



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



# Return of Organization Exempt From Income Tax

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011

|   |   |                       |                                  |  |                                     |  |
|---|---|-----------------------|----------------------------------|--|-------------------------------------|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>XAVIER FOUNDATION, INC.<br>Doing Business As                           |                       |                                  | <b>D Employer identification number</b><br>86-0806832  |                                     |  |
|   | Number and street (or P O box if mail is not delivered to street address)                               |                       | Room/suite                       | <b>E Telephone number</b><br>(602) 277-3772  |                                     |  |
|   | City or town, state or country, and ZIP + 4<br>PHOENIX, AZ 85012  |                       |                                  | <b>G Gross receipts \$</b> 804,565.  |                                     |  |
|   | <b>F Name and address of principal officer</b> PAULINE FITZ-GERALD<br>4710 N. 5TH ST. PHOENIX, AZ 85012 |                       |                                  | <b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "No," attach a list (see instructions) |                                     |  |
| <b>I Tax-exempt status</b> X 501(c)(3) 501(c) ( ) (insert no) 4947(a)(1) or 527   |   | <b>J Website:</b> N/A |                                  |  | <b>H(c) Group exemption number</b>  |  |
| <b>K Form of organization:</b> X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |   |                       | <b>L Year of formation:</b> 1996 |  | <b>M State of legal domicile</b> AZ |  |

**Part I Summary**

|                                    |   |  |   |   |
|------------------------------------|---|--|---|---|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>TO PROVIDE FOR THE LONG-TERM PROSPERITY AND FISCAL HEALTH OF XAVIER COLLEGE PREPARATORY BY SUBSTANTIALLY ENHANCING THE FINANCIAL RESOURCES AVAILABLE FOR KEY AREAS OF THE (CONTINUED ON SCHEDULE O) |  |   |   |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |  |   |   |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)                  | 3 19.   |   |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)      | 4 19.   |   |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2010 (Part V, line 2a)       | 5 0.  |   |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)                                 | 6 49.   |   |
|                                    | <b>7a</b>   | Total gross unrelated business revenue from Part VIII, column (C), line 12         | 7a 0.   |   |
|                                    | <b>7b</b>   | Net unrelated business taxable income from Form 990-T, line 34                     | 7b  |   |
|                                    | <b>Revenue</b>  | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                     | Prior Year: 123,095. Current Year: 150,785. |
|                                    |   | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                      | 0.  |
| <b>10</b>                          |   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 99,516. 93,639.   |   |
| <b>11</b>                          |   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0.  |   |
| <b>12</b>                          |   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 222,611. 244,424.   |   |
| <b>Expenses</b>                    |   | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 73,773. 92,859.                             |
|                                    |   | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0.  |
|                                    |   | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0.  |
|                                    |   | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0.  |
|                                    |   | <b>16b</b>   | Total fundraising expenses (Part IX, column (D), line 25)                         | 7,970.                                      |
|                                    |   | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      | 10,750. 21,057.                             |
|                                    |   | <b>18</b>  | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 84,523. 113,916.                            |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12  | 138,088. 130,508.  |   |   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)   | Beginning of Current Year: 1,366,597. End of Year: 1,638,692.                     |   |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)  |   |   |
|                                    | <b>22</b>   | Net assets or fund balances Subtract line 21 from line 20                          | 1,366,597. 1,638,692.   |   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |   |               |
|------------------|---|---------------|
| <b>Sign Here</b> | Signature of officer: <i>Pauline Fitz-Gerald</i>          | Date: 2-10-12 |
|                  | Type or print name and title: Pauline Fitz-Gerald Trustee |               |

|                               |   |   |               |  |                 |
|-------------------------------|---|---|---------------|--|-----------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name: Amy O'Loughlin                      | Preparer's signature: <i>Amy O'Loughlin</i> | Date: 2-10-12 | Check if self-employed: <input type="checkbox"/> | PTIN: P00869687 |
|                               | Firm's name: CBYZ MHM, LLC                                      |   |               | Firm's EIN: 34-1884125                           |                 |
|                               | Firm's address: 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012 |   |               | Phone no: 602-264-6835                           |                 |

