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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 benefit trust or private foundation)

Open to Public

Department of the Treasury

OMB No 1545-0047

Inter		nue Service The organization may have to use a copy of this return to sai				inspection
<u>A</u>	For th		and ending	Jui	ne 30	, 20 10
В	Check if	applicable Please Use IRS C Name of organization Brophy Community Foundation				er identification number
	Address	s change label or Doing Business As Brophy Community Foundation	T- :		86	0929111
	Name c	change pnnt or type Number and street (or PO box if mail is not delivered to street address)	Room/suite		E Telepho	
	Initial re	sturn See 4701 North Central Avenue			(602)	264-5291
	Termina	ated Instruc- City or town, state or country, and ZiP + 4				
	Amende	ed return Phoenix, Arizona 85012			G Gross re	ceipts \$ 1,407,826
	Application	on pending F Name and address of principal officer Dawn Kennedy, 4701 N.	. Central	H(a) is this	a group return	for affiliates Tes Ves No
		Avenue, Phoenix, Arizona 85012		H(b) Are	all affiliates i	ncluded? 🗆 Yes 🛮 🗸 No
1		empt status		If "N	lo," attach a	list (see instructions)
		ite: ► www.brophyfoundation.org			exemption nur	
_			ar of formation	1998	M State of	legal domicile AZ
P	art [Summary				
	1	Briefly describe the organization's mission or most significant activities	es. To raise	funds th	rough do	onations and then
•		award tuition grants to stuidents whose families demonstrate by a	application a	a need fo	r tuition	assistance to a
Activities & Governance		qualified K thru12 private Arizona school.			<i>.</i>	
Ĕ						• • • • • • • • • • • • • • • • • • • •
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo	ore than 25% of	ts net ass	ets.	
প্র	3	Number of voting members of the governing body (Part VI, line 1a).			. 3	9
es	4	Number of independent voting members of the governing body (Part	VI, line 1b)		. 4	0
ξ	1	Total number of employees (Part V, line 2a)			. 5	2
Act	6	Total number of volunteers (estimate if necessary)			. 6	0
	1	Total gross unrelated business revenue from Part VIII, column (C), line	e 12 .		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34			. 7b	0
		DECEIVED	<u> </u>	Prior Y	ear	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		2,	263,080	1,369,329
ğ	9	Programuservice revenue (Part VIII, line 2g)		0		0
Revenue	10	Investment income (PargVIII) column (A), lines 3, 4, and 7d)			54,818	38,497
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)	2,	317,898	1,407,826
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).		2,	,036,772	1,232,395
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5–10)		54,103	53,754
e L	16a	Professional fundraising fees (Part IX, column (A), line 11e) .			0	0
Ä	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶	,472			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			79,289	78,863
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line	25).	2	170,164	1,365,012
		Revenue less expenses. Subtract line 18 from line 12			147,734	42,814
5 8	3		Beg	ginning of C	urrent Year	End of Year
Assets	20	Total assets (Part X, line 16)	L	5	,591,611	4,874,431
AA	21	Total liabilities (Part X, line 26)		4,	,808,175	4,048,181
Net /	22	Net assets or fund balances. Subtract line 21 from line 20			783,436	826,250
P	art II	Signature Block				
		Under penalties of Perjury, I declare that I have examined this return, including accompand belief, it is frue, correct, and complete Declaration of preparer (other than officer)	anying schedule	s and state	ments, and t	o the best of my knowledge
		and belief, it is ride, correct, and complete beclaration of preparer (other than officer)	is based on an	i inomiation	4 .	eparer has any knowledge
Sig	gn	- Mullenner			<u> </u>	1-10
He	ere	Signature of officer	n 1	Da	te	
		NAWN RENNERY EXECUTION	livere	2		
_		Type or print name and title				
_		Preparer's Date	Chec self-	kıf	Preparer's i	dentifying number
Pai	d	signature /		oyed ▶ 🗌	(Sec mande	
	u parer's				<u> </u>	
	e Only	Firm's name (or yours if self-employed),		EIN	:	
		address, and ZIP + 4		Phone r	no > ()
Ma	y the	IRS discuss this return with the preparer shown above? (see instruction	ions)			. 🗌 Yes 🗸 No

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



Form **990** (2009)

