	
	Located at ▶4960 E. VALLEY VISTA LANE PARADISE VALLEY, AZ ZIP+4 ▶ 85253			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	·Ш
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T · · · ·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	ļ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	ĺ		
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	D			
За	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3 b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b		X

If none, enter "NONE." (d) Contributions to employee benefit (b) Title, and average (e) Expense account, (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position plans and deferred compensation

Form 990-PF (2009)

NONE

other allowances

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services (see page 1)	age 23 of the instructions). If none	, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		
otal number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	▶ NON
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist of organizations and other beneficianes served, conferences convened, research papers produced, etc.	tical information such as the number	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of to Describe the two largest program-related investments made by the foundation during the tax year on line.		Amount
1 NONE	ines railu 2	Amount
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
otal. Add lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fo see page 24 of the instructions.)	reign foundat	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	_ 1b	119,810.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	10,032.
d	Total (add lines 1a, b, and c)	. 1d	129,842.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Culphina at line O from line 4 d	3	129,842.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,948.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	127,894.
6	Minimum investment return. Enter 5% of line 5	6	6,395.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) p	rivate operating	 J
	foundations and certain foreign organizations check here and do not complete the	is part.)	
1	Minimum investment return from Part X, line 6	. 1	6,395.
2 a	14X 611 111 COUNT OF 161 161 161 161 161 161 161 161 161 16	0.	
b	income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	. 3	6,395.
4	Recoveries of amounts treated as qualifying distributions	4	
5			6,395.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	. 6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	. 7	6,395.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	91,937.
b			0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	•	
_		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the:	.	
а	Suitability test (prior IRS approval required)	3a	0.
b		•	0.
4	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		91,937.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		,
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	1 1	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		91,937.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	,	

Pa	rt XIII Undistributed Income (see page	e 26 of the instructio	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				6,395.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	07 06 05				
3	Excess distributions carryover, if any, to 2009:				
а	From 2004			•	
b		;			İ
c	From 2006				
d	From 2006				
_	From 2008 155,737.		İ		
	Total of lines 3a through e	249,627.			
4	Qualifying distributions for 2009 from Part XII,			· · · · · · · · · · · · · · · · · · ·	
-	line 4. ▶ \$ 91,937.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election	0			
	required - see page 26 of the instructions)			··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	6,395.
	Applied to 2009 distributable amount	85,542.			0,000
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009				
,	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
_	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	335,169.			
	•	•		···	<u> </u>
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				† · · · · · · · · · · · · · · · · · · ·
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
	·				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be				+
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	335,169.			
10	Analysis of line 9				
	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007 93,890 .				
	Excess from 2008 155,737.				
е	Excess from 2009 85,542.				,

Pa	Private Oper	rating Foundations	(see page 27 of the	nstructions and F	Part VII-A, question 9)	NOT APPLICABI
1 a	If the foundation has				erating	
	foundation, and the ruling	g is effective for 2009, e	enter the date of the ruling	1	▶	
b	Check box to indicate wh		a private operating found		on 4942(j)(3) or 4942(j)(5)
2 a		Tax year	(h) 2009	Prior 3 years	(4) 0000	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
ь	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,					
С	line 6 for each year listed Support alternative test - enter			 		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)),					
	or royalties) (2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942 (j)(3)(B)(lii)					
	port from an exempt organization					
_	(4) Gross investment income				<u>_L</u>	<u> </u>
Рa		ary Information (C luring the year - se			dation had \$5,000	or more in assets
_	Information Regarding		_ 		<u> </u>	
' a	List any managers of t	the foundation who h	ave contributed mor	e than 2% of the to nore than \$5,000). (tal contributions receiv (See section 507(d)(2).)	ed by the foundation
	MARY K. SWA	•••				
b	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regarding	•	, ,			
	Check here ► if the unsolicited requests for organizations under other contents.	or funds. If the found	dation makes gifts, g	rants, etc. (see pag	ritable organizations a ge 28 of the instructio	nd does not accept ns) to individuals or
	The name, address, ar ATTACHME	NT 7			,	
b	The form in which appli	ications should be sul	omitted and information	on and materials the	y should include:	
С	N/A Any submission deadlir					
•	•					
Ч	N/A Any restrictions or lin	nitations on awards	such as by geogra	inhical areas charit	table fields kinds of i	nstitutions or other
_	factors:	auono on awaius,	Julia de Dy geogra	pinda aldad, dilalil	acio nolos, antos Of I	
ICA	N/A		 .			