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

TO PROVIDE FOR THE LONG-TERM PROSPERITY AND FISCAL HEALTH OF XAVIER COLLEGE PREPARATORY BY SUBSTANTIALLY ENHANCING THE FINANCIAL RESOURCES AVAILABLE FOR KEY AREAS OF THE XAVIER EDUCATION: SCHOLARSHIP, FACULTY DEVELOPMENT, CAPITAL PROJECTS, AND TECHNOLOGY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** 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 \$ 68,174. including grants of \$ 68,174. ) (Revenue \$ )

TO PROVIDE 14 NEED-BASED SCHOLARSHIPS TO XAVIER COLLEGE PREP STUDENTS THROUGH A PROCESS OF DELIBERATION BY A COMMITTEE COMPRISED OF DONORS, XAVIER TEACHERS, COUNSELORS AND ADMINISTRATIVE STAFF. THESE SCHOLARSHIPS ENABLE STUDENTS TO ATTEND XAVIER COLLEGE PREPARATORY WHO OTHERWISE WOULD NOT HAVE THE OPPORTUNITY TO DO SO DUE TO FINANCIAL REASONS.

**4b** (Code: ) (Expenses \$ 22,800. including grants of \$ 22,800. ) (Revenue \$ )

TO PROVIDE DONOR FUNDS TO XAVIER COLLEGE PREP FOR THE PURPOSE OF SUPPORTING THE CURRENT CAPITAL CAMPAIGN KNOWN AS FOUNDERS HALL. FOUNDERS HALL WILL BE A MULTI-PURPOSE BUILDING WHICH WILL ENHANCE THE LEARNING AND EDUCATION EXPERIENCE OF XAVIER STUDENTS IN MANY ASPECTS. THE BUILDING WILL PROVIDE ASSEMBLY SPACE FOR GROUP LEARNING, STUDENT PROJECT WORK AND STUDY, AND WILL FOSTER CREATIVE THOUGHT AND SOLUTIONS TO PROBLEMS.

**4c** (Code: ) (Expenses \$ 1,885. including grants of \$ 1,885. ) (Revenue \$ )

TO PROVIDE XAVIER COLLEGE PREP WITH FUNDS FOR FACULTY DEVELOPMENT WHICH WILL BE USED TO ENHANCE XAVIER'S FACULTY WITH DEVELOPMENT OPPORTUNITIES THAT WILL FURTHER DEVELOP THEIR TEACHING SKILLS AND ENRICH THE CLASSROOM EXPERIENCE OF XAVIER STUDENTS.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 92,859.

Part IV Checklist of Required Schedules

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows 21-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax-related questions and their corresponding responses.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAULINE FITZ-GERALD 4710 N. 5TH ST. PHOENIX, AZ 85012 (602) 277-3772

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

Check if Schedule O contains a response to any question in this Part VII.

