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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public -Inspection

Department of the Treasury

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning $July\ 1$ 2009, and ending June **20** 1 0 C Name of organization Turrell Art D Employer identification number Please B Check if applicable Jse IRS Doing Business As 26-2635896 Address change label or print of Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ☐ Name change 9000 Hutton Ranch Road 928-714-9866 ☐ Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc Flagstaff, AZ 86004 **G** Gross receipts \$12,309.31 ☐ Amended return F Name and address of principal officer James Turrell Application pending H(a) Is this a group return for affiliates? Yes 9000 Hutton RanchRd, Flagstaff, AZ 86004 H(b) Are all affiliates included? Yes No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ L Year of formation 2008 | M State of legal domicile AZ Summary 1 Briefly describe the organization's mission or most significant activities. To provide information to the general public regarding the artistic project being designed and constructed by James Turrell approx 20 miles northeast of Flagstaff, AZ, generally known as the "Roden Crater." 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ಶ 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 62 Total youmber of Volunteers (estimate if necessary) 6 7a-Total-gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 7a **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 1,673,500 9,300.00 3,000.00 16 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37 17.05 0.00 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,317.05 0.00 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 6,000.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25)▶ $3,1\overline{60.72}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 9,160.72 0.00 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses Subtract line 18 from line 12 673,537.00 3,156.33 Beginning of Current Year **End of Year** 693,465.00 $696,62\overline{1}$. 20 Total assets (Part X, line 16). 0.00 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 693,465.00 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Type or print name and little Check if Preparer's identifying number Preparer's self-(see instructions) employed ▶ <a>□ Paid P00328058 Preparer's PLLC Roger Bollard, ▶ 54-2085905 EIN Use Only 414 AZ 86@10 de no ▶ 928-774-5001 Humphreys, Flagstaff, May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2009)

| Par | t III Statement of Program Service Accord | nplishments | | |
|-----|---|------------------------------------|-----------------------------|--------------|
| 1, | Briefly describe the organization's mission. | ho gonoral public ro | garding the arti | ctic project |
| | To provide information to the being designed by James Turk | ne deneral public le | 20 miles porther | stic project |
| | Flagstaff, AZ, known as "Ro | Jan Carter II | | |
| | riagscarr, AZ, known as ko | den Cracer. | ••••• | |
| 2 | Did the ergenization undertake any agrational as | agram convece dumps the veer wh | uch ware not lested on | |
| 2 | Did the organization undertake any significant prithe prior Form 990 or 990-EZ? | ogram services during the year wit | ich were not listed on | Yes ⊠ No |
| | If "Yes," describe these new services on Schedu | | | TES M NO |
| 3 | Did the organization cease conducting, or make | | iote, any program | |
| 3 | services? | | | Yes 🖾 No |
| | If "Yes," describe these changes on Schedule O | | | 100 22 110 |
| 4 | Describe the exempt purpose achievements for | | gest program services by ex | penses. |
| | Section 501(c)(3) and 501(c)(4) organizations ar | | | |
| | allocations to others, the total expenses, and rev | enue, if any, for each program ser | vice reported. | |
| | | | | |
| 4a | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | Other program continue (Describe in Cahadida (| | | |
| 40 | Other program services. (Describe in Schedule C (Expenses \$ including grants of | | } | |
| 4e | Total program service expenses ▶ | 0.00 | | |

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| Pai | rt IV Checklist of Required Schedules | | | |
|-----|--|-----|-----|----------|
| | • | | Yes | No |
| 1 ' | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | _ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X_ |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | х | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | х |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | - | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>x</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | _ | x |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |

| Pa | Checklist of Required Schedules (continued) | | | -3- |
|------|---|-----|-----|-----|
| | • | | Yes | No |
| 21 ' | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | × | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | х |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | х |
| þ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | х |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization 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 | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | ~ | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | | х |
| | 19? Note . All Form 990 filers are required to complete Schedule O | 38 | х | |

