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#### "FOR STATE FILING PURPOSES"

Form **990-EZ** 

OMB No 1545-1150

Open to Public Inspection

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

7	F	or th	e 2009 calendar year, or tax year beginning JUL 1, 2009 a	and ending JUN	30,	2010
É	C	heck if	C Name of organization			
•	ap	plicab	le Pléase V vaine of organization	טן	Employer	identification number
		Addres	label or	i		
	L	Name change	Print of ARIZONA STATE PARKS FOUNDATION		20-1	.196825
		Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite E	Telephone	e number
		Termi ated	Specific P.O. BOX 4216		(602	2)542-4174
			ded luons City or town state or country and ZIP + 4	F	Group Exe	
		Applica			Number 1	
_	-		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a compl	eted G Accounting		
			Schedule A (Form 990 or 990-EZ)	Other (spi		. [
7	W	eheit	e: > WWW.ARIZONASTATEPARKSFOUNDATION.ORG	H Check		the organization is not
·						
2		neck				dule B (Form 990, 990 EZ or 990-PF)
		IBCK				25,000. A FORM 990-EZ OF
-	_	4.4.1	Form 990 return is not required, but if the organization chooses to file a return, be sure			207 271
ř			es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instea		<u></u> \$ \$	
L	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	ices (See the Instruct		
	- }		Contributions, gifts, grants, and similar amounts received		1	206,003.
		2	Program service revenue including government fees and contracts		2	1,227.
_		3	Membership dues and assessments		3	
7 <u>0</u> 7		4	Investment income		4	41.
			Gross amount from sale of assets other than inventory 5a	- ·		
S S	- 1		Less: cost or other basis and sales expenses 5b		_]	
	- 1	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
٠. ا	3	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from ga	amıng, check here ► 🗌		
٠, و		а	Gross revenue (not including \$ of contributions		ļ	
D			reported on line 1) 6a			
٠ :		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)		6c	
			Gross sales of inventory, less returns and allowances 7a			
<~.			Less: cost of goods sold 7b		-	
ŞĮ	31		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<del></del>	7c	
OA.	**		Other revenue (describe		) 8	
_			<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	207,271.
2011	;	7	Grants and similar amounts paid (attach schedule)  STMT	3	10	14,669.
2			Benefits paid to or for members	3	11	14,003.
ರಾ	. 1	$\sim$	Salaries, other compensation, and employee benefits			23,663.
-	1	<i>'</i> ^			12	2,087.
0119 Expenses		Ü	Professional fees and other payments to independent contractors		13	2,007.
<b>`</b> ``		• ~	Occupancy, rent, utilities, and maintenance		14	F 560
70		10	Printing, publications, postage, and shipping Other process (december 2)	MAMPATRAM 1	15	5,562.
U	- 1			TATEMENT 1	· / <del> </del>	21,733.
_	-		Total expenses Add lines 10 through 16		17	67,714.
Ų	:		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	139,557.
Net Assets		19	Net assets or fund balances at beginning of year (from line 27, column (A))			101 07:
Ā			(must agree with end-of-year figure reported on prior year's return)		19	101,074.
Š			Other changes in net assets or fund balances (attach explanation)		20	
			Net assets or fund balances at end of year. Combine lines 18 through 20		<u>►</u> 21	240,631.
L	Pai	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo	rm 990 instead of Form	990-EZ.	
			(See the instructions for Part II.)	(A) Beginning of ye	ar	(B) End of year
	22	Casi	n, savings, and investments	100,12	24. 22	239,730.
	23	Land	d and buildings		23	
	24	Othe	er assets (describe SEE STATEMENT 2 )	9!	0 . 24	<del></del>
	25	Tota	ll assets	101,0	74. 25	240,631.
	26	Tota	ıl liabilities (describe ▶ )		0.26	
	27		assets or fund halances (line 27 of column (R) must agree with line 21)	101 0		

Form 990-EZ (2009)



LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) ARIZONA STATE PARKS FOUNI			20-	11968	325 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	xpenses
What is the organization's primary exempt purpose? SEE STATEMENT	r 6				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	rooses. In a clear and conc	ise manner, descr	ibe		4) organizations and
the services provided; the number of persons benefited, and other relevan				for others )	7(a)(1) trusts, optiona
28 SEE STATEMENT 5	The strict of the project	<u></u>		10.00.00,	
· · · · · · · · · · · · · · · · · · ·					
<del></del>					
14 460	<del></del>				<i></i>
(Grants \$ 14,469.) If this amount includes foreign	grants, check here	<u> </u>		28a	65,078.
29					
(Grants \$ ) If this amount includes foreign	grants chack here		$\Box$	29a	
30	grants, oncon nore			<del> </del>	
	··············				
	<del></del>		<del></del> -		
(Grants \$ ) If this amount includes foreign	grants, check here		Щ	30a	
31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		31a	
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	65,078.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ren if not compensated	(See the	instructions	for Part IV )
, , , , , , , , , , , , , , , , , , , ,	T			ntributions	
	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)	-	eferred	other allowances
			com	pensation	
BILL MEEK	PRESIDENT				
P.O. BOX 4216, PHOENIX, AZ 85030-4216	10.00	0.		0.	0.
KARAN ENGLISH	VICE PRESIDEN	T	<b></b>		<u> </u>
P.O. BOX 4216, PHOENIX, AZ 85030-4216		0.		0.	0.
FRANK LONG	SECRETARY				
P.O. BOX 4216, PHOENIX, AZ 85030-4216		Λ.		0	
		0.	<b> </b>	0.	0.
JAY SENKERIK	TREASURER			_	
P.O. BOX 4216, PHOENIX, AZ 85030-4216		0.		0.	0.
LINDA BINDER	MEMBER		1		
P.O. BOX 4216, PHOENIX, AZ 85030-4216	0.25	0.	l	0.	0.
SCOTT DAVIS	MEMBER				
P.O. BOX 4216, PHOENIX, AZ 85030-4216	0.25	0.		0.	0.
RORY HAYS	MEMBER		<del> </del>		
P.O. BOX 4216, PHOENIX, AZ 85030-4216	1	0.		0.	0.
RICHARD HUBBARD		0.	<b></b> -	<u> </u>	<u> </u>
	MEMBER	_		_	
P.O. BOX 4216, PHOENIX, AZ 85030-4216		0.	ļ	0.	0.
JOHN KEANE	MEMBER	_	1		
P.O. BOX 4216, PHOENIX, AZ 85030-4216		0.	L	0.	0.
CAROL KERN	MEMBER				
P.O. BOX 4216, PHOENIX, AZ 85030-4216	0.25	0.	•	0.	0.
BILL ROE	MEMBER				
P.O. BOX 4216, PHOENIX, AZ 85030-4216	0.25	0.		0.	0.
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93217/2 02-08-10				Form	990-EZ (2009)

L	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported om Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			l
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	37./	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	ا ۔۔ ا		.,
27.	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?		, ,	• ;
	· · · · · · · · · · · · · · · · · · ·	37b		X
304	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	ا مما		v
h	in a prior year and still outstanding at the end of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   386   N/A	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:	. 1		1
	Initiation fees and capital contributions included on line 9		1	
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	, ,		
704	section 4911   O • ; section 4912   O • ; section 4955   O •			i
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			1
Ī	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			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	700		
_	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		- 1	ì
	organization • 0.	Ì		i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	.	i	1
	transaction? If "Yes," complete Form 8886-T	40e		X ,
41	List the states with which a copy of this return is filed \rightarrow AZ			
42 a	The organization's books are in care of ► CRISTIE STATLER  Telephone no. ► 602-54	2-4:	174	
	Located at ▶ P.O. BOX 4216, PHOENIX, AZ ZIP+4 ▶ 8			216
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	Γ	Yes	No
	account)?	42b		X
	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.		ŀ	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u> </u>
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		ļ	
	completed instead of Form 990-EZ	45		<u>X</u>
	F	orm 99	30-EZ (	2009)