**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.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MIKE BERMAN<br>TRUSTEE                             | 1.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) NANCY BIDWILL<br>TRUSTEE                           | .50  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) BETTY BOOL<br>TRUSTEE                              | .50  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) SANDRA BYRNE<br>TRUSTEE                            | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) DEBBIE DEMORE<br>TRUSTEE                           | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) POLLY FITZ-GERALD<br>TRUSTEE - TREASURER/SECRETARY | 4.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (7) AMY FLOOD<br>TRUSTEE                               | 2.50   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) KRISTEN FOSTER<br>TRUSTEE                          | 1.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) KATHLEEN HARRIS<br>VICE PRESIDENT                  | .50  | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (10) DOLORES KORDEK<br>TRUSTEE                         | 1.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) JEFF KRAUSE<br>TRUSTEE                            | 1.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) GREG KRUZEL<br>PRESIDENT                          | 2.00   | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (13) KELLY MCKONE<br>TRUSTEE                           | .33  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) DOUG MUELLER<br>TRUSTEE                           | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) PAUL ROSHKA<br>TRUSTEE                            | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) MICHAEL STRANEVA<br>TRUSTEE                       | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (17) FAYE TAIT<br>TRUSTEE                                      | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (18) TOM WILKY<br>TRUSTEE                                      | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (19) CAROLE ZACHER<br>TRUSTEE                                  | .15  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (20)   |  |  |                       |         |              |                              |        |  |   |   |
| (21)   |  |  |                       |         |              |                              |        |  |   |   |
| (22)   |  |  |                       |         |              |                              |        |  |   |   |
| (23)   |  |  |                       |         |              |                              |        |  |   |   |
| (24)   |  |  |                       |         |              |                              |        |  |   |   |
| (25)   |  |  |                       |         |              |                              |        |  |   |   |
| (26)   |  |  |                       |         |              |                              |        |  |   |   |
| (27)   |  |  |                       |         |              |                              |        |  |   |   |
| (28)   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue        | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |         |  |
|---|---|--|----------------------|---|---|---|---------|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | 1a  | Federated campaigns . . . . .  | 1a                   |   |   |   |         |  |
|   | b   | Membership dues . . . . .  | 1b                   |   |   |   |         |  |
|   | c   | Fundraising events . . . . .   | 1c                   |   |   |   |         |  |
|   | d   | Related organizations . . . . .  | 1d                   |   |   |   |         |  |
|   | e   | Government grants (contributions) . . . . .  | 1e                   |   |   |   |         |  |
|   | f   | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | 1f                   | 150,785.  |   |   |         |  |
|   | g   | Noncash contributions included in lines 1a-1f \$   |                      |   |   |   |         |  |
|   | h   | <b>Total. Add lines 1a-1f . . . . .</b>  |                      | 150,785.  |   |   |         |  |
| <b>Program Service Revenue</b>                                    |   |  | <b>Business Code</b> |   |   |   |         |  |
|   | 2a  | _____  |                      |   |   |   |         |  |
|   | b   | _____  |                      |   |   |   |         |  |
|   | c   | _____  |                      |   |   |   |         |  |
|   | d   | _____  |                      |   |   |   |         |  |
|   | e   | _____  |                      |   |   |   |         |  |
|   | f   | All other program service revenue . . . . .  |                      |   |   |   |         |  |
| g   | <b>Total. Add lines 2a-2f . . . . .</b>                               |  | 0.                   |   |   |   |         |  |
| <b>Other Revenue</b>  | 3   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                      | 52,718.   |   | 52,718.   |         |  |
|   | 4   | Income from investment of tax-exempt bond proceeds . . . . .   |                      | 0.  |   |   |         |  |
|   | 5   | Royalties . . . . .  |                      | 0.  |   |   |         |  |
|   | 6a  | Gross Rents . . . . .  | (i) Real             |   |   |   |         |  |
|   |   |  | (ii) Personal        |   |   |   |         |  |
|   |   |  | b                    | Less rental expenses . . . . .                            |   |   |         |  |
|   |   |  | c                    | Rental income or (loss) . . . . .                         |   |   |         |  |
|   | d   | Net rental income or (loss) . . . . .  |                      | 0.  |   |   |         |  |
|   | 7a  | Gross amount from sales of<br>assets other than inventory  | (i) Securities       |   |   |   |         |  |
|   |   |  | (ii) Other           |   |   |   |         |  |
|   |   |  | b                    | Less. cost or other basis<br>and sales expenses . . . . . |   | 601,062.  |         |  |
|   |   |  | c                    | Gain or (loss) . . . . .                                  |   | 560,141.  |         |  |
|   | d   | Net gain or (loss) . . . . .   |                      | 40,921.   | 0.                                      | 0.  | 40,921. |  |
|   | 8a  | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                    |   |   |   |         |  |
|   | b   | Less direct expenses . . . . .   | b                    |   |   |   |         |  |
| c   | Net income or (loss) from fundraising events . . . . .                |  |                      | 0.  |   |   |         |  |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . . | a  |                      |   |   |   |         |  |
| b   | Less. direct expenses . . . . .                                       | b  |                      |   |   |   |         |  |
| c   | Net income or (loss) from gaming activities . . . . .                 |  |                      | 0.  |   |   |         |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .    | a  |                      |   |   |   |         |  |
| b   | Less. cost of goods sold . . . . .                                    | b  |                      |   |   |   |         |  |
| c   | Net income or (loss) from sales of inventory . . . . .                |  |                      | 0.  |   |   |         |  |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>   |                      |   |   |   |         |  |
| 11a   | _____   |  |                      |   |   |   |         |  |
| b   | _____   |  |                      |   |   |   |         |  |
| c   | _____   |  |                      |   |   |   |         |  |
| d   | All other revenue . . . . .   |  |                      |   |   |   |         |  |
| e   | <b>Total. Add lines 11a-11d . . . . .</b>                             |  |                      | 0.  |   |   |         |  |
| 12  | <b>Total revenue. See instructions . . . . .</b>                      |  | 244,424.             | 0.  | 0.                                      | 93,639.   |         |  |