| Pai | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---------|---|-----------------|-------|----------|
| | | | Yes | No |
| 1à | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | x |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| b | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 2a 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | ^_ |
| _ | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | |
| | this return? | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | · |
| b | If "Ves" enter the name of the foreign country. | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| 60 | Prohibited Tax Shelter Transaction? | <u>5с</u> 6а | | X |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | va | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | x |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | x |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | х |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | х |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations . Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | —— ~¹ | x |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 a | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 12- | amounts due or received from them.) | 125 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | 12a | | X |
| | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|------|---|--------------|---------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | x | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| _ | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | х |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | х |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | x |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 1 | | |
| • | the year by the following: | | | l |
| а | The governing body? | 8a | x | |
| | Each committee with authority to act on behalf of the governing body? | 8b | | х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | " | П | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter- | | | |
| | renue Code.) |) i i i i i | | |
| | | | Yes | No |
| 10a | Doos the organization have lead charters, branches, or efficience? | 10a | | x |
| | Does the organization have local chapters, branches, or affiliates? | 104 | | |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 10b | | |
| 11 | affiliates, and branches to ensure their operations are consistent with those of the organization? | 100 | | Х |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | 11 | | |
| 11 A | form? | | | Х |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 120 | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | <u> </u> |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 126 | | |
| | rise to conflicts? | 12b | - | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 122 | | |
| 12 | describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | - | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | | |
| a . | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | ı | |
| | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | Х |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Arizona | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) |)(3)s d | only) | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of | of inte | rest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and recor | rds of | the | |
| | organization. ▶ James A Turrell, 9000 Hutton Ranch Rd, Flagstaff, AZ | 860 | 004 | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if the organization did not compensate any current officer, director, or trustee. | | | | | | | | | | |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) | (B) | (C) | | | | (D) | (E) | (F) | | |
| Name and Title | Average | Positi | on (d | chec | k all | that ap | ply) | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| James A Turrell President | | Х | | | | b | | | | |
| Kyung-Lim Lee Turrell Director | | x | - | | | | | | | |
| Richard Andrews Director | | x | - | | | | | | | |
| Michael Govan | | | | | | | | | | |
| Director | | X | | | | | | 6,000. | | |
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| Pa | rt VII Section A. Officers, Directors, Tru | istees, Key | Emp | loy | ees. | , an | d Hig | hes | t Compensate | d Employees (co | ntınue | d) |
|----------|--|------------------------------|-------------------|----------------------|---------|----------------|------------------------------|--------|---|--|----------------------------|--|
| | , (A) | (B) | _ | | | C) | | | (D) | (E) | | (F) |
| | Name and title | Average hours per week | ndividual trustee | nstitutional trustee | Officer | ส Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | comp fro orga and | timated sount of other eensation om the anization of related nizations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | <u>. </u> | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | * | | |
| | | | | | | | | | | | | _ |
| | | | <u> </u> | _ | | | | | | | | |
| 1h | Total | | | | | | | | 6,000.00 | 0.00 | | 0.00 |
| 2 | Total | | | | | | _ | | | |) in | 0.00 |
| _ | reportable compensation from the organiza | | .0 1110 | | | |) | **** | 70001100 | C 111411 \$100,000 | <i>,</i> , | |
| | | | | | | | | | | | | Yes No |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete S | | | | | | | yee | , or highest co | ompensated | 3 | X |
| 4 | For any individual listed on line 1a, is the sthe organization and related organizations | | | | | | | | | | | |
| 5 | individual | or accrue | comp | ens | atio | n fr | om a | ny i | unrelated orga | | 4 | X |
| <u> </u> | services rendered to the organization? If " ction B. Independent Contractors | res, comp | iete S | СП | eau | e J | tor su | ucn | person | <u> </u> | 5 | X |
| 1 | Complete this table for your five highest co compensation from the organization. | mpensated | I ınde | pen | iden | t cc | ntrac | tors | that received | more than \$100 | ,000 o | f |
| | (A) Name and business add | ress | | | | _ | | | (B) Description of se | ervices (| (C) Compen | |
| | | | | | | - | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | | | | o th | ose lis | sted | above) who re | eceived | | |
| | more than \$100,000 in compensation from | tne organi | zatior | <u> </u> | | | | | | | | |