office? If "Yes," complete Schedule C, Part I  14 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization as school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  49 Did the organization as school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  49 Did the organization as school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  49 Did the organization school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  49 Did the organization school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E  49 Did the organization school as described in section 170(b) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		organizations and section 4947(a)(1) nonexempt charitable and 51.	e trusts must answer quest	ions 46-49b and co				50
## Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ## Is the organization asknow as described in section 170(b) (1/A)(ii)? If "Yes," complete Schedule E ## Is the organization asknow ask and the organization asknow ask	Did	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for publi	c		Yes	No
47   In the organization on achievable of the programation on achievable of the programation as chool as described in section 170(b) (1)A(i)(i)(i) if it "exs." complete Schedule E   48   8   8   10 the organization as chool as described in section 170(b) (1)A(i)(i)(i) if it "exs." complete Schedule E   48   10 the organization as decided organization?   49   10   10   10   10   10   10   10   1	offic	ce? If "Yes." complete Schedule C, Part I			ſ	46		X
48 Is the organization as shorol as described in section 170(b) (1/4)(ii)? if "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization?  50 If "Yes," was the related organization is section 527 organization?  60 If "Yes," was the related organization is well highest compensated employees (other than officers, directors, trustees and key employees) who each receive 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 position  (c) Compensation  (c) Compensation  (d) Compensation  (e) Compensation  (f) Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation for the organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other employees paid over \$100,000  (e) Type of service  (c) Compensation  (e) Compensation  (f) Total number of other independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (c) Compensation for the properties of the paid of		· · · · · · · · · · · · · · · · · · ·	hedule C. Part II		Ī	47		X
49a bit the organization make any transfers to an exempt non-charitable related organization?  5 if Yes, was the related organization a section 527 organization?  6 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each rece 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 of the employees paid over \$100,000 of		· · · · · · · · · · · · · · · · · · ·	•		Ì	48	<u> </u>	Х
b if Yes," was the related organization a section 527 organization?  50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each receivan \$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 per week devoted to position  (d) Contributions to per week devoted to position  (d) Contributions to per week devoted to position  (d) Compensation for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (a) Name and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  NONE  (a) Hame and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  NONE  (a) Hame and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (b) Title and average hours to be performed in the performed in the performed in the performance of the performance in the performance is described in the performance in the performance in the performance is d					Ì		_	X
50 Complete this table for the organization 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 per week devoted to position  (e) Total number of other employees paid over \$100,000  (e) Compensation  (f) Total number of other employees paid over \$100,000  (g) Standard address of each employee paid more than \$100,000 and the received more than \$100,000 of compensation from organization. If there is none, enter "None."  (a) Name and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (a) Name and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (a) Name and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (a) Name and address of each independent compensated independent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (b) Title and everage hours good of each employee pendent contractors who each received more than \$100,000 of compensation from organization. If there is none, enter "None."  (c) Compensation (c) Compensation from the enter than \$100,000 of compensation from each received more than \$100,000 o			o organization		ŀ	-	<del></del>	<del> </del>
(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  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (d) Contributions (e) and employee benefit plans & deferred compensation  (e) Compensation  (f) Compensation  (g) Total number of other employees paid over \$100,000  (g) Type of service  (e) Compensation  (f) Total number of other employees paid over \$100,000 organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation from the plant of the pla			iage (other than officers, directi	are tructone and kny o	L Se odyr (sesyolomi		- Convod	
(a) Name and address of each employee paid more than \$100,000 beferred compensation  1 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 fro organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Comp  Unider penalties of penalty and penalty for the penalty of penalty for the penalty of the penalt			er "None."		(d) Contribution	s	 e) Expe	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation fro organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Comp  d Total number of other independent contractors each receiving over \$100,000  Under penalties of personal declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to correct, and complete (Rectarding of pressure (other than officer) is based on all information of which preparer has any knowledge  BILL MEEK, PRESIDENT  Type or print name and title  Preparer's identifying number (Se employed)  Preparer's identifying number (Se employed)  Check if self-employed  Preparer's identifying number (Se employed)		than \$100,000	1 '		benefit plans & deferred		ccount er allow	and vances
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation fro organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Comp  d Total number of other independent contractors each receiving over \$100,000  Under penalties of penalty added that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to correct, and combine if Selfaration of presark (other than officer) is based on all information of which preparer has any knowledge  Paid  Preparer's signature of officer  Preparer's identifying number (Selfaration)  Preparer's identifying number (Selfaration)  Preparer's identifying number (Selfaration)  Check if self-employed  Preparer's identifying number (Selfaration)  Check if self-employed  Preparer's identifying number (Selfaration)								
Under penalties of period declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to correct, and complike (scharation of presarts (other than officer) is based on all information of which preparer has any knowledge    Control of the best of my knowledge and belief, it is to correct, and complike (bectaration of presarts (other than officer) is based on all information of which preparer has any knowledge    Control of the best of my knowledge and belief, it is to correct, and compliance that I have examined this preparer has any knowledge    Control of the best of my knowledge and belief, it is to correct, and compliance that I have examined this preparer has any knowledge and belief, it is to correct, and compliance that I have examined that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct, and compliance that I have examined the best of my knowledge and belief, it is to correct the best of my knowledge and belief, it is to correct the best of my knowledge and belief, it is to correct the best of my knowledge and belief, it is to correct the best of my knowledge and belief, it is to correct the best of		anization. If there is none, enter "None." NONE			•			
Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to correct, and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Control of the declaration of my knowledge and belief, it is to correct, and complete declaration of preparer is based on all information of which preparer has any knowledge    Control of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct, and complete declaration of my knowledge and belief, it is to correct and complete declaration of my knowledge and belief, it is to correct and complete declaration of my knowledge and belief, it is to correct and complete declaration of my knowledge and belief, it is to correct and complete declaration of my knowledge and belief, it is to correct and complete declaration of my knowledge								
Paid Preparer's signature of officer  Date  Preparer's signature  Date  Preparer's identifying number (Se employed   12-8-10	d Tota			<b>&gt;</b>				
Preparer's Use Only  DESCRIPTIFIC SCHMAN DC		Signature of officer  BILL MEEK, PRESIDENT	accompanying schedules and statem I information of which preparer has a	ents, and to the best of n ny knowledge	ny knowledge and bet 	ef, it is 10	true,	
Titul S name (v) yours	eparer	BEACHFLEISCHMAN PC		( ` ` ` `		mber (S	See instr	·)
		address, and ZIP+4 TUCSON, ARIZONA 85728-		1	(520)	- 1		600
May the IRS discuss this return with the preparer shown above? See instructions  Enrm 99	ay the I	RS discuss this return with the preparer shown above? See instructions	<u></u>		<del></del>			No (OCCO)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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 or	tne organizat		(m) mn D) Dv					E		identificat		
Part I	Resear	for Public Char	A STATE PARKS rity Status (All organi	FOUN	IDAT IC	ON			2	0-1196	825	
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/ (AL)			ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general i	public desc	ribed i	ın
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			section 170(b)(1)(A)(vi).		•				,			
3 []			ceives (1) more than 33									
			nctions - subject to certa axable income (less sec									
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			upported organization?		,	F-11		() (	,,	11g(i)	1.00	-10
			n described in (i) above?	,						11g(ii)	$\vdash$	
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h		-	about the supported or	` '						(***5(****)	<b>_</b>	
		Ū	• •	<b>J</b>	<b>,</b> - <i>r</i>							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls	the	(vii) An	nount o	f
	anization	(,	organization (described on lines 1-9		sted in your	organizat	ion in col.	organizátio (i) organiz			port	•
			above or IRC section	governing	document?	(i) of you	support?	\`` ~ u.s	.2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For P	Privacy Act an	d Paperwork Redu	ction Act Notice, see the	he Instruc	tions for			Schedul	e A (Forn	n <mark>990 or 9</mark> 9	0-EZ)	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 ARIZONA STATE PARKS FOUNDATION 20-11968

