

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2010

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning 7/01 , 2010, and ending 6/30 2011 G Check all that apply. Initial return | Initial Return of a former public charity Final return Amended return X Address change Name change Employer identification number JOHN AND HELEN MURPHEY 86-0802319 FOUNDATION, INC 4729 E SUNRISE DRIVE, PMB 424 Telephone number (see the instructions) 520-299-6413 TUCSON, AZ 85718 If exemption application is pending, check here С 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash Accrual J under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► S 6,071,779 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books ıncome ıncome for charitable columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) Ck ► X if the foundn is not reg to att Sch B Interest on savings and temporary 72,756 cash investments 72,756 72,756 Dividends and interest from securities 60,257 60,257 60,257 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10. 115,769 REVENU Gross sales price for all assets on line 6a 790,975 RECEIVED Capital gain net income (from Part IV, line 2) 115,769 8 Net short-term capital gain Š 9 Income modifications MAY 21 10 a Gross sales less returns and allowances **b** Less Cost of goods sold OGDEN. UT c Gross profit/(loss) (att sch) 11 Other income (attach schedule) See Statement 1 Total. Add lines 1 through 11 249,306 248,782 133,013 400. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ADMINISTRATIVE **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest 3,454 18 See Stm 2 1,525 1,929 Taxes (attach schedule)(see instr.) 19 Depreciation (attach 281 sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 245 245 22 Printing and publications EXPENSES 23 Other expenses (attach schedule) See Statement 3 6,775 190. 6,965 Total operating and administrative expenses. Add lines 13 through 23 58,345 8,545 2,119. Contributions, gifts, grants paid Part XV 291,500 291,500. Total expenses and disbursements. 349,845 0. Add lines 24 and 25 8,545 293,619. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -100,539 240,237 b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-) BAA For Paperwork Reduction Act Notice, see the instructions.

133,013 TEEA0504L 07/23/10

Page 2

Part	П	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	r year
Tait		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	10,329.	2,619.	2,619.
•	2	Savings and temporary cash investments	1,910,951.	2,207,735.	2,359,033.
	3	Accounts receivable			
		Less. allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			·
	7			- ::	1
A	•	Less allowance for doubtful accounts			
S	8	Inventories for sale or use			·
Ĕ	9	Prepaid expenses and deferred charges	 		
A S S E T S	_			,	
3		a Investments – U.S. and state government obligations (attach schedule).	3,069,191.	2,680,465.	3,693,613.
		b Investments — corporate stock (attach schedule)	-		
		c Investments — corporate bonds (attach schedule)			· · · · · ·
	11	Investments – land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.	10,980.	9,774.	9,774.
	13	Investments - other (attach schedule)		·	
	14	Land, buildings, and equipment basis6,740.			
		Less: accumulated depreciation (attach schedule) See Stmt 4 > 5,512.	988.	1,228.	6,740.
	15	Other assets (describe See Statement 5	76.	76.	
		Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	5,002,515.	4,901,897.	6,071,779.
Ļ	17	Accounts payable and accrued expenses			
I A	18	Grants payable			-
A B	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			-
Ţ	22	Other liabilities (describe See Statement 6	1,167.	1,088.	,
E S	23	Total liabilities (add lines 17 through 22)	1,167.	1,088.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	_	,	_
NF	24	Unrestricted			
EUTN	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	5,001,348.	4,900,809.	
SNC	28	, , , , , , , , , , , , , , , , , , , ,			
O E	29	• • • •			
R S	30		5,001,348.	4,900,809.	
	31	Total liabilities and net assets/fund balances (see the instructions)	5,002,515.	4,901,897.	
Parl	HIL	Analysis of Changes in Net Assets or Fund Balance		4,301,037.	
'	end-	al net assets or fund balances at beginning of year – Part II, co -of-year figure reported on prior year's return)	iumn (a), iine 30 (must ag	ree with 1_	5,001,348.
2	Ente	er amount from Part I, line 27a		2	-100,539.
3	Other	r increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3	 .	4	4,900,809.
5	Decre	eases not included in line 2 (itemize).		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line !	5) - Part II, column (b), li	ne 30 6	4,900,809.