Recipient survival and address (home or business) a Pard during the year ATTACHMENT 8	3 Grants and Contributions Paid Du	ring the Year or Appr	oved for I	Future Payment	
a Paid during the year ATTACHMENT 8		If recipient is an individual,	Foundation	Purpose of grant or	
a Paid during the year ATTACHMENT 8		any foundation manager	status of recipient	contribution	Amount
ATTACHMENT 8		S. SSS IMMAR SSMIRES			
The state of the s	a Paid during the year ATTACHMENT 8	or substantial contributor	recipient	Contribution	
				▶ 3а	89,078.
Total					

ter gross amounts unless otherwise indicated.		ated business income		section 512, 513, or 514	(e) Related or exemp
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incomè (See page 28 of the instructions)
a					
b			_		-
e					
d					
9					
Fees and contracts from government agencies					
Membership dues and assessments	.				
nterest on savings and temporary cash investments			14	57.	
Dividends and interest from securities	•		+		
Net rental income or (loss) from real estate: Debt-financed property			-		
Debt-financed property Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than invento	1		 		
Vet income or (loss) from special events		·			7
Gross profit or (loss) from sales of inventory.	1				
Other revenue: a	1				
	- I				
	1			```	
Subtotal Add columns (b), (d), and (e)				57.	
Subtotal Add columns (b), (d), and (e)					
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities the No. Explain below how each activities	8 to venfy calcues to the Ac	ulations.) complishment of E		oses	
cubtotal Add columns (b), (d), and (e) cotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 2th XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the	8 to venfy calcues to the Ac	ulations.) complishment of Exch income is reporte	kempt Purpo	oses (e) of Part XVI-A cont	tributed important
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 of t XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the	8 to venfy calcues to the Ac	ulations.) complishment of Exch income is reporte	kempt Purpo	oses (e) of Part XVI-A cont	tributed important
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Pa	rt XVI	Information Exempt Orga		Transfers To an	d Transa	ctions a	and Relationsl	nips With M	lonc	harit	able
1	Did t	he organization direct	ly or indirectly	engage in any of	the following	with ar	ny other organizat	ion described		Yes	No
	organ	ction 501(c) of the Cizations?				or in s	ection 527, relatin	g to political			
а		fers from the reporting		• • •	•						Х
		ash							1a(1)		X
ь		ther assets							1a(2)		
_		ales of assets to a nonc	haritable exempt	organization					1b(1)		Х
	(2) P	urchases of assets from	a noncharitable	exempt organization					1b(2)		Х
		ental of facilities, equipn							1b(3)		Х
		eimbursement arrangem							-		Х
		oans or loan guarantees									X
		erformance of services									X
C		ng of facilities, equipme									Х
d		answer to any of						-			
		of the goods, other									
	value	in any transaction o	r sharing arrar	ngement, show in co	olumn (d) th	e value	of the goods, oth	er assets, or	service	es rec	erved.
/a\	Lino no	(h) Amount involved	(a) Name of	nenchautable avernt are		(d) Daga					
(a)	Line no	(b) Amount involved N/A	(c) Name of	noncharitable exempt orga	anization	N/A	ription of transfers, tran	isactions, and snar	ing arra	ngemer	าเร
				-		11,711		_			
				······································			•••				
			1								
				· · · · · · · · · · · · · · · · · · ·							
				·							
											