| Pari | t VII | Statement of Rev | /enue | | | | | <u> </u> |
|--|--------------|---|---|----------------|----------------------|--|---|---|
| , | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| gifts, grants Iar amounts | 1a b c | Federated campaigns Membership dues Fundraising events . Related organizations | | 1a 1b 1c | | | | |
| Contributions, gifts, grants and other similar amounts | e f g | Government grants (contril All other contributions, gifts, gi and similar amounts not include Noncash contributions included | butions) rants, ied above d in lines 1a-1f | | | | | |
| | h | Total. Add lines 1a-1f | <u></u> | | 9,300.00 | | | |
| Program Service Revenue | 2a b | 14' 1 0 | | | 3,000.00 | | | |
| n Service | c d | | | - | | | | |
| Progran | e f g | All other program service Total. Add lines 2a-2f | e revenue | | 3,000.00 | | | |
| | 3 | Investment income (incl other similar amounts) | | | 17.05 | | | |
| | 4 5 | Income from investment of Royalties | tax-exempt b | ond proceeds | | | | |
| | 6a | Gross Rents | (ı) Real | (II) Personal | - - | | | |
| | С | Rental income or (loss) Net rental income or (lo | 0. ss) | 0.00 | 0.00 | | | |
| | | Gross amount from sales of assets other than inventory | (i) Securities | s (II) Other | | | | |
| | С | Less cost or other basis and sales expenses | 0. | 0.00 | 0.00 | - | | |
| r Revenue | | Gross income from events (not including \$ of contributions reported See Part IV, line 18 | fundraising on line 1c) | а | | | | |
| Other Re | | Less: direct expenses Net income or (loss) fro | | b g events • | 0.00 | - | | |
| | ь | Gross income from gami See Part IV, line 19 Less: direct expenses. Net income or (loss) fro | | b | 0.00 | : : | - | |
| | 10a b | Gross sales of inverteurns and allowances Less. cost of goods sold | intory, less | a b | | | | |
| | C | Net income or (loss) from Miscellaneous Reve | | Business Code | 0.00 | | | |
| | 11a | | | | | | | |
| | b c | | | | | | | |
| | | All other revenue Total. Add lines 11a-11 | | | 0.00 | | | |
| | | Total Revenue. See ins | | | 2,317.05 | | | |

| Part IX Statement of | Functional | Expenses |
|----------------------|-------------------|----------|
|----------------------|-------------------|----------|

| Pa | Part IX Statement of Functional Expenses | | | | | | | | |
|----------|--|--------------------|---------------------------------------|-----------------------|--------------------|--|--|--|--|
| • | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | |
| | o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising | | | | |
| | | | expenses | general expenses | expenses | | | | |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | |
| | the U.S. See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | U.S See Part IV, lines 15 and 16 | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 6,000.00 | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | |
| 7 | Other salaries and wages | | · - | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | | | | | |
| - | and section 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | |
| 10 | Payroll taxes | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| | Management | 2,587.00 | | | - | | | | |
| | Legal | 400.00 | | | | | | | |
| | Lobbying | 100.00 | | | | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | | | | | |
| f | Investment management fees | | | | | | | | |
| g | Other | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | |
| 13 | Office expenses | | | | | | | | |
| 14 15 | Information technology | | | | | | | | |
| 16 | Royalties | | | | | | | | |
| 17 | Travel | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | |
| 19 | Conferences, conventions, and meetings . | | · | | | | | | |
| 20 | Interest | | | | | | | | |
| 21 | Payments to affiliates | | | | A**- | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | | | - | - | | | | |
| 24 | | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together | | | | | | | | |
| | and labeled miscellaneous may not exceed | | | | ţ | | | | |
| | 5% of total expenses shown on line 25 below.) | 172 70 | | | | | | | |
| a | Property Taxes | 173.72 | | | | | | | |
| b | | | | _ | | | | | |
| c d | | | | | - | | | | |
| e | | | | | | | | | |
| f | All other expenses | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 9,160.72 | - | | | | | | |
| 26 | Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the | | | | | | | | |
| | organization reported in column (B) joint costs | | | | | | | | |
| | from a combined educational campaign and fundraising solicitation | | | | | | | | |
| | | | | | | | | | |