(a) List and describ	Losses for Tax on Investmen the kind(s) of property sold (e.g., re	eal estate. (b)	How acquired	(C) Date acquired	(d) Date sold
2-story brick warehou	se, or common stock, 200 shares ML	C Company) I P :	PurchaseDonation	(month, day, year)	(month, day, year)
1a See Statement 7					
<u>b</u>					
<u>c</u>					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) Inus (g)
a_		<u> </u>			
b					
				-	
e					
	ving gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	ump (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	Ç th	pain minus column (l an -0-) or Losses (fi	(), but not less
<u>a</u>					
<u>b</u>					
c					
e					
2 Capital gain net income or (ne	et capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	2		115,769.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	_			
	ie 8, column (c) (see the instructions)	_			
in Part I, line 8			3		0.
	er Section 4940(e) for Reduce te foundations subject to the section 4				<u> </u>
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable an alify under section 4940(e). Do not co in each column for each year, see th	mplete this part		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution umn (b) divided	
2009	263,671.	5,536,1	30.		0.047627
2008	244,588.	5,071,1			0.048231
2007	338,851.	6,472,3			0.052353
2006	337,407.	6,198,0			0.054438
2005	180,091.	5,822,5	81.	1	0.030930
2 Total of line 1, column (d)			2		
3 Average distribution ratio for t number of years the foundation			<u> </u>	Ì	0.233579
	the 5-year base period — divide the to on has been in existence if less than 5	otal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of noncha	the 5-year base period — divide the to on has been in existence if less than s ritable-use assets for 2010 from Part	5 years			0.233579 0.046716 5,689,130.
4 Enter the net value of noncha5 Multiply line 4 by line 3	on has been in existence if less than 5	5 years	3		0.046716
	on has been in existence if less than 5	5 years	3		0.046716 5,689,130.
5 Multiply line 4 by line 3	on has been in existence if less than 5	5 years	3 4 5		0.046716 5,689,130. 265,773.
5 Multiply line 4 by line 36 Enter 1% of net investment in	on has been in existence if less than 5 ritable-use assets for 2010 from Part is come (1% of Part I, line 27b)	5 years	3 4 5		0.046716 5,689,130. 265,773. 2,402.
 5 Multiply line 4 by line 3 6 Enter 1% of net investment in 7 Add lines 5 and 6 8 Enter qualifying distributions for 	on has been in existence if less than 5 ritable-use assets for 2010 from Part is come (1% of Part I, line 27b)	5 years X, line 5	3 4 5 6 7		0.046716 5,689,130. 265,773. 2,402. 268,175. 293,619.

Form	990-PF (2010) JOHN AND HELEN MURPHEY 86-0802319		P	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruction	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		2,4	02.
	check here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			}
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-).			0.
3	Add lines 1 and 2		2,4	02.
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2 4	0.
6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		2,4	102.
_	2010 estimated tax pmts and 2009 overpayment credited to 2010 . 6a 1,280.			
	Exempt foreign organizations — tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868)			- 1
	Backup withholding erroneously withheld 6d			1
	Total credits and payments. Add lines 6a through 6d		1.2	80.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached .			1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		1,1	.23.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10			
_11	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	\dashv	<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			l
	(see the instructions for definition)?	1Ы	\dashv	<u> X</u>
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
_	Did the foundation file Form 1120-POL for this year?	1c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1	\dashv	
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0.		ŀ	. 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		ŀ	i i
2	foundation managers \$			
2	If 'Yes,' attach a detailed description of the activities	2	\dashv	
_	•	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	\neg	X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
	● By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	 		
	with the state law remain in the governing instrument?	6	Х	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) AZ			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
	for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Y
BAA		rm 99 0)-PF ((2010)

Forn	n 990-PF (2010) JOHN AND HELEN MURPHEY	86-0	080231	9	P:	age 5
	Statements Regarding Activities (Continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		<u>x</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	n applicat	ion?	13	<u> </u>	
14		e no. ►		77-1 <u>1</u>	<u> 96</u>	
4-	Located at - 5448 N CRESCENT HILL PLACE TUCSON AZ ZIP + 4		<u> </u>			 -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A		∐ N/A
4.5		<u> </u>			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?		•	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the instruction is a second of the instruction of th	name of th	e			
<u>P</u> ai	Statements Regarding Activities for Which Form 4720 May Be Required					
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1	a During the year did the foundation (either directly or indirectly):		(v)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo			÷.
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruc			1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•				
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2010?			1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			:		,
	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20					
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)					
	all years listed, answer 'No' and attach statement — see the instructions) .	-(4)(4)		2b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20, 20, 20	here				1
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approximately by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	n ed				/2
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its	•		3b	N	/A
	charitable purposes?			4a	صي	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
BA	the tax year beginning in 2010?	_ .		4b orm 99	0.85	(2010