										-	
					-	_, , ,					
											
2 2	ls the	foundation directly or	Indirectly affilia	ated with or related t	o one or m	ore tay-ey	empt organizations	described in	***		
2.0		n 501(c) of the Code (otl	•		•	ore tax-ex	empt organizations	described in		s X] No
ь		s," complete the following		20.(0)(0)) 0 000	02					~	, ,,,
		(a) Name of organization		(b) Type of o	rganization		(c) Desc	cription of relations	hıp		
			·								
							· ·				
	Under belief, i	penalties of perjury, I decl it is true, correct, and, com	are that I have ex plete. Declaration	amined this return, included of preparer (other than ta	ding accompan xpayer or fiduo	ying schedu ıarv) ıs bası	iles and statements, a ed on all information	ind to the best of of which preparer	my kr has ar	owledg	je and vledae
ŀ	. 1		\sim		1	بر ا م	Vis IV	1.04		,	
	*	ran K	. 3WV	Um Ne		x COPY		ou lest			
Sign Here	Sig	gnature of officer or trustee	<u></u>		T	Date	Title	Proporaria	ıdontıf.	***	
핕		(\ /)	[()]U	10	Date		Check if	Preparer's number (Se	e Signa	ture on	
<u>.</u>	그 ig 그	Preparer's	WI YM	re ll	6-11-	10	self-employed ►	page 30 of ti	ne instru	uctions)	
တ	Paid Preparer's Use Only	Firm's name (or yours if	CBIZ	MHM, LLC	10 11	, -	I EIN' N		25		
	P.s.	self-employed), address	,	N. CENTRAL AVE	E., STE	300	EN I	01 10041			
		and ZIP code	PHOEN		.,	850	12 Phone	eno 602-26	54-6	835	

Phone no. 602-264-6835

PHOENIX,

ΑZ

85012

Schedule B

(Form 990, 990-ÈZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

CMANCON PAMTIV POIL	, NDATTON	Employer identification number
SWANSON FAMILY FOUNDATION		20-8249043
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the Gene	ral Rule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the one contributor. Complete Parts I and II.	year, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 and 170(b)(1)(A)(vi), and received from any one contributor, (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	during the year, a contribution of the greater
the year, aggregat	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that is te contributions of more than \$1,000 for use <i>exclusively</i> for relig ses, or the prevention of cruelty to children or animals. Comple	gious, charitable, scientific, literary, or
the year, contributi aggregate to more year for an <i>exclusiv</i> applies to this orga	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that is ions for use <i>exclusively</i> for religious, charitable, etc., purposes, a than \$1,000. If this box is checked, enter here the total contrively religious, charitable, etc., purpose. Do not complete any of anization because it received nonexclusively religious, charitable.	but these contributions did not abutions that were received during the fithe parts unless the General Rule le, etc., contributions of \$5,000 or more
	t is not covered by the General Rule and/or the Special Rules	
	ust answer "No" on Part IV, line 2 of its Form 990, or check the PF, to certify that it does not meet the filing requirements of So	
For Privacy Act and Paperwork Rec	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

SWANSON FAMILY FOUNDATION

Employer identification number 20-8249043

Part I	Contributors	(see	instructions)	١
--------	---------------------	------	---------------	---

		<u></u>	Ţ
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	ROBERT JACQUES & MARY SWANSON 4960 E. VALLEY VISTA LANE	\$125,342.	Person X Payroll Noncash (Complete Part II if there is
	PARADISE VALLEY, AZ 85253		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No. 1545-1709

<u>internal Hevenue S</u>	ervice P the a separate application for each return.			
 If you are f 	ling for an Automatic 3-Month Extension, complete only Part I and check this box			X
	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unless you have already been granted an automatic 3-month extension on a prev			_
Part I Auto	matic 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 b	ox and complete	• _	_
Part I only			▶ ∟	_
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request	an extension	of
one of the re electronically r returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autonomic turns noted below (6 months for a corporation required to file Form 990-T). However, and the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot 990-BL, 6069, I signed page 2	file Form 88 or 8870, gro (Part II) of Fo	68 oup
Type or	Name of Exempt Organization	Employer ident	ification number	<u> </u>
print	SWANSON FAMILY FOUNDATION	20-8249	043	
File by the	Number, street, and room or suite no. If a P O box, see instructions.			
due date for	4960 E. VALLEY VISTA LANE			
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			_
nstructions	PARADISE VALLEY, AZ 85253			
Check type o	f return to be filed (file a separate application for each return).			_
Form 990		m 4720		
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) For	m 5227		
Form 990		m 6069		
X Form 990	-PF Form 1041-A For	m 8870		
If the organIf this is for	nization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)	d attach a list	▶ ☐ If this is	
	Ns of all members the extension will cover	u attacii a iist	with the	
until	t an automatic 3-month (6 months for a corporation required to file Form $08/16$, 2010 , to file the exempt organization return for the organization ganization's return for: calendar year 2009 or tax year beginning, and ending, and ending			
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in ac	counting perio	d —
-	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any		_
	dable credits. See instructions.	3a	 \$	0.
• •	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	·]	^
	lude any prior year overpayment allowed as a credit.	Зь	 \$	<u>o.</u>
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	m).See		_
instruction		3с	L T	<u>).</u>
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879	9-EO	
or payment ins	structions.			_
or Privacy Ac	et and Paperwork Reduction Act Notice, see Instructions.	Form (8868 (Rev 4-200	09)

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ATTACHMENT

FEES	
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FORM	

260.