| Part | ìΧ | Balance Sheet | | - | |
|-------------|----------------------|--|---|-------|--------------------|
| • | | • | (A) Beginning of year | | (B) End of year |
| 1 | 1 | Cash—non-interest-bearing | 10,428.00 | 1_ | 10,267.28 |
| ļ | 2 | Savings and temporary cash investments | 10,037.00 | 2 | 13,354.05 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| - 1 | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| ats | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | 9 | |
| 1 | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | | | |
| | ь | Less accumulated depreciation | ,673,000.00 | 10c | 1,673,000.00 |
| 1 | 11 | Investments—publicly traded securities | | 11 | |
| - 1 | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| - 1 | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| - 1 | 14 | Intangible assets | | 14 | |
| - 1 | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | .693.465.00 | _ | 1,696,621.33 |
| 7 | 17 | Accounts payable and accrued expenses | , | 17 | 7 000 000 |
| | 18 | | | 18 | |
| - 1 | 19 | | | 19 | |
| - 1 | 1 9 20 | Deferred revenue | | 20 | |
| | | Tax-exempt bond liabilities | | 21 | |
| = | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| <u>ا</u> ا | 22 | Payables to current and former officers, directors, trustees, key | | | |
| 흔 | | employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | |
| | | · · · · · · · · · · · · · · · · · · · | | 22 | _ |
| - 1 | 23 | Secured mortgages and notes payable to unrelated third parties | ·- ·- | 23 | _ |
| 1 - | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 26 | Other liabilities. Complete Part X of Schedule D | | 25 | 0.00 |
| S | 20 | Total liabilities. Add lines 17 through 25 | 0.00 | 26 | 0.00 |
| ŭ, | 77 | - | | 27 | |
| ag | 27 | Unrestricted net assets | | 28 | |
| # 2 | 28 | Temporanly restricted net assets | · · · · · · · · · · · · · · · · · · · | 29 | - |
| Fund Balanc | 29 | Permanently restricted net assets | | 29 | |
| Assets or F | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| St 3 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 20,000.00 | 31 | 20,000.00 |
| ∑ 3 | 32 | Retained earnings, endowment, accumulated income, or other funds | 1,673,465 | 32 | 1,676,621.33 |
| | 33 | Total net assets or fund balances | ,693,465.00 | 33 | 1,696,621.33 |
| 3 | 34 | Total liabilities and net assets/fund balances | ,693,465.00 | 34 | 1,696,621.33 |

Form **990** (2009)

| _ | 4 | 1 |
|------|---|---|
| Page | ŀ | _ |

| Pai | t XI Financial Statements and Reporting | | | |
|-----|--|----|-----|----|
| | | | Yes | No |
| 1' | Accounting method used to prepare the Form 990. Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | х_ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | х |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Turrell Art Foundation

Employer identification number 26-2635896

| Pa | rt I | Reason | for Public Ch | narity Status (All or | ganizatı | ons mus | t comple | te this p | oart) Se | e instruc | ctions | |
|---|-------------------|----------------|-------------------|--|----------------|--------------|---------------------|------------------|--------------|---------------------|--------------------|-------|
| Γhe | orga | anization is n | ot a private foun | dation because it is: (| For lines | 1 throug | h 11, che | ck only | one box.) | | | |
| 1 | | | | ches, or association of | | _ | | • | - | | | |
| 2 | П | | | n 170(b)(1)(A)(ii). (At | | | | | - \ /\ - /\- | -/(-/- | | |
| 3 | $\overline{\Box}$ | | | nospital service organi | | | n sectio r | 170(b)(| 1)(A)(iii) | | | |
| 4 | _ | • | • | ition operated in conju | | | | | ,, ,, , | | VΔV(iii) Enter th | ۵ |
| • | _ | | me, city, and sta | | 3110tioit ** | min a mos | pilai aco | onbed in | 50000011 | ., ((5)(.) | And the content of | ٠ |
| 5 | П | • | | the benefit of a collect | ae or univ | oreity ow | med or o | nerated b | | rnmental | unit described in | · - · |
| Ū | _ | _ | (b)(1)(A)(iv). (C | • | je or arm | cronly on | | Joiated E | , a govo | minoritai | ann acsonbea m | , |
| 6 | П | | | ernment or governme | ntal unit o | described | l in secti o | on 170(b |)(1)(A)(v | ١. | | |
| 7 | | | - | receives a substantia | | | | - | | | ne general nublic | |
| • | 423 | | | (1)(A)(vi). (Complete | | ito ouppoi | it iloili a ş | 3040111111 | ontai unit | 01 110111 11 | ne general public | |
| 8 | П | | | in section 170(b)(1) | | Complete | Part II) | | | | | |
| 9 | \exists | | | receives: (1) more that | | | , | contribu | tions me | mhershir | fees and arnss | |
| • | | - | - | d to its exempt function | | - | • | | | • | • | |
| | | | | ent income and unrela | | | | | | | | |
| | | | | after June 30, 1975. | | | | | | - , | | |
| 0 | П | An organizat | ion organized at | nd operated exclusive | ly to test | for nubli | r safety | See sec i | ion 509(| a)(4) | | |
| 11 | Ħ | - | - | • | - | • | - | | • | | to carny out the | |
| In the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). | | | | | | • | | | | | | |
| | | | • | t describes the type of | | | | . , , | , | • | , , , | ••• |
| | | a ☐ Type | | | | e III–Fur | | = | | _ | Type III-Other | |
| _ | | | | ify that the organization | | | - | - | | | | |
| · | _ | | | n managers and other | | | | | | | | |
| | | - | section 509(a)(2 | - | than one | , 01 111010 | publicity o | арропсо | organiza | ilions des | ochoca in accion | |
| f | | , ,, , | | a written determination | on from t | ho IDC + | hat it is i | Type I | Type II | or Type | III supporting | |
| • | | - | check this box | a written determination | וווטווו וו | ille ins t | nat it is e | a type i, | rype II, | or ryp e | iii supporting | _ |
| g | | • | | the organization acce | nted anv | auft or co | · · · | · · · | v of the | | | _ |
| 9 | | following per | | the organization acce | pied arry | giit or co | , illibutioi | i ilolli ali | y or and | | | |
| | | 0 , | | indirectly controls, ei | ther alon | e or tone | thar with | noreone | doccribe | ad in (ii) | Yes No | , |
| | | | | ning body of the supp | | | | persons | describe | , | 11g(i) | _ |
| | | | _ | rson described in (i) a | • | , | | | | | 11g(ii) | _ |
| | | | | of a person described | | ii) above | , | | | | 11g(iii) | _ |
| h | | | | ation about the suppor | | | | | | | (J(/j | _ |
| (1) | Name | e of supported | (II) EIN | (III) Type of organization | | organization | (v) Did y | ou notify | (vi) l | s the | (vii) Amount of | _ |
| ٠. | | janization | , , | (described on lines 1-9 | in col (i) lis | sted in your | the organ | zation in | organizat | ion in col | support | |
| | | | i | above or IRC section (see instructions)) | governing | document? | col (ı) supp | | | zed in the S ? | | |
| | | | | (| Yes | No | Yes | No | Yes | No | | |
| | | | | | | | 100 | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | l I | l | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