Cat No 11282Y



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Foundation was created to raise funds by donations and then award tuition grants to students whose families demonstrate through a standardized process a need for tuition assistance to a qualified K thru 12 private Arizona school
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,365,012 including grants of \$ 1,232,395) (Revenue \$ 1,407,827) The Foundation raised \$359,000 in corporate donations and \$1,010,329 in individual donations for the 2009-10 year. In addition interest was earned in the amount of \$38,497, on short term cash investment accounts. The Foundation was able to award grants to 736 students totalling \$2,009,874, for the 2009-2010 school year.
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
_	(C) \(\sum_{1} \sum_{1} \sum_{2} \sum_{1} \sum_{1} \sum_{2} \sum_{1} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{2} \sum_{1} \sum_{2} \su
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 1 365 012

Par	t 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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	Turnica turnin Ai	✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	- M	700 700	
•	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	دا برد <u>د</u> ۲۰۰۱	√
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		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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		1
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		1
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		1
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		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	_ ✓

Par	t IV Checklist of Required Schedules (continued)			
-			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		1
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	✓	
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓_
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		√
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		1
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		√
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):	4 , 1	- - 	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
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		1
	101 Textor / III 1 0111 000 micro dire required to complete contended 0	38	_ ✓	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	. 1		
	U.S. Information Returns. Enter -0- if not applicable			ľ.,
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		7-	-10.
	gaming (gambling) winnings to prize winners?	1c	<u>√</u>	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i l	41.1	, ''
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	-		-
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
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		1
	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			١.
		5a		1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
		-		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		3	2 12
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	, <u>.</u>	-
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	** e
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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	L	<u> </u>	ļ
	organization, have excess business holdings at any time during the year?	8		Ļ
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			ļ., .
a	Initiation fees and capital contributions included on Part VIII, line 12 Grees receipts, included on Form 990, Part VIII, line 12 for public use of club facilities 10b			
	Gloss receipts, included on Form 330, Fait Vin, line 12, 10/ public use of club facilities	'		'"
11	Section 501(c)(12) organizations. Enter: Grees income from members or shareholders.			
a	Gloss income from members of shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<u> • </u>		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	1 1		1

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	·		لبـــا
	any other officer, director, trustee, or key employee?	2		✓
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		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		-
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,
	of the governing body?	7a		V
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	' ₁ *	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,	۲	
	the year by the following:	0-		
	The governing body?	8a 8b	./	_
_	Each committee with authority to act on behalf of the governing body?	OD	_	\vdash
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			
	enue Code.)	mai		
			Yes	No
100	Deep the argenization have local chapters, branches, or offiliates?	10a		1
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1,5,5		<u> </u>
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		, ,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	✓	
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?			
		15a	<u> </u>	
b	Other officers or key employees of the organization	15b		/
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1'
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	<u></u>	
	with a taxable entity dunng the year?	<u>16a</u>		_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	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		
500	tion C. Disclosure	100		<u> </u>
-	List the states with which a copy of this Form 990 is required to be filed ▶ Arizona			
17			المراهم	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	J(3)S	orily)	
	available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	oroet	
19	policy, and financial statements available to the public.	OI IIIL	G1 G3 (
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f tho	
20	organization: ► A. Joseph Helm Jr., 4701 North Central Avenue, Phoenix, AZ 85012, 602-264-5291			

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dawn Kennedy Executive Director	30	1		1				33,276	0	C
Edward A. Reese, S.J. Director	. 2	1						0	0	C
Adria Renke Director	2	1						0	0	C
Deborah Matwijkow Director	. 1	1						0	0	C
Barbara Meaney Director	. 1	1						0	0	(
Daniel J. Postal Director	1	1						0	0	(
James Wentworth Director	. 1	1						o	0	(
A. Joseph Helm Jr. Director	- 3	1						0	0	
John D. Musil Director	1	1						0	0	(

	(A)	(B)			(((D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	ন্ত্ৰ Key employee	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
·····											
· · · · ·											
			,							· ·	
		·-·									
										:	
<u>1b</u>	Total							>	33,276	0	0
2 — 3	Total number of individuals (including but reportable compensation from the organization but the organization list any former office	ation ► 0									Yes No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s	chedule J	for su	ıch	ındı	vidu	ıal .				3 🗸
7	the organization and related organizations individual.										4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com _i	oen: Sch	satio edu	on 1 le J	rom for s	any auch	unrelated org	anization for	5 🗸
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	nde	nt c	ontra	acto	rs that received	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
_											
								1		1	