**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).

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .  | 22,800.               | 22,800.                         |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .  | 70,059.               | 70,059.                         |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0.                    |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 0.                    |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 0.                    |                                 |  |                             |
| 10 Payroll taxes . . . . .   | 0.                    |                                 |  |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 0.                    |                                 |  |                             |
| c Accounting . . . . .   | 1,480.                |                                 | 1,480.                                 |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17   | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 9,878.                |                                 | 9,878.                                 |                             |
| g Other . . . . .  | 0.                    |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 0.                    |                                 |  |                             |
| 13 Office expenses . . . . .   | 889.                  |                                 | 889.                                   |                             |
| 14 Information technology . . . . .  | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 0.                    |                                 |  |                             |
| 17 Travel . . . . .  | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0.                    |                                 |  |                             |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 0.                    |                                 |  |                             |
| 23 Insurance . . . . .   | 830.                  |                                 | 830.                                   |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)   |                       |                                 |  |                             |
| a LICENSES . . . . .   | 10.                   |                                 | 10.                                    |                             |
| b RECOGNITION DINNER . . . . .   | 7,970.                |                                 |  | 7,970.                      |
| c . . . . .  |                       |                                 |  |                             |
| d . . . . .  |                       |                                 |  |                             |
| e . . . . .  |                       |                                 |  |                             |
| f All other expenses . . . . .   |                       |                                 |  |                             |
| <b>25 Total functional expenses. Add lines 1 through 24f</b>   | <b>113,916.</b>       | <b>92,859.</b>                  | <b>13,087.</b>                         | <b>7,970.</b>               |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 80,235.                  | <b>1</b>   | 134,720.           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 73,592.                  | <b>2</b>   | 22,940.            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                    |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>   |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b>               |            |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b>               |            | <b>10c</b>         |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 1,212,770.               | <b>11</b>  | 1,481,032.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 1,366,597.   | <b>16</b>                | 1,638,692. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b>  |                    |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
| <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .          |  | <b>25</b>                |            |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                |  | <b>26</b>                |            |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 367,263.                 | <b>27</b>  | 423,052.           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 605,927.                 | <b>28</b>  | 749,396.           |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 393,407.                 | <b>29</b>  | 466,244.           |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>  |                    |
| <b>33 Total net assets or fund balances</b> . . . . .                         | 1,366,597.   | <b>33</b>                | 1,638,692. |                    |
| <b>34 Total liabilities and net assets/fund balances</b> . . . . .            | 1,366,597.   | <b>34</b>                | 1,638,692. |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |            |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 244,424.   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 113,916.   |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 130,508.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 1,366,597. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 141,587.   |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,638,692. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | 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?  |     | X  |
| 3b | 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.   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

XAVIER FOUNDATION, INC.