0.00

Total

| | Support Schedule for Org . (Complete only if you check | anizations ked the box | Described in on line 5, 7, o | Sections 1 or 8 of Part I | 70(b)(1)(A)(iv) .) | and 170(b) | (1)(A)(vi) |
|---------------|---|---------------------------------------|---------------------------------------|--|--|-------------------|--------------|
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar 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") | | | | 1,673,500.00 | 9,300.00 | 1,682,800.00 |
| 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 | | | | 1 (53 500 00 | 0.200.00 | 1 (02 000 0 |
| 4 | Total. Add lines 1 through 3 | | | | 1,673,500.00 | 9,300.00 | 1,682,800.0 |
| 5 6 | 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) | | | 3 | | | |
| $\overline{}$ | tion B. Total Support | L | JL | <u>JL. </u> | | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | (2) 2000 | (2) 2000 | (0) 2007 | 1,673,500.00 | | 1,682,800.00 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 39.44 | 17.05 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | · · · · · · · · · · · · · · · · · · · | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | 1,682,856.49 |
| 12 | Gross receipts from related activities, etc | (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | on's first, secor | id, third, fourth | | | |
| <u>Sec</u> | tion C. Computation of Public Su | pport Perce | ntage | | | | |
| 14 | Public support percentage for 2009 (line 6 | 6, column (f) di | vided by line 1 | I, column (f)) | | 14 | 100.00 % |
| 15 | Public support percentage from 2008 Sch | edule A, Part I | II, line 14 . | | l | 15 | % |
| 16a | 33\% support test—2009. If the organization qualifies | | | | | | |
| b | 33\% % support test—2008. If the organization qua | | | | | | |
| 17a | 10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums" | cts-and-circum | nstances" test, c | heck this box a | and stop here . E | Explain in Part I | |
| b 18 | 10%-facts-and-circumstances test—2008. more, and if the organization meets the "fa organization meets the "facts-and-circumstan Private foundation. If the organization did | acts-and-circum: nces" test The c | stances" test, ch organization qua | neck this box a lifies as a public | nd stop here E ly supported orga | xplain in Part I | V how the |