Part	VIII	Statement of Re	venue					
≈_ub *	· • -				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	L	1a 0				, , ,
gra	ı			1b 0				
ts, an	ı	Fundraising events		1c 0				
gif ilar		Related organizations	<u>L</u>	1d 0				
ns, sim		Government grants (contri	ibutions).	1e 0				
a tio	f	All other contributions, gifts, g	grants,					
든 등		and similar amounts not inclu		1,369,329				
a at		Noncash contributions include	ed in lines 1a-1f	\$ 0				
<u> </u>	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	1,369,329	, , <u>, ,</u>		
ile				Business Code				
ver	2a							
æ	b							
Š	С							
Ser	d							
E	е							
Program Service Revenue	f	All other program servi			_			
	g	Total. Add lines 2a-2f			0	•		
	3	Investment income (inc	luding divide	ends, interest, and				
		other similar amounts)		. ▶	38,497	38,497		
	4	Income from investment of	of tax-exempt	bond proceeds	0		•	
	5	Royalties		<u> </u>	0			
			(i) Real	(n) Personal	_ *	•		
		Gross Rents				*		
		Less: rental expenses						.,
		Rental income or (loss)		D				J
	d	Net rental income or (lo		·····	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				1
		assets other than inventory						_ {
	b	Less cost or other basis						
		and sales expenses .						
	d	Gain or (loss) Net gain or (loss)			0			
•		*		· — · — · — ·				,
Revenue	8a	Gross income from	fundraising			*		' [
Š		events (not including \$						
æ		of contributions reported See Part IV, line 18	a on line 1c)	1				
Other	h	Less: direct expenses		a				· '
₹	C	Net income or (loss) from	om fundraisir		0			-
	9a	Gross income from gam See Part IV, line 19	iing activities.	a				
	ь	Less: direct expenses.						
		Net income or (loss) fro			0			
	10a	Gross sales of inve	entory less					
		returns and allowances						
	ь	Less: cost of goods so						
		Net income or (loss) from	n sales of inv		0			
		Miscellaneous Rev	enue	Business Code			- ** *****	
	11a							
	b			1				
	С							
		All other revenue			0			
		Total. Add lines 11a-1		▶	0		.,	
	12	Total revenue. See ins	tructions.		1,407,826	38,497	0	0

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).								
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				a de				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,232,395	1, 232,395	,					
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				1 19574 74				
5	Compensation of current officers, directors, trustees, and key employees	33,276	8,319	8,319	16,638				
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	3,304		3,304					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	2,195	499	711	985				
9	Other employee benefits	12,181	3,045	3,045	6,091				
10	Payroll taxes	2,798	474	662	1662				
11	Fees for services (non-employees).								
а	Management	15,046		45.040	 -				
b	Legal	7,350		15,046 7,350					
C	Accounting	7,330		7,330					
	Lobbying	·····			<u></u>				
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	16,922	9,949	6,973					
g 12	Other	6,588	0,040	0,575	6,588				
13	Office expenses	30.300		792	29,508				
14	Information technology	472		472					
15	Royalties				·				
16	Occupancy								
17	Travel	· · · · = · · ·							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	155	155						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	2,030		2,030					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together		·						
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		, ' .		, n				
a									
b									
q									
d									
e f	All other expenses		-						
25	Total functional expenses. Add lines 1 through 24f	1,365,012	1,254,836	48,704	61,472				
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 solutation.	.,,,-,12	1, 1,5 40	.5,.00	<u> </u>				

Pa	rt X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	87,142	1_	130,988
	2	Savings and temporary cash investments	5,143,082	2	4,451,846
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	350,353	4	291,597
	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	-
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
i	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV. line 11	11,034	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,591,611	16	4,874,431
	17	Accounts payable and accrued expenses		17	28,262
ŀ	18	Grants payable	4,808,175	18	4,019,919
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
စ္ဆ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	3	٠.	ا ما اید دیرافی می
ᅙ	~~	employees, highest compensated employees, and disqualified		'	
≝		persons. Complete Part II of Schedule L	3-1	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 .	4,808,175		4,048,181
ces	<u>-</u>	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.		,	The state of the s
	27	Unrestricted net assets	783,436	27	826,250
3al	28	Temporarily restricted net assets		28	
Р	29	Permanently restricted net assets		29	
Net Assets or Fund Balan	29	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			- 17
ဋ	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	783,436	33	826,250
Z	34	Total liabilities and net assets/fund balances	5,591,611	_	4,874,431