Part VII B Statements Regarding Activities	es for Which Form	4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incur	any amount to			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No la
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registration	tion drive? .		Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No la
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, or 4940(d)(2)? (see instru	ganization described uctions)	Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to d a current notice regard	qualify under the except ding disaster assistance	tions .	5b N/A
Organizations relying on a current notice regar	ding disaster assistanc	ce check here	▶ 🗍	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsing the Yes,' attach the statement required by Requirement required by Requirement requirement to the statement requirement by Requirement requiremen	sibility for the grant?	·	N/A Yes	No
, , , , , , , , , , , , , , , , , , , ,		• •		
6a Did the foundation, during the year, receive an on a personal benefit contract?		27 . 27	∐Yes X	No 6b X
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or maired	uy, on a personal bene	iii contract?	
7a At any time during the tax year, was the found	lation a party to a proh	ibited tax shelter transa	ction? Yes X	No No
b If yes, did the foundation receive any proceeds				I/A 7b
Part VIII Information About Officers, Di and Contractors	rectors, Trustees,	Foundation Manag	jers, Highly Paid E	mployees,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANA M NYGREN	President	45,000.	0.	0.
5448 N CRESCENT HILL PLACE TUCSON, AZ 85718	0			
FLOYD SEDLMAYR	Vice Preside	600.	0.	0.
6298 N VIA LOMAS DE PALOMA TUCSON, AZ 85718	0			
JAY_S KITTLE	Chairman	900.	0.	0.
1510 E ENTRADA SEXTA	0			
TUCSON, AZ 85718	-			
GORDON WATERFALL	Secretary	900.	0.	0.
5210 E WILLIAMS CIRCLE	0		п	
TUCSON, AZ 85711 2 Compensation of five highest-paid employee	s (ather then those inc	luded on line 1 . coe is	aturations) If none o	-to- INONE '
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	•
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
				
Total number of other employees paid over \$50,000)			0

Part IX-B | Summary of Program-Related Investments (see instructions)

BAA

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

Part X Minimum Investment Return (All domestic foundations must complete this part, Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes. 1 a 5,649,266. a Average monthly fair market value of securities. <u>11</u>6,278. **b** Average of monthly cash balances 1 b 10,223. c Fair market value of all other assets (see instructions) 1 c 5,775,767. d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0 Acquisition indebtedness applicable to line 1 assets 2 0. 3 5,775,767. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 86,637. (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 5,689,130. 284,457 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 284,457. 2a Tax on investment income for 2010 from Part VI, line 5 2,402. b Income tax for 2010 (This does not include the tax from Part VI) 2b 20 2,402. 3 Distributable amount before adjustments Subtract line 2c from line 1 282,055 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 282,055 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 282,055 Part-XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 293,619. 1 a **b** Program-related investments — total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a **b** Cash distribution test (attach the required schedule) 3 b Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 293,619 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 2,402 5 291, Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				282,055.
2 Undistributed income, if any, as of the end of 2010	:			202,000.
a Enter amount for 2009 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010.			•	
a From 2005				
b From 2006 33, 059.	_			
c From 2007 18, 401.				
d From 2008 194, 648.				
e From 2009				
f Total of lines 3a through e	246,108.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$ 293, 619.				
a Applied to 2009, but not more than line 2a			0.	
 Applied to undistributed income of prior years (Election required — see instructions) 	5	0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount				282,055.
e Remaining amount distributed out of corpus	11,564.			,
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	257,672.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
		<u> </u>		-
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		l o.		
	}	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from			_	}
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	257,672.			
10 Analysis of line 9				,
a Excess from 2006 33,059	.]			i
b Excess from 2007 18, 401		1		
c Excess from 2008 194, 648				
d Excess from 2009	_			
e Excess from 2010 11,564	.]	<u> </u>		

BAA

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Page 11

3	Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		substantial contributor	recipient		
	Name and address (home or business) Paid during the year Statement 8	any roundation manager or substantial contributor	recipient	contribution	
	Total .			<u> </u>	291,500.
t	Approved for future payment				
	Total			▶ 31	ol .

Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated		business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (see the instructions
1 Program service revenue	-	<u>u</u>	code		
a	+		 	<u>-</u>	
b			+-+		
c	+		+		
de	+ +		+		
1					
g Fees and contracts from government agencies			+ +		
Membership dues and assessments			1		
Interest on savings and temporary cash investments			14	72,756.	
Dividends and interest from securities			14	60,257.	
Net rental income or (loss) from real estate:					3.
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			<u> </u>		115,76
Net income or (loss) from special events.			1		
Gross profit or (loss) from sales of inventory	ļ		 		
Other revenue	<u> </u>				
a MORTGAGE INTEREST			14	524.	
b	+				
C		=.=			
					l .
d	+ +		 		
e				133 537	115 769
Subtotal Add columns (b), (d), and (e)				133,537.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				133,537.	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)	shment of Exem	pt Purpos	13	115,76 249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 13 instructions to verify calcula Total. Add line 14, and line 15 instructions to verify calcula Total. Add line 15 instructi	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 13 instructions to verify calcula Total. Add line 14, and line 15 instructions to verify calcula Total. Add line 15 instructi	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the second s	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 13 instructions to verify calcula Total. Add line 14, and line 15 instructions to verify calcula Total. Add line 15 instructi	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Int XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemptions.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Int XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemptions.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the second s	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 13 instructions to verify calcula Total. Add line 14, and line 15 instructions to verify calcula Total. Add line 15 instructi	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 13 instructions to verify calcula Total. Add line 14, and line 15 instructions to verify calcula Total. Add line 15 instructi	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Tart XVI-B Relationship of Activities to the second s	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 13 instructions to verify calcula Total Add columns (b), (d), and (e) Total Add columns (b), (d), and (e) Total Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Total Add line 13 instructions to verify calcula Total Add line 13 instructions to verify calcula Total Add line 13 instructions to verify calcula Total Add line 14 instructions to verify calcula Total Add line 15 instructions to verify calculations to verify calc	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the accomplishment of the foundation's exemption.	tions)			es	249,30
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the accomplishment of the foundation's exemption.	tions)			es	249,30

Form 990-PF (2010) JOHN AND HELEN MURPHEY 86-0802319 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								i I	Yes	No
l Did	the organization directly cribed in section 501(c) o	or indirectly en	gage in any of the foll	owing with	any oth	er organizatio	n 527			
relat	ting to political organizati	ions?				or in section s	<i>527</i> ,			
	sfers from the reporting	foundation to a	noncharitable exemp	t organizat	ion of					
	Cash							1a (1)		<u> </u>
	Other assets							1a (2)		X
	er transactions							1 (1)		v
	Sales of assets to a none Purchases of assets fron							1 b (1) 1 b (2)		$\frac{x}{x}$
• •	Rental of facilities, equip			41				1b(3)		$\frac{\Lambda}{X}$
• • •	Reimbursement arranger	•	233613				•	1b (4)		$\frac{x}{x}$
	Loans or loan guarantee						•	1b (5)		<u> </u>
	Performance of services		or fundraising solicita	ations				1b(6)		X
c Sha	ring of facilities, equipme	ent, mailing lists	s, other assets, or pai	d employee	es.			1c		X
.d 16.1L					٥.	45 1 11 1				
the	e answer to any of the a goods, other assets, or s transaction or sharing ar	ervices aiven b	v the reporting founds	ation If the	founda	tion received I	ess than fair marke	et value ın	ue or	
(a) Line no			noncharitable exempt organ	ľ			isfers, transactions, and		ngement	
N/A	. (D) Amount involved	(c) Runic or	nonenarrable exempt organ	ization	<u>(u) :</u>	occupation of dail	isicis, transactions, and	Silaring arrai	ngomen	
			· · · · · · · · · · · · · · · · · · ·							
										
	 	<u> </u>								
				-						
					·····					
										
2a Is the	ne foundation directly or corribed in section 501(c) of	indirectly affilia	ted with, or related to ner than section 501(c	, one or mo (3)) or in s	ore tax-e section !	exempt organı 527?	zations	☐ Ye:	s X	No
b If 'Y	es, complete the followi									
	(a) Name of organizati	on	(b) Type of org	ganization		(0) Description of re	lationship		
N/A			- M. W.							
	·-·-				+					
	<u> </u>									
										