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)				•				
Se	ction A. Public Support					<del></del>	<del></del>				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")	15,279.	44,636.	57,102.	100,050.	206,003.	423,070.				
2	Tax revenues levied for the organ-										
	ızatıon's benefit and either paid to	]									
	or expended on its behalf										
3	The value of services or facilities					İ					
	furnished by a governmental unit to		1								
	the organization without charge	15 050	14.505	55 400	100 050						
	Total. Add lines 1 through 3	15,279.	44,636.	57,102.	100,050.	206,003.	423,070.				
5	The portion of total contributions	1									
	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)						164 427				
e	column (f) 164 , 437 .  6 Public support. Subtract line 5 from line 4 258 , 633 .										
$\overline{}$	Bection B. Total Support    258,633.										
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 2008	(a) 2000	(6) Total				
	Amounts from line 4	15,279.	44,636.	57,102.	(d) 2008 100, 050.	(e) 2009 206, 003.	(f) Total 423,070.				
8	Gross income from interest.		12,000	3,,2021	200,0300	200,0031	123,0704				
·	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources		52.	378.	115.	41.	586.				
9	Net income from unrelated business										
	activities, whether or not the					:					
	business is regularly carried on					i					
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						423,656.				
12	Gross receipts from related activities,	etc (see instruction	ons)	-		12	46,256.				
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)					
~	organization, check this box and stop	here		·							
	ction C. Computation of Publ		<del></del>			<del></del>	<u> </u>				
	Public support percentage for 2009 (I			olumn (f))		14	61.05 %				
	Public support percentage from 2008		-			15	63.78 %				
16a	33 1/3% support test - 2009.If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		_	40 40 4			<b>▶</b> X				
D	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check the	s box				
47-	and stop here. The organization qual		• •		10.10 10		▶				
1/a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac			•	•	τ iv now the organ	ization				
h	meets the "facts-and-circumstances"					70 and less 15 - 1	<b>₽</b> □ □				
J	<ul> <li>10% -facts-and-circumstances test more, and if the organization meets the</li> </ul>	=									
	organization meets the "facts-and-circ				•		▶□				