_	4	
Page	- 1	2

Par	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.			*
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
	Were the organization's financial statements audited by an independent accountant?	2b		1
	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		1
	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:			
٥-	Separate basis Consolidated basis Both consolidated and separate basis			
<i>3</i> a	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		✓
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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

86 : 0929111

		Community	Foundation						86_:	(92911	1	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.		
				dation because it is:									
1	_			rches, or association			ribed in s	section 1	70(b)(1)(A	A)(I).			
2				on 170(b)(1)(A)(ii). (Att									
3	П			nospital service organ									
4	П		esearch organiza ime, city, and st	ition operated in conj ate:					n section)(A)(iii) 	. Ente	r the
5			ion operated for (b)(1)(A)(iv). (Coi	the benefit of a colle the colle	ge or uni	versity ov	wned or	operated	by a gove	ernmenta	l unit d	escrit	ed in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)				
7				/ receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental uni	t or from	the ger	neral p	oublic
8				d in section 170(b)(1)		complete	Part II.)						
9		An organizat	on that normally	receives (1) more that ed to its exempt function	an 33½ %	of its su	pport fro	m contrib	outions, m	embershi	ip fees,	and (gross
		support from	n gross investm	ent income and unre a after June 30, 1975.	lated bus	siness ta	xable inc	ome (les	s section				
10	П		_					•	•	-1/41			
11	\exists			nd operated exclusive									
11	u	purposes of	one or more pul	and operated exclusive blicly supported organities the type.	nızations	describe	d in sect	ion 509(a)(1) or sec	tion 509((a)(2). S	ee se	ction
		a Type			о обрро : 🗆 Тур				•		Type		
_							-	-			• •		
e	لـــا			tify that the organizat on managers and othe									
		•	section 509(a)(2)	_	i man on	e 01 11101 e	publicly	supporte	organiz	alions de	SCHDE	3 III SE	CHOI
f				a written determinati	on from	the IDS	that it is	a Tuno	I Type II	or Typo	. III. cur	nortu	
•			, check this box		ion irom	ille ino	llial il is	a Type	i, Type ii,	or type	ili Sup	portii	'y
~		•	-	the organization acce	onted any	aft or c	ontributu	on from a	ny of the				
g		following per		the organization acce	spice any	giit or c	Onthibuth	JII 11 OIII 2	iny or the				
		• .		r indirectly controls, e	oithar ala	na ar taa	othor w	th naraan	a dagarib	adia (v)		Yes	No
				ning body of the sup				in persor	is describ	ea in (ii)	11g(i)	,,,,	
			-			yanızado	417 .				11g(iı)		
				rson described in (i) a		 (v) abava			•		11g(iii)		
h			•	of a person described ation about the suppo							[] 19(11)	LJ	
	Nome						1		6.0.1	- 45-	60	A	
(1)		me of supported (ii) EIN (iii) Type of organization (described on lines 1-9		(iv) Is the organization (v) Did you notify in col (i) listed in your the organization in		(vi) Is the organization in col		(vii) Amount of support		Of			
		above or IRC section	above or IRC section	tion governing document? col (i) of your		of your	(i) organized in the		Сарроп				
				(see instructions))	\		<u> </u>	port?	 				
					Yes	No	Yes	No	Yes	No			
											·		_
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		· · · · · ·											
			·	<u>.</u>									