| Schedule A (Form 990 or 990-EZ) 2009 | | | | | | Page 3 |
|---|---|-----------------|--------------------|-------------------|-----------------|--------------------|
| Part III Support Schedule for | | | | a)(2) | | - rage U |
| (Complete only if you of | hecked the box | on line 9 of Pa | rt I.) | | | |
| Section A. Public Support | · | 1 (1) 2222 | T | | r | |
| Calendar year (or fiscal year beginning | in) ▶ (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, membership fees received. (Do not in any "unusual grants") | and clude | | | | | |
| 2 Gross receipts from admissions, mercha sold or services performed, or fac furnished in any activity that is related organization's tax-exempt purpose. | alities o the | | | | | |
| 3 Gross receipts from activities that are r unrelated trade or business under section | | | | | | |
| 4 Tax revenues levied for the organiza benefit and either paid to or expendents behalf | d on | | | | | |
| - | | | | | | |
| 6 Total. Add lines 1 through 5 . | | | | | | |
| 7a Amounts included on lines 1, 2, a received from disqualified persons | nd 3 | | | | | |
| b Amounts included on lines 2 and 3 rec from other than disqualified persons exceed the greater of \$5,000 or 1% of amount on line 13 for the year | that | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c line 6) | | | | | | |
| Section B. Total Support | | | | | | • |
| Calendar year (or fiscal year beginning | in) ▶ (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 | ends, pans, | | | | | |
| b Unrelated business taxable income section 511 taxes) from busine acquired after June 30, 1975 . | sses | | | | | |
| c Add lines 10a and 10b | | | | | -: | |
| 11 Net income from unrelated busined activities not included in line whether or not the business is registeried on | 10b, Jarly | | | | | |
| Other income Do not include galoss from the sale of capital as (Explain in Part IV) | ssets | | : | | | |
| 13 Total support. (Add lines 9, 10c, and 12) | . , | | | | | |
| 14 First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, | or fifth tax ye | ar as a section | n 501(c)(3) ▶ □ |
| Section C. Computation of Publ | • | | | | | |
| 15 Public support percentage for 20 | | | | | 15 | |
| 16 Public support percentage from 3 Section D. Computation of Inve | | | · · · · · | | 16 | % |

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 331/3 % 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 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup

331/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 26-2635896

| 2 / 3 / 4 / 5 6 | the organization answered "Yes Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year Did the organization inform all donors and | (a) Donor advised funds | (b) Funds and other accounts |
|---------------------------------|--|--|--|
| 2 / 3 / 4 / 5 [6] | Fotal number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) | (a) Donor advised funds | |
| 2 / 3 / 4 / 5 [6] | Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and | | |
| 2 / 3 / 4 / 5 [6] | Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and | | |
| 3 / 4 / 5 6 6 | Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and | | |
| 4 / 5 6 1 | Aggregate value at end of year Did the organization inform all donors and | | |
| 5 6 - | Did the organization inform all donors and | | |
| 6 6 1 | | | |
| | | donor advisors in writing that the assets the ect to the organization's exclusive legal co | |
| | | onors, and donor advisors in writing that g | |
| | ised only for charitable purposes and not purpose conferring impermissible private b | for the benefit of the donor or donor advis | |
| | | penefit? plete if the organization answered "Yes" | |
| | | · | |
| _ | | d by the organization (check all that apply | · |
| | Preservation of land for public use (e.gProtection of natural habitat | • • • • • • • | tion of an historically important land area tition of a certified historic structure |
| | Preservation of open space | ☐ Fleseiva | mon of a certified historic structure |
| 2 (| | cation held a qualified conservation contribu | ution in the form of a conservation |
| , | sasement on the last day of the tax year. | | Held at the End of the Tax Year |
| ٠. | Total number of conservation easements | | |
| | | asements | • • • |
| | | certified historic structure included in (a) | · · · |
| | | ed in (c) acquired after 8/17/06 | |
| | | ed, transferred, released, extinguished, or | |
| | he tax year ► | ou, manoronou, releadou, examgaronou, er | tommated by the erganization daming |
| 4 1 | lumber of states where property subject t | o conservation easement is located 🕨 | |
| | Does the organization have a written polic riolations, and enforcement of the conserv | y regarding the periodic monitoring, insper vation easements it holds? | ction, handling of |
| | | toring, inspecting, and enforcing conserva | tion easements during the year |
| 7 / | | g, inspecting, and enforcing conservation | easements during the year |
| | \$ | g, moposting, and officioning concervation t | basements saming the year |
| | | d on line 2(d) above satisfy the requireme | |
| | | reports conservation easements in its rev | |
| ŀ | | he text of the footnote to the organization' | |
| Part | | ections of Art, Historical Treasures, | or Other Similar Assets. |
| | | vered "Yes" to Form 990, Part IV, line 8 | |
| á | irt, historical treasures, or other similar ass | nder SFAS 116, not to report in its revenue sets held for public exhibition, education, or se to its financial statements that describes | research in furtherance of public service, |
| t l | nistorical treasures, or other similar assets provide the following amounts relating to the | | research in furtherance of public service, |
| (| i) Revenues included in Form 990, Part \(\) ii) Assets included in Form 990, Part X | /III, line 1 | · · · · · > \$ |
| 2 1 | | of art, historical treasures, or other simi | |
| a F | Revenues included in Form 990, Part VIII, | line 1 | \$ > \$ |