Schedule A (Form 990 or 990-EZ) 2009

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	1)(2) (Complete onl	y 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>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received. (Do not			1			
include any "unusual grants.")					.i	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513				İ		
4 Tax revenues levied for the organ-	-					
ization's benefit and either paid to or expended on its behalf	:					
5 The value of services or facilities			- <del></del>	<u> </u>		
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		<del> </del>				
7a Amounts included on lines 1, 2, and			<del> </del>		<del>                                     </del>	<del>                                     </del>
3 received from disqualified persons						
b Amounts 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						
c Add lines 7a and 7b		<del></del> -	<del> </del>	<del> </del>	* * * * * * * * * * * * * * * * * * * *	
		<u>-</u>			-	<del></del>
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u> </u>	<u> </u>		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 200E	(1-) 0000	(-) 0007	1 (4) 2000	1 1 1 1 1 1 1	1 107 1 1
9 Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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					<del> </del>	<u> </u>
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)				<del></del>	†···	
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organi	zation
check this box and stop here	<b>g</b>		,	an your do a book	on oo 1 (o)(o) o gan	<b>L</b>
Section C. Computation of Publi	ic Support Pe	rcentage	·			<u> </u>
15 Public support percentage for 2009 (II			column (fl)		15	%
16 Public support percentage from 2008		•	column (i))		16	%
Section D. Computation of Inves			1	<u>-</u>	110 1	70
17 Investment income percentage for 20					147	
			ne 13, column (1))		17	%
18 Investment income percentage from 2	· ·	•	on line 14 and the	n 15 in mara tha -	22.1/20/	17:0-04
19a 33 1/3% support tests - 2009. If the						I/ IS NOT
more than 33 1/3%, check this box ar				_		▶□
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, che		<b>op nere.</b> The orga		as a publicly supp		▶Щ
20 Private foundation. If the organization			. 401			