U	nder penalties of perjury, I declar	e that I have examin	ed this return, including acco	mpanying sche	edules and	statements, and to	the best of my knowledge	ge and belief,	ıt ıs true	
Sign a	orrect, and complete Declaration	A . C	ian taxpayer or fiduciary) is b	ased on all inf						
1016	Signature of officer or trustee	My Nen	·		Date	15/2	Trustee			-
	Print/Type preparer's nar	me	Preparer's signature	;		Date	Check if If	PTIN		
Paid							self-employed			التي
repare	Firm's name						Firm's EIN ►			
Jse On										
	i iiii s duuless						Phone no			
BAA								Form 99	90-PF	(2010)

2010	Federal Statements	Page 1
Client MURPHEY	JOHN AND HELEN MURPHEY FOUNDATION, INC	86-0802319
5/15/12		09:04PM
Statement 1 Form 990-PF, Part I, Line 11 Other Income		
	(a) (b) Net Revenue Investme <u>per Books</u> <u>Income</u>	nt Adjusted
MORTGAGE INTEREST	Total \$ 524. \$ 524.\$	0.\$ 0.
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
CORPORATION COMMISSION PAYROLL TAXES	(a) (b) Net (c) Expenses Investment Adjus per Books Income Net In \$ 10. \$ 10. 3,444. 1,515. Total \$ 3,454. \$ 1,525. \$	ted Charitable
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses		
BANK SERVICE CHARGES BUSINESS MEETING MEALS DUES AND SUBSCRIPTIONS EDUCATION GENERAL OFFICE EXPENSE INSURANCE POSTAGE	(a) (b) Net (2) (c) Net Expenses Investment Adjusted From Section 10 (c) Net Investment Adjusted From Section	
SUPPLIES TELEPHONE	105. 105. 673. 673. Total \$ 6,965. \$ 6,775. \$	0. \$ 190.
Statement 4 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment		
Category	Accum. Book Basis Deprec. Value	Fair Market Value
Furniture and Fixtures Machinery and Equipment	\$ 1,829. \$ 1,829. \$ 4,911. 3,683. 1,	0. \$ 0. 228. 6,740. 228. \$ 6,740.

2010	Fede	eral Stater	nents		Page 2
Client MURPHEY		ND HELEN MOUNDATION,			86-080231
5/15/12		DONDATION,	inc	<u> </u>	09 04P
Statement 5 Form 990-PF, Part II, Line 15 Other Assets					
DEPOSIT STATE COMP FUND			<u>Boo</u> \$ Total <u>\$</u>		Market Value
Statement 6 Form 990-PF, Part II, Line 22 Other Liabilities					
PAYROLL LIABILITIES				\$	1,088.
				Total \$	1,088.
					
1 100000 LaSalle Bank	escription k	ent Income	(b) How <u>Acquired</u> Purchased Purchased	(c) Date <u>Acquired</u> 5/18/2006 1/31/2007	(d) Date Sold 8/12/201 2/28/201
2 100000 Meridian Ban 3 100000 World Saving 4 Euro Pacific 5 Fundamental Investo 6 Growth Fund of Amer 7 New World Fund 8 Smallcap World Fund 9 Midcap SPDR 10 Washington Mutual I	s rs ica		Purchased Purchased Purchased Purchased Purchased Purchased Purchased	6/20/2007 7/01/1996 12/01/2000 7/26/1999 9/20/1999 7/01/1996 12/23/1999 7/01/1996	6/30/202 1/31/202 1/31/202 1/31/202 1/31/202 1/31/202 1/31/202
(e) (f) Gross Deprec. Item Sales Allowed 1 100,000. 2 96,000.	(g) Cost <u>Basis</u> 95,480. 96,000. 95,000.	(h) Gain (Loss) 4,520. 0. 0. 3,442.	FMV Adj.	j) (k) Bas. Excess 1/69 (i)-(j)	(1) Gain (Loss) \$ 4,520
1 100,000. 2 96,000. 3 95,000. 4 24,995. 5 99,995. 6 99,995. 7 49,995. 8 24,995.	21,553. 87,487. 85,563. 21,484. 16,924.	12,508. 14,432. 28,511. 8,071.			12,500 14,43 28,51