| Pai | t III Organizations Maintainin | Collections | of Art, His | torica | l Treasure | s, or O | ther Similar | Ass | ets (c | | ued) |
|----------|---|------------------------------|----------------|----------|--------------------------|-----------------|-----------------------|------------|--------------|------------|-------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | ccession, and | other record | ls, che | ck any of th | e follow | ring that are a | a sigr | ııfıcant | l use | of its |
| а | Public exhibition | | d | | oan or exch | | | | | | |
| b | Scholarly research | | е | c | Other | | | | | | |
| C | ☐ Preservation for future generation | | | | | | | | | | |
| 4 | Provide a description of the organizati Part XIV. | on's collections | and explai | n how | they further | the org | anızatıon's e | xemp | t purp | ose ır | 1 |
| 5 | During the year, did the organization so assets to be sold to raise funds rather the | nan to be mainta | uned as part | of the | organization | 's collec | ction? | | | es _ | No |
| Pa | Escrow and Custodial Art IV, line 9, or reported an art | | | | | answer | ed "Yes" to F | orm | 990, 1 | Part —— | |
| | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | ons or o | other assets r | not | □ Y | es [|] No |
| b | b If "Yes," explain the arrangement in Part XIV and complete the following table. Amount | | | | | | | | | | |
| | _ | | | | | 10 | | АПС | Junt | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | T | | | | |
| f | Ending balance | | | | | . — | | | \Box_{ν} | es [| ٦ |
| <u>b</u> | Did the organization include an amou If "Yes," explain the arrangement in P | art XIV. | | | | | | | | | ⊿ No |
| Pai | t V Endowment Funds. Com | | | | 1 | | | | | | |
| | | (a) Current year | (b) Prior | /ear | (c) Two year | s back | (d) Three years t | oack | (e) Fou | r years | back |
| 1a | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | - | | - | | |
| d | Grants or scholarships | • | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f g | Administrative expenses End of year balance | | | <u>.</u> | | | | | | | |
| 2 | Provide the estimated percentage of ti | he year end bal | lance held a | as: | | | | | | | |
| а | Board designated or quasi-endowmen | t > | % | | | | | | | | |
| b | Permanent endowment ▶ | _ % | | | | | | | | | |
| C | Term endowment ▶ % | | | | | | | | | | |
| 3a | Are there endowment funds not in the porganization by: | oossession of th | e organızatı | on that | are held an | d admır | nistered for the | е | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| _ | If "Yes" to 3a(ii), are the related organ | | | | | | | | 3b | L | L |
| 4 | Describe in Part XIV the intended use | | | | | | | | | | |
| Par | t VI Investments—Land, Buil | | | See F | orm 990, F | art X, | line 10. | | | | |
| | Description of investment | (a) Cost or ot (investing | | bası | st or other s (other) | | ccumulated preciation | | (d) Boo | k value | |
| 1a | Land | | | 1,6 | 73,000 | | | 1,6 | 573 <u>,</u> | <u>000</u> | <u>.00</u> |
| b | Buildings | | | | | - | | <u>L</u> . | | | |
| С | Leasehold improvements | | | | | | | ـــــ | | | |
| d | Equipment | | | _ | | | | <u> </u> | | | |
| <u>е</u> | Other | | | | (5) | | | _ | | | |
| lota | I. Add lines 1a through 1e (Column (d) m | ust equal Form 9 | 990, Part X, c | column | (B), line 10(d | :)). | <u> </u> | 1,6 | 573 <u>,</u> | <u>000</u> | <u>.00</u> |