#### SCHEDULE C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMR No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization  ARIZONA STATE PARKS FOUNDATION  ARIZONA STATE PARKS FOUNDATION  Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Very confidence in the organization is exempt under section 501(c)(3).  Part I-B   Complete if the organization is exempt under section 501(c)(3).  Part I-B   Complete if the organization is exempt under section 4955  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If 'Yes,' describe in Part IV  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3).  I Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  Inter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization's funds If none, enter 0.  The filing organization's funds if none, enter 0.  The filing organization is enter the organization if none, enter 0.	_ <b>●</b> Se	ction 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV  2 Political expenditures  3 Volunteer hours  Part I-B   Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If 'Yes, 'describe in Part IV  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization is funds. If none, enter 0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization is contributions received and promptly and directly delivered to a separate political organization.	Name	of organization			Emp	oloyer identification number
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 a Was a correction made? 4 b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization political organization political organization political organization political organization political organization political organization political organization.						
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 4b If 'Yes,' describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds if none, enter 0.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter 0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds if none, enter 0.	Part	I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
Part I-B   Complete if the organization is exempt under section 501(c)(3).  1	1 P	rovide a description of the organiz	ation's direct and indirect political	al campaign activities	ın Part IV	
Part I-B   Complete if the organization is exempt under section 501(c)(3).  1	<b>2</b> P	olitical expenditures			<b>&gt;</b> :	\$
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3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0. filing organization's funds If none, enter -0. delivered to a separate political organization organization.		· ·			_	\$
4a Was a correction made?    b   f 'Yes," describe in Part IV   Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filing organization for section 527 exempt function activities   Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   S   Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b   Did the filing organization file Form 1120-POL for this year?   Yes   No		•	, ,		<b>5</b> ►:	\$
b If "Yes," describe in Part IV  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0. delivations received and promptly and directly delivered to a separate political organization is funds. If none, enter -0. delivered to a separate political organization is funds. If none, enter -0. delivered to a separate political organization is funds. If none, enter -0. delivered to a separate political organization is funds. If none, enter -0. delivered to a separate political organization.		<del>-</del>	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						☐ Yes ☐ No
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	ARIZONA ST	ATE PARKS E	OUNDATION	20-	1196825 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and fi	ed Form 5768	
(election under sec	<del></del>	<del>_</del>	<del></del>	···········	· <del></del> ····
	ition belongs to an affi	<b>J</b> ,			
Limi	ation checked box A and a loss on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amou	ints paid or incurred	.)	totals	
1a Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1c	i)			
f Lobbying nontaxable amount. Ent		e following table in bo	th columns.		
If the amount on line 1e, column (a) (	or (b) is: The lob	bying nontaxable am	ount is:	,	į.
Not over \$500,000	20% of	the amount on line 1e			1
Over \$500,000 but not over \$1,00		0 plus 15% of the exc	cess over \$500,000		1
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ess over \$1,500,000		· .
Over \$17,000,000	\$1,000,	000			,
	OFO/ 41 40	<u>.</u>	<del></del>		
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> </ul>	•				<del> </del>
i Subtract line 1f from line 1c. If zero	*				
j If there is an amount other than ze	•	line 1: did the organiz	ation file Form 4720	·	<u> </u>
reporting section 4911 tax for this		inte fi, did the organiz	ation life Form 4720		Yes No
- Toposing Cooker to Control to Control		eraging Period Under	Section 501(h)		
(Some organiz			n do not have to com	olete all of the five	
co	olumns below. See th	e instructions for line	es 2a through 2f on pa	age 4.)	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount	+1	mar			-
(150% of line 2a, column(e))					
c Total lobbying expenditures					<del>                                     </del>
d Grassroots nontaxable amount					
e Grassroots ceiling amount					<del>                                     </del>
(150% of line 2d, column (e))	•	,			
		· · · · · ·			<del>                                     </del>
f Grassroots lobbying expenditures					