2010	Federal Statements			Page 3
Client MURPHEY	JOHN AND HELEN FOUNDATIO			86-0802319
5/15/12				09:04PM
Statement 8 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
ARIZONA THEATRE COMPANY 40 E 14TH TUCSON, AZ 85701	N/A	PUBLIC	SUPPORT THEATRE OPERATIONS	\$ 2,500.
THE NATURE CONSERVANCY 1510 E FT LOWELL ROAD TUCSON, AZ 85719	N/A	PUBLIC	SUPPORT PIMA COUNTY CONSERVATION (\$2000)	2,500.
TUCSON SYMPHONY SOCIETY 443 S STONE AVE TUCSON, AZ 85701	N/A	PUBLIC	SUPPORT SYMPHONY OPERATIONS	2,500.
UNIVERSITY OF ARIZONA FND P.O. BOX 210109 TUCSON, AZ 85721	N/A	PUBLIC	SCHOLARSHIPS	122,000.
JUNIOR LEAGUE 2099 E RIVER ROAD TUCSON, AZ 85718	N/A	PUBLIC	HELP PAY FOR OPERATIONS	2,500.
BIG BROTHERS BIG SISTERS 160 E ALAMEDA TUCSON, AZ 85701	N/A	PUBLIC	SUPPORT WORK WITH KIDS	12,500.
EMERGE CENTER FOR DOMESTIC VOLIENCE 2545 E ADAMS TUCSON, AZ 85716	N/A	PUBLIC	SUPPORT ONGOING PROGRAMS	17,500.
COMMUNITY FOOD BANK P.O. BOX 26727 TUCSON, AZ 85775	N/A	PUBLIC	SUPPORT FOOD PROGRAMS FOR POOR	17,500.
PLANNED PARENTHOOD 2255 N WYATT TUCSON, AZ 85712	N/A	PUBLIC	SUPPORT PROGRAMS	12,500.
ST ELIZABETH OF HUNGARY CLINC 140 W SPEEDWAY BLVD TUCSON, AZ 85705	N/A	PUBLIC	SUPPORT OPERATIONS OF CLINIC	2,500.
THE HAVEN 1107 EAST ADELAIDE TUCSON, AZ 85719	N/A	PUBLIC	FUND OPERATIONS FOR CENTER ASSISTING ABUSED INDIVIDUALS	12,500.
TUCSON ASSN FOR THE BLIND 3767 E GRANT ROAD TUCSON, AZ 85716	N/A	PUBLIC	GENERAL SUPPORT	1,000.

2010	Federal Statements			Page 4
Client MURPHEY	JOHN AND HELEN MURPHEY FOUNDATION, INC			86-0802319
5/15/12				09 04PM
Statement 8 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name_and_Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
YMCA 60 W ALAMEDA TUCSON, AZ 85701	N/A	PUBLIC	ANNUAL CAMPAIGNS	\$ 6,500.
HABITAT FOR HUMANITY 621 W LESTER ST TUCSON, AZ 85705	NONE	PUBLIC	FUND HOME TO BE BUILT IN SCHOOLS	2,500.
PRIMAVERA FOUNDATION, INC 702 S 6TH AVENUE TUCSON, AZ 85701	NONE	PUBLIC	EMERGENCY PROGRAM FUNDING	20,000.
CHILD LANGUAGE CENTER PO BOX 391 TUCSON, AZ 85702	NONE	PUBLIC	FUNDING OF SPEECH CLINICIAN	15,000.
PIMA COMMUNITY COLLEGE FOUNDAT 4905C EAST BROADWAY BLVD TUCSON, AZ 85709	NONE	PUBLIC	SCHOLOARSHIPS	16,000.
PHI BETA KAPPA OF GREATER TUCS 3831 SUMO NOVENO TUCSON, AZ 85718	NONE	PUBLIC	SCHOLARSHIPS	8,000.
CAREGIVER TRAINING INSTITUTE 1940 E Silverlake Road, Suite 402 TUCSON, AZ 85713	NONE	PUBLIC	PROVIDE STUDENTS WITH KITS FOR FUTURE TRAINING	10,000.
SAHUARO GIRL SCOUT COUNCIL 4300 E Broadway Blvd. TUCSON, AZ 85711	NONE	PUBLIC	SUPPORT PROGRAMS	2,500.
GOSPEL RESCUE MISSION 707 W MIRACLE MILE TUCSON, AZ 85713	NONE			1,500.
YOUTH ON THEIR OWN 1443 W PRINCE ROAD #7 TUCSON, AZ 85705	NONE			1,500.
			Total	\$ 291,500.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X	