TOTALS

260.

260.

FEES	
ACCOUNTING	
1	
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	2,500.	2,500.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	2,500.	2,500.
		TOTALS
DESCRIPTION	ACCOUNTING	

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

FEDERAL TAX

DESCRIPTION

295.

TOTALS

295.

92442S A11A 6/7/2010

EXPENSES	
OTHER	
ı	ľ
Н	
PART	

FORM 990PF,

CHARITABLE PURPOSES 0.	•66
ADJUSTED NET INCOME 0.	0.
NET INVESTMENT INCOME 150.	150.
REVENUE AND EXPENSES PER BOOKS 150.	249.
	TOTALS
DESCRIPTION INVESTMENT FEES OTHER FEES	

0.

ATTACHMENT 5

FORM	990PE	PAI	RT	<u>II</u>	- RECEI	VABLES	DUE	FROM	OFFICERS,	ETC.
BORRO	WER:	MARY	Κ.	SW	NOSNA					

BEGINNING BALANCE DUE

10,032.

ORIGINAL AMOUNT: 10,032
INTEREST RATE: 0.000000
MATURITY DATE: 08/16/2010
REPAYMENT TERMS: ON DER

ON DEMAND

ENDING FAIR MARKET VALUE 10,032.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.

TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC. 10,032.

TOTAL ENDING FMV - RECEIVABLES DUE FROM OFFICERS, ETC. 10,032. FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

,						
EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	.0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	.0	.0	•0
COMPENSATION	0	.0	0.	.0	·o	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 6.00	DIRECTOR 4.00	DIRECTOR 4.00	DIRECTOR 4.00	DIRECTOR 4.00	GRAND TOTALS
NAME AND ADDRESS	MARY K. SWANSON 4960 E. VALLEY VISTA LANE PARADISE VALLEY, AZ 85253	KATIE JACQUES SAME AS ABOVE	ANDREW VARELA SAME AS ABOVE	KRISTEN WADE SAME AS ABOVE	TIM BATES SAME AS ABOVE	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SEE FOUNDATION WEBSITE

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ATTACHMENT 8

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
			•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHRISTIAN COMMUNITY ACTION	NONE	FOOD BANK PROJECT	45,000.
200 S MILL STREET	PUBLIC CHARITY		
LEWISVILLE, TX 75057			
TIGER WOODS FOUNDATION	NONE	YOUTH SUPPORT	25,205.
121 INNOVATION, STE 150	PUBLIC CHARITY		
IRVINE, CA 92617			
ST. MARY'S FOOD BANK	NONE	FOOD BANK PROJECT	10,000
2831 NORTH 31ST AVE	PUBLIC CHARITY		
PHOENIX, AZ 85009			
LOS ANGELES SAILING FOUNDATION	NONE	SCHOLARSHIPS TO YOUTH	2,000
285 WHALERS WALK	PUBLIC CHARITY		
SAN PEDRO, CA 90067			
BC SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS	NONE	ANIMAL SUPPORT	873.
1245 EAST 7TH AVENUE V5T 1R1	PUBLIC CHARITY		
VANCOUVER			
BRITISH COLUMBIA			
CANADA			
PV METHODIST CHURCH	NONE	PROGRAM SUPPORT	2,000.
4455 E LINCOLN DRIVE	PUBLIC CHARITY		
PARADISE VALLEY, AZ 85253	_		

FOUNDATION	
FAMILY	
SWANSON	

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

4,000.

AMOUNT

ATTACHMENT 8 (CONT'D)

MEDICAL MISSION ANESTHESIA SERVICES 600 W GROVE PARKWAY #1129

TEMPE, AZ 85283

RECIPIENT NAME AND ADDRESS

PUBLIC CHARITY NONE

MEDICAL MISSION

PURPOSE OF GRANT OR CONTRIBUTION

TOTAL CONTRIBUTIONS PAID

89,078.

ATTACHMENT 8 PAGE 24