# Schedule C (Form 990 or 990-EZ) 2009 ARIZONA STATE PARKS FOUNDATION 20-119682 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, idi it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year?  2 Did the organization agree to carryover lobbying and political expenditures from the prior year?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  5 D1(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues des the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions)		,	(	a)	(t	o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Part staff or management (include compensation in expenses reported on lines 1c through 1i)?  C Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements?  I Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV i Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization in curred a section 4912 at III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions)			Yes	No	Amo	ount
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a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? X   S   S   S   S   S   S   S   S   S						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?  c Media advertisements? d Mailings to members, legislators, or the public? E Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1: 2		or referendum, through the use of:	1			
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g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines to through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if tile Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vere substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Section 162(e) total and the amount of line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next y	е	Publications, or published or broadcast statements?	X			321
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5 Taxable amount of lobbying and political expenditures (see instructions) 5			political			
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Part IV Supplemental Information	5	t IV Supplemental Information		5		
			ına Part II-B,	line II Also,	complete	this pai
	or ar	ny additional information.				
			<del></del>	•		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this pa or any additional information.						

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990-EZ PAGE 1							990-EZ								
Asset No	et Description	Date Acquired	Method	Lıfe	۷٥с>	CO	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Dedúction	Ending Accumulated Depreciation	
	OTHER EXPENSES			1				1	freedom of Cabina	1	:	;	-		1	ľ
	1 LAPTOP COMPUTER	07/11/06	SL	5.00	9 Тхн	9	1,485.	e creation man	t to the state of	*	1,485,	891.	:	297,	1,188.	
	2 COMPUTER PROJECTOR	02/24/10	SL	5.00	9 TXH	ا بو	531.		i i	; ; ;	531.	,		35,	35.	
	EXPENSES	k				-	2,016.			L Mix = vis Cappenge, capita	2,016.	891.	the policity of	332.	1,223.	
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928111 04-24-09	60						(D) - Asset disposed	Sed		•	ITC, Salvage,	TIC, Salvage, Bonus, Commercial Revitalization Deduction. GO Zone	ercial Revital	Ization Deduc	tion, GO Zone	

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
BANK CHARGES INFORMATION TECHNOLOGY INSURANCE			598. 1,983. 2,102.
MEETINGS AND TRAVEL STEWARDSHIP SUPPLIES TELEPHONE	•		3,572. 9,690. 1,211. 2,245.
DEPRECIATION  TOTAL TO FORM 990-EZ, LINE 16			21,733.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION	1	BEG. OF YEAR	END OF YEAR
MISCELLANEOUS RECEIVABLES OTHER DEPRECIABLE ASSETS		356. 594.	108. 793.
TOTAL TO FORM 990-EZ, LINE 24		950.	901.

FORM 990-EZ CASH GRANTS AND ALLOCA	AND ALLOCATIONS		
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
LOST DUTCHMAN STATE PARK ARIZONA STATE PARKS 1300 W. WASHINGTON STREET PHOENIX, AZ 85007	NONE	6,000.	
CIVIL WAR DAYS AT PICACHO PEAK ARIZONA STATE PARKS 1300 W. WASHINGTON STREET PHOENIX, AZ 85007	NONE	7,769.	
ANZA DAYS AT TUBAC PRESIDIO STATE PARK ARIZONA STATE PARKS 1300 W. WASHINGTON STREET PHOENIX, AZ 85007	NONE	900.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		14,669.	