| Part VII Investments—Other Securitie | s See Form 990 Part | X line 12 | Page 3 |
|--|-----------------------|--|---------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mai | ation rket value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Relate | d. See Form 990, Part | X, line 13. | • |
| (a) Description of investment type | (b) Book value | (c) Method of value Cost or end-of-year ma | |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ | | | |
| Part IX Other Assets. See Form 990, Pa | art X, line 15 | | |
| | (a) Description | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col | | <u></u> ▶ | |
| Part X Other Liabilities. See Form 990, | Part X, line 25 | | |
| 1. (a) Description of liability | (b) Amount | | |
| Federal income taxes | | | |
| | <u>.</u> | | |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | | | |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| Pai | t XI Reconciliation of Change in Net Assets from Form 990 | to Audited Eineneiel C | totor | nonto |
|---------|--|------------------------|----------|--|
| | | | 1 | lients |
| 1 | Total evenue (Form 990, Part VIII, column (A), line 12) | | 2 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 3 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 4 | |
| 4 | Net unrealized gains (losses) on investments | | 5 | |
| 5 | Donated services and use of facilities | | 6 | |
| 6 | Investment expenses | | 7 | |
| 7 | Prior period adjustments | | 8 | |
| 8 | Other (Describe in Part XIV.) | | 9 | |
| 9 10 | Total adjustments (net). Add lines 4 through 8 | | 10 | |
| | t XII Reconciliation of Revenue per Audited Financial Sta | | | r Poturn |
| | | | 1 | neturn |
| 1 | Total revenue, gains, and other support per audited financial statement | is | ⊢' | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | 2a | | |
| a | Net unrealized gains on investments | 2b | \dashv | |
| b | Donated services and use of facilities | 2c | - | |
| C | Recoveries of prior year grants | | \dashv | |
| d | Other (Describe in Part XIV.) | | 26 | _ |
| e | Add lines 2a through 2d | | 3 | |
| 3 | Subtract line 2e from line 1 | | -3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 4a | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) | 4b | \dashv | |
| b | | | 40 | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | |
| Pai | t XIII Reconciliation of Expenses per Audited Financial St | | | |
| 1 | Table and the second se | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| C | Other losses | 2c | | |
| d | Other (Describe in Part XIV.) | 2d | 7 | |
| | Add lines 2a through 2d | | 26 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | - | |
| b | Other (Describe in Part XIV.) | 4b | | |
| c | Add lines 4a and 4b | | 40 | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part | I, line 18) | 5 | |
| | t XIV Supplemental Information | | | |
| and | plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information. | | | |
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| Schedule D (Fo | | Page 5 |
|----------------|---|---|
| Part XIV | Supplemental Information (continued) | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

Open to Public ► Attach to Form 990. ► See separate instructions. Inspection-

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Turrell Art Foundation 26-2635896 **Questions Regarding Compensation**

| | | | Yes | No |
|----|---|----------|-----|--------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | _ | | |
| | ☐ First-class or charter travel ☐ Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal residence | | | j |
| | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | | | |
| | ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| h | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | |
| - | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1ь | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| - | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | Ē | | |
| 3 | Indicate which if any of the follower the assessment as used to stable the second of the | | | 1 |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. | | | |
| | | | | |
| | ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | | | | |
| | ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| 4 | During the year did any person leted in Form 200. Best VIII. Control A. line 4.5 with respect to the films. | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| _ | · · | 4a | | X |
| _ | Receive a severance payment or change-of-control payment? | 4b | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 40 4c | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 40 | | ^ |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only costion 501/a\/2\ and 501/a\/4\ averaginations much convolate lines 5.0 | | | |
| _ | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | | j |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | i i | i | |
| _ | compensation contingent on the revenues of. | | | |
| | The organization? | 5a 5b | | × |
| D | Any related organization? | 30 | | |
| _ | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | - | X |
| _ | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | _ <u>x</u> _ |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe | ا ٍ ا | | |
| _ | ın Part III | 8 | | _ <u>x</u> _ |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | ا ۵ | l | |
| | 1150000000 a50000 35 4530°0161′ | | | × |

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | | (B) Breakdown of W-2 | W-2 and/or 1000_MIS | and/or 1009-MISC compensation | ļ | | | |
|---------------|--------------|----------------------|------------------------|-------------------------------|-----------------------------------|-------------------------|------------------------------------|------------------------------------|
| (A) Name | | (i) Base | (ii) Bonus & incentive | (III) Other | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation reported in prior |
| | | compensation | compensation | reportable | compensation | | | Form 990 or Form 990-EZ |
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| Turrell Art Foundation | 26-2635896 |
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