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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KYRENE SCHOOLS COMMUNITY FOUNDATION		D Employer identification number 86-0607130
☐ Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number (480) 783-4188
☐ Name change		8700 S KYRENE ROAD		
☐ Initial return		Room/suite		
☐ Terminated		City or town, state or country, and ZIP + 4 TEMPE, AZ 85284		F Group Exemption Number ▶
☐ Amended return				
☐ Application pending				

* 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: http://kyrenefoundation.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)(3) ☐ (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 \$ 75,489			

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	65,916
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	
	4	Investment income						4	252
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here						6c	9,000
	a	Gross revenue (not including \$ _of contributions reported on line 1)				6a	9,000		
	b	Less direct expenses other than fundraising expenses				6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)								
	7a	Gross sales of inventory, less returns and allowances				7a		7c	
b	Less cost of goods sold				7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
8	Other revenue (describe _____)						8	321	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	75,489	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	61,454
	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	
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	5,860
	16	Other expenses (describe _____)						16	4,102
	17	Total expenses. Add lines 10 through 16						17	71,416
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	4,073
	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	47,834
	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	51,907

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	47,834	22 51,907
23 Land and buildings		23
24 Other assets (describe _____)		24
25 Total assets	47,834	25 51,907
26 Total liabilities (describe _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	47,834	27 51,907

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? AID TO KYRENE SCHOOL DISTRICT			
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 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	58,136

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 VOther 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	No
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	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. 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	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. 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 ▶ AZ		
42a	The organization's books are in care of ▶ Kyrene Community Foundati Telephone no ▶ (480) 783-4062 8700 S Kyrene Road Located at ▶ TEMPE, AZ ZIP + 4 ▶ 85284		
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	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

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		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
May the IRS discuss this return with the preparer shown above? See instructions					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization KYRENE SCHOOLS COMMUNITY FOUNDATION	Employer identification number 86-0607130
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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 (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35,684	24,153		38,325	65,916	164,078
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 through 3	35,684	24,153		38,325	65,916	164,078
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						164,078

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	35,684			38,325	65,916	164,078
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	148	240		541	252	1,181
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						165,259

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 2009 (line 6 column (f) divided by line 11 column (f))	14	99 29 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 15 %

16a

33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 "facts 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—2008. 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 organization 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 IIISupport Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35,684	24,153		38,325	65,936	164,098
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	35,684	24,153		38,325	65,936	164,098
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						164,098

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	35,684	24,153		38,325	65,936	164,098
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148	240		541	252	1,181
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	148	240		541	252	1,181
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	35,832	24,393		38,866	66,188	165,279
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99.29 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	99.15 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.71 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.85 %
19a33 1/3% support tests—2009. 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	☒	
b33 1/3% support tests—2008. 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	☐	
20Private 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. 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

Additional Data

Software ID:

Software Version:

EIN: 86-0607130

Name: KYRENE SCHOOLS COMMUNITY FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Kyrene Family Resource Center - provides support to needy families and students including clothing, and transportation (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	22,858
29 PTO/School Programs (Grants \$ 40,418) If this amount includes foreign grants, check here . . . ☐	29a	27,158
30 Staff/student Awards/Recognition (Grants \$ 8,120) If this amount includes foreign grants, check here . . . ☐	30a	8,120
OTHER PROGRAM SERVICES (Grants \$ 1,264) If this amount includes foreign grants, check here . . . ☐		

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
BRENDA MILLER 414 W Weatherby Place CHANDLER, AZ 85226	PRESIDENT 5	0	0	0
MICHELLE GARRISON 5123 W BUFFALO ST CHANDLER, AZ 85226	VICE-PRESI 5	0	0	0
DONNA CASTRENZE-STEELE 8700 S KYRENE TEMPE, AZ 85284	TREASURER 5	0	0	0
MARNI ANBAR 9317 S JUNIPER STREET TEMPE, AZ 85284	SECRETARY 5	0	0	0
Michelle Hirsch 3311 W Del Rio St CHANDLER, AZ 85226	EX-OFFICIO 0	0	0	0
Nancy Dudenhoefer 16219 S 39th Place PHOENIX, AZ 85048	EX-OFFICIO 0	0	0	0
Kelly Alexander 3119 E Runaway Bay Pl CHANDLER, AZ 85248	Member 3	0	0	0
AMANDA HAMM 495 S Rita Lane CHANDLER, AZ 85226	EX-OFFICIO 0	0	0	0
MCKELL KEENEY 8615 S Kenwood Lane TEMPE, AZ 85284	MEMBER 0	0	0	0
JIM STEINKAMP 1906 E MYRNA TEMPE, AZ 85284	MEMBER 3	0	0	0
MARJEAN STEINKAMP 1906 E MYRNA TEMPE, AZ 85284	MEMBER 3	0	0	0
LORI WALK 2356 E North Lane PHOENIX, AZ 85028	FACILIATOR 3	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** KYRENE SCHOOLS COMMUNITY FOUNDATION**EIN:** 86-0607130**Software ID:** 09000205

Item No.	1
Class of Activity	Staff/student Awards/Recognition
Donee's Name	Various
Donee's Address	Various TEMPE, AZ 85284
Amount (FMV)	8,120
Purpose of Payment to Affiliate	
Relationship	Staff/students of Kyrene School District
Description	
Book Value	8,120
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	2
Class of Activity	Aid and Support for Family Resource Center
Donee's Name	KSCF Family Resource Center
Donee's Address	1330 E Dava Drive TEMPE, AZ 85283
Amount (FMV)	22,858
Purpose of Payment to Affiliate	
Relationship	Supported program
Description	
Book Value	22,858
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	3
Class of Activity	New Teacher Grants
Donee's Name	New Teacher Grants Mini Grants
Donee's Address	8700 S Kyrene RD TEMPE, AZ 85284
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	Kyrene School District Staff
Description	
Book Value	750
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	4
Class of Activity	Athletics support for Kyrene Schools
Donee's Name	Athletics
Donee's Address	8700 S Kyrene RD TEMPE, AZ 85284
Amount (FMV)	711
Purpose of Payment to Affiliate	
Relationship	Supported program
Description	
Book Value	711
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	5
Class of Activity	Courage Awards
Donee's Name	City of Tempe
Donee's Address	31 E 5th TEMPE, AZ 85281
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	City of Tempe
Description	
Book Value	500
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	6
Class of Activity	PTO/School Programs
Donee's Name	Various schools PTOs
Donee's Address	8700 S Kyrene TEMPE, AZ 85284
Amount (FMV)	27,158
Purpose of Payment to Affiliate	
Relationship	Schools served by KSCF
Description	
Book Value	27,158
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	7
Class of Activity	NAPAC
Donee's Name	NAPAC
Donee's Address	8700 S Kyrene TEMPE, AZ 85284
Amount (FMV)	1,357
Purpose of Payment to Affiliate	
Relationship	Students
Description	
Book Value	1,357
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

TY 2009 Other Expenses Schedule**Name:** KYRENE SCHOOLS COMMUNITY FOUNDATION**EIN:** 86-0607130**Software ID:** 09000205

Description	Amount
Annual Report Fee	100
Athletics Fees and Supplies	1,302
Festival of Lights Booth Fee	100
Credit card/ATM fees	1,022
Domain registration	125
Printing - general	313
Grant research and writing	850
Tax filing postage	5
Bulk Mail permit renewal	185
Research fees - TSCU	100