FO:	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATEI	MENT	4
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	]	YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	]	YES	[X]	NO

990-EZ PG 2

STATEMENT

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FOUR LARGEST PROGRAMS SUPPORTED BY ARIZONA STATE PARKS FOUNDATION IN FISCAL YEAR 2009-2010:

PICACHO PEAK STATE PARK'S CIVIL WAR IN THE SOUTHWEST:
ON MARCH 13-14, 2010, ARIZONA STATE PARKS FOUNDATION PRESENTED CIVIL WAR IN
THE SOUTHWEST AT PICACHO PEAK STATE PARK. MORE THAN 5,000 VISITORS FROM
AROUND THE COUNTRY TRAVELED TO THE PARK TO EXPERIENCE THREE FASCINATING
HISTORIC RE-ENACTMENTS OF CIVIL WAR SKIRMISHES THAT TOOK PLACE AT PICACHO
PEAK. 200-PLUS RE-ENACTORS FROM AROUND THE COUNTRY VOLUNTEERED TO SUPPORT
THE EVENT COMPLETE WITH THEIR AUTHENTIC DRESS AND CIVIL WAR ERA CAMPING
GEAR.

#### LOST DUTCHMAN STATE PARK:

ARIZONA STATE PARKS FOUNDATION DIRECTED \$6,000 TO ARIZONA STATE PARKS ON MAY 28, 2010 TO FUND OPERATIONAL COSTS OF LOST DUTCHMAN STATE PARK FOR THE MONTH OF JUNE, 2010.

PATAGONIA LAKE STATE PARK'S MARIACHI FESTIVAL:
ON MARCH 20, 2010 MORE THAN 3,000 VISITORS TO PATAGONIA LAKE STATE PARK
ENJOYED A WIDE VARIETY OF LOCAL MARIACHI BANDS AND TRADITIONAL DANCERS ON
STAGE. THIS EVENT EMPHASIZES LOCAL CULTURE AND COMMUNITY TRADITIONS.

FRIENDS OF TONTO NATURAL BRIDGE STATE PARK: SEED FUNDING AND GRANT EXPENSE FOR NEW FRIENDS GROUP AND ARIZONA STATE PARKS FOUNDATION AFFILIATE FRIENDS OF TONTO NATURAL BRIDGE STATE PARK.

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990-EZ PG 2

STATEMENT

ARIZONA STATE PARKS FOUNDATION STANDS AS THE PARTNER TO ASSIST ARIZONA STATE PARKS IN FULFILLING ITS MISSION THROUGH EDUCATION, COMMUNITY PARTICIPATION AND FINANCIAL SUPPORT.

# Form **8868**

(Rev. April 2009)

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 yo	ou are filing for an <b>Automatic 3-Month Extension, complete only Part I</b> and check this box but are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this</b> t <b>complete Part II unless</b> you have already been granted an automatic 3-month extension on a previously f		<b>▶</b> [X	<u> </u>
Par				
A com Part i	coration required to file Form 990-T and requesting an automatic 6-month extension - check this box and coronly	nplete	▶ □	J
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exten	sion of time	
noted (not all you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or court submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fire gov/efile and click on e-file for Charities & Nonprofits.	ically if	(1) you want the additionated Form 990-T. Instead	nal
Type o		Emp	loyer identification nun	nber
•	ARIZONA STATE PARKS FOUNDATION	. 2	0-1196825	
File by t due date filing you return 5	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4216			
Instructi			-	ı
Chec	k type of return to be filed (file a separate application for each return):		tt men en in	
X	Form 990         Form 990-T (corporation)         Form 4           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5           Form 990-EZ         Form 990-T (trust other than above)         Form 6           Form 990-PF         Form 1041-A         Form 8	227 06 <del>9</del>	· ,	
Teĺ ● lfti	e books are in the care of P.O. BOX 4216 - PHOENIX, AZ 85030-4216 ephone No. AZ 85030-4216 ephone No. AZ 85030-4216  FAX No. AZ 85030-421	nla la fo	r the whole group, check	
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un FEBRUARY 15, 2011 , to file the exempt organization return for the organization named is for the organization's return for:  □ calendar year or □ X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010  If this tax year is for less than 12 months, check reason: □ Initial return □ Final return	above.	The extension  Change in accounting p	- period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Τ		
	nonrefundable credits. See instructions.	3a	\$	
	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.	3ь	<b>s</b>	
	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	3с	\$ N/A	1
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-	EO for payment instruct	ilons.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4	4-2009)

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fresno, ca