	e filing for an Additional (Not Automatic) 3-Mont Iplete Part II unless you have already been grante						
Electronic fi corporation request an e Associated V	illing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www irs gov/efile and click	B if you nee t automatic) Part I or Paust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct)	to file	e (6 month cally file F	orm 8868 to	
Part I A	utomatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).				
	on required to file Form 990-T and requesting an			comple	ete Part I	only.	
	rporations (including 1120-C filers), partnerships,			-		_	
Name of exempt organization				Emplo	yer identifica	tion number	
JOHN AND HELEN MURPHEY FOUNDATION, INC 86-08023				NRN231	a		
File by the	Number, street, and room or suite number. If a P.O. box, see in	e instructions			00 0002313		
due date for filing your return See	4729 E SUNRISE DRIVE, PMB 424						
instructions	City, town or post office, state, and ZIP code For a foreign add	Iress, see instru	ictions				
	TUCSON, AZ 85718						
Enter the Re	eturn code for the return that this application is fo	or (file a ser	parate application for each return)			04 Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-B	L	02	Form 1041-A				
Form 990-E	Z	03	Form 4720			09	
Form 990-P	F	04	Form 5227			10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	90-T (trust other than above) 06 Form 8870			12			
Telephor If the ore If this is check the	ss are in the care of ► ANA M NYGREN The No. ► 520-577-1196 The ganization does not have an office or place of but for a Group Return, enter the organization's four box ► If it is for part of the group, check the group is for	siness in the digit Group k this box	Exemption Number (GEN) If				
untıl	est an automatic 3-month (6 months for a corpora $2/15$, 20 12 _ , to file the exempt or stension is for the organization's return for calendar year 20 or $1/2$ _ , $1/2$ _	ganızatıon r	eturn for the organization named above				
	tax year entered in line 1 is for less than 12 mon- lange in accounting period			al retu	urn		
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3a	\$	2,402.	
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made Include any prior year overpayment a	llowed as a	credit	3 b	\$	1,280.	
EFIPS	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System) See	instructions	5	විල	_	1,122.	
Caution. If y payment ins	you are going to make an electronic fund withdra structions	wal with this	s Form 8868, see Form 8453-EO and For	m 887	79-EO for		

Form 8868	8 (Rev 1-2011)				Page 2
If yoù	are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II and check the	nis box	► X
	y complete Part II if you have already been granted			ly filed Form 8868	_
• If you	are filing for an Automatic 3-Month Extension, cor	nplete only	Part I (on page 1)		
Partu	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (n	no copies needed).	
	Name of exempt organization			Employer identification numbe	r
Type or print					
	Number, street, and room or suite number. If a P O box, see inst	ructions			
File by the extended due date for filing the 4729 E SUNRISE DRIVE, PMB 424					
filing the return See instructions 4 / 2 9 E SUNRISE DRIVE, PMB 424 City, town or post office, state, and ZIP code For a foreign address, see instructions TUCSON, AZ 85718					
	110C3ON, AZ 83718				
Enter the	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For	on	Return Code	Application Is For		Return Code
Form 990		01	A THE STATE OF THE		
Form 990-	BL	02	Form 1041-A		08
Form 990-	EZ	03	Form 4720		09
Form 990-		04	Form 5227		10
Form 990-	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a previo	usly filed Form 8868.	
Teleph If the	none No > 520-577-1196 organization does not have an office or place of but is for a Group Return, enter the organization's four	siness in th		If this	► □
whole gro	up, check this box $ ightharpoonup$ If it is for part of the gr	oup, check t	this box 🏲 🗌 and attach a list wit	h the names and EINs	of all
	the extension is for				
5 For 6 6 If the	quest an additional 3-month extension of time until calendar year, or other tax year beginning tax year entered in line 5 is for less than 12 month Change in accounting period e in detail why you need the extension	ths, check r	, 20 10, and ending eason Initial return	Final return	
8a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	8a \$	2,402.
payr	is application is for Form 990-PF, 990-T, 4720, or 6 ments made Include any prior year overpayment al Form 8868	069, enter llowed as a	any refundable credits and estimated credit and any amount paid previou	d tax sly 8b\$	1,280.
c Bala EFTI	ance due. Subtract line 8b from line 8a Include you PS (Electronic Federal Tax Payment System) See	ır payment ınstruction:	with this form, if required, by using s	8c.\$	1,122.
Under penalti correct, and c	Sign les of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form		d Verification ledules and statements, and to the best of my kn	owledge and belief, it is true,	
Signature •	Title ▶	Truste	e	Date ►	<u>.</u>
BAA		FIFZ0502L	11/15/10	Form 8868	(Rev 1-2011)