Total

Par	(Complete only if you check					and 170(b)	(1)(A)(vi)
Sect	tion A. Public Support						
Cal	endar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	1				 1	
	shown on line 11, column (f)					-	
6	Public support. Subtract line 5 from line 4.	- 1 1			1_		
	tion B. Total Support		T	1		,	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for						ion 501(c)(3)
	organization, check this box and stop he			• • •			<u> </u>
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line					14	<u>%</u> %
15	Public support percentage from 2008 Sc	•				15	
16a	331/3 % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 33% 9		► □
b	33% % support test – 2008. If the organic box and stop here. The organization qua					33⅓ % or mor	_
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here .	. Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did by the o	facts-and-circur ances" test. The	nstances" test, e e organization qu	check this box a alifies as a public	and stop here. cly supported or	Explain in Parganization	t IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	Complete only if you checks	ed the box of	Tille 5 OI Fa	11.1.)			
	tion A. Public Support						
Ca	alendar 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.")	1,076,828	1,748,821	4,227,760	2,261,180	1,369,329	10,683,918
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	0	0	0	0	0	0
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	0	0	0	
4	unrelated trade or business under section 513 Tax revenues levied for the organization's		0	U	<u> </u>		00
7	benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6		1,076,828	1,748,821	4.227,760	2,261,180	1,369,329	10,683,918
-	-	1,0.0,020	.,,			1,000,020	10,000,010
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	4,575	5,760	5,760	4,760	5,300	26,155
b	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the		_				_
	amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	4,575	5,760	5,760	4,760	5,300	26,155
8	Public support (Subtract line 7c from line 6.)			per almost	The state of the s		10,657,763
	tion B. Total Support	,	· · · · · · · · · · · · · · · · · · ·			-	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,076,828	1,748,821	4,227,760	2,261,180	1,369,329	10,683,918
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,566	39,623	72,168	54,818	38,497	221,672
			,	,		55,151	
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	o	0
C	Add lines 10a and 10b	16,566	39,623	72,168	54,818	38,497	221,672
11	Net income from unrelated business			-			
	activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	1,093,394	1,788,444	4,299,928	2,315,998	1,407,826	10,905,590
14	First five years. If the Form 990 is for organization, check this box and stop				n, or fifth tax y	ear as a sectio	n 501(c)(3)
Sec	tion C. Computation of Public Su				<u>·</u>		
15	Public support percentage for 2009 (lin			e 13. column	(ft)	15	97.73 %
16	Public support percentage from 2008 S					16	97.93 %
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 200	9 (line 10c. co	lumn (f) divided	d by line 13, co	olumn (f))	17	2.0 %
18	Investment income percentage from 20			•		18	2.0 %
19a	331/3 % support tests - 2009. If the organization	anızatıon dıd n	ot check the b	ox on line 14, a			
	17 is not more than 33½ %, check this b		_	•		, ,	
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nızatıon qualıfıe	s as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions ▶ 🔲

Chedrae w (L	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
•••••	
••••	
	······································

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Employer identification number 0929111 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 86 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant assistance assistance (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (D) EIN ************************************ **Brophy Community Foundation** 1 (a) Name and address of organization or government Name of the organization

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

. . Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009

Part III Grants al

Use Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additional	space is needed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Grants made to students showing verified need	736	2,009,874	0		
					:
	-				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pr	ovide the informatio	in required in Part	I, line 2, and any other	additional information.
The Foundation awards grants to students attending qualified K thru 12 private Arizona schools. The students' family makes application to the Foundation by	ing qualified K thr	u 12 private Arizona	schools. The stude	nts' family makes applic	ation to the Foundation by
completing a need based application that provides both in	s both information	n about the demogra	phics of the family,	but also its financial info	formation about the demographics of the family, but also its financial information. In addition to the
application materials, current tax returns, supporting documnets, along with current pay stubs are required. A consistent analysis is completed on all applications	ling documnets, a	long with current pay	stubs are required	. A consistent analysis i	s completed on all applications
by a third party with the parameters of the Bureau of Labor		s being used. If ana	lysis shows a need	after the parameters are	statistics being used. If analysis shows a need after the parameters are applied, a award is made. At
the same time the Foundation verifies with the school of at	hool of attendance	e of the student and (that it qualifies as a	K thru 12 private Arizona	ttendance of the student and that it qualifies as a K thru 12 private Arizona school. The grants are then
approved by the Foundation Board, and a check is sent in	s sent in both the	students and school	s name so that it ca	both the students and schools name so that it can be applied to the students tuition. The families	ents tuition. The families
application, analysis, verification of student status, and check copies are maintained by the Foundation.	s, and check copi	es are maintained by	the Foundation.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Brophy Community Foundation

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

► Attach to Form 990.

Open to Public Inspection

0929111

Employer identification number

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Form 990, Part VI, Question 11a - The 990 form and related schedules are reviewed by separate Directors before signing.
The Board of Directors are subsequently given a copy at the next regularly scheduled meeting for their records.
Form 990, Part VI, question 15a - The Executive Directors' salary is reviewed by the other Directors of the Foundation.
After that review is completed for the current year a revised salary is documented in their personnel file for the
current salary.
Form 990, Part VI, question 19 - The Foundation makes available for review the financial statements, State of Arizona
Departmetn of Revenue reports along with State corporate filings. On the Foundation website we have a statement
notifying constituents that reports are available at anytime. If we have had a request the Foundation has
provided them.