Employer identification number

86-0806832

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|---|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes   | No |                         |
| (A)                                |          |   |  |    |   |    |   |    |                         |
| (B)                                |          |   |  |    |   |    |   |    |                         |
| (C)                                |          |   |  |    |   |    |   |    |                         |
| (D)                                |          |   |  |    |   |    |   |    |                         |
| (E)                                |          |   |  |    |   |    |   |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 37.14%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 36.87%; 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .   |          |          |          |          |          |           |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

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

---

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

---

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

XAVIER FOUNDATION, INC.

Employer identification number

86-0806832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

JSA 0E1268 1 000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

|  | Amount |
|--|--------|
| 1c Beginning balance . . . . .             |        |
| 1d Additions during the year . . . . .     |        |
| 1e Distributions during the year . . . . . |        |
| 1f Ending balance . . . . .                |        |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 1,366,597.       | 1,225,240.     | 1,418,462.         |                      |                     |
| b Contributions . . . . .                                  | 150,785.         | 123,095.       | 139,218.           |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 235,226.         | 102,786.       | -249,054.          |                      |                     |
| d Grants or scholarships . . . . .                         | 92,859.          | 73,774.        | 68,993.            |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        | 21,057.          | 10,750.        | 14,393.            |                      |                     |
| g End of year balance . . . . .                            | 1,638,692.       | 1,366,597.     | 1,225,240.         |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 26.0000 %
- b Permanent endowment ▶ 28.0000 %
- c Term endowment ▶ 46.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  | X  |
| (ii) related organizations . . . . .  | 3a(ii) | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                  |                                      |                                 |                              |                |
| b Buildings . . . . .              |                                      |                                 |                              |                |
| c Leasehold improvements . . . . . |                                      |                                 |                              |                |
| d Equipment . . . . .              |                                      |                                 |                              |                |
| e Other . . . . .                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .                                       |                |   |
| (2) Closely-held equity interests . . . . .                               |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| (I) _____   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ |                |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation.<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2)  |            |
| (3)  |            |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ |            |

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |  |    |
|---|--|----|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  |
| 3   | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  |
| 4   | Net unrealized gains (losses) on investments   | 4  |
| 5   | Donated services and use of facilities   | 5  |
| 6   | Investment expenses  | 6  |
| 7   | Prior period adjustments   | 7  |
| 8   | Other (Describe in Part XIV.)  | 8  |
| 9   | Total adjustments (net). Add lines 4 through 8   | 9  |
| 10  | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |    |
|--|---|----|
| 1  | Total revenue, gains, and other support per audited financial statements        | 1  |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |
| a  | Net unrealized gains on investments   | 2a |
| b  | Donated services and use of facilities  | 2b |
| c  | Recoveries of prior year grants   | 2c |
| d  | Other (Describe in Part XIV.)   | 2d |
| e  | Add lines 2a through 2d   | 2e |
| 3  | Subtract line 2e from line 1  | 3  |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |
| b  | Other (Describe in Part XIV.)   | 4b |
| c  | Add lines 4a and 4b   | 4c |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |
|---|--|----|
| 1   | Total expenses and losses per audited financial statements                       | 1  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |
| a   | Donated services and use of facilities   | 2a |
| b   | Prior year adjustments   | 2b |
| c   | Other losses   | 2c |
| d   | Other (Describe in Part XIV.)  | 2d |
| e   | Add lines 2a through 2d  | 2e |
| 3   | Subtract line 2e from line 1   | 3  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |
| b   | Other (Describe in Part XIV.)  | 4b |
| c   | Add lines 4a and 4b  | 4c |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART V, LINE 4

ENDOWED FUNDS ARE A PERMANENT TRIBUTE TO THE BELIEFS AND VALUES OF THE

DONOR. THESE FUNDS CREATE AN EVERLASTING AND HIGHLY VISIBLE CONNECTION

BETWEEN THE INDIVIDUAL OR FAMILY FOR WHOM THE FUND IS NAMED AND THE

ONGOING SUCCESS OF THE PROGRAM.

**Part XIV** Supplemental Information *(continued)*

---

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

XAVIER FOUNDATION, INC.

Employer identification number  
86-0806832

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed.

| 1    | (a) Name and address of organization or government                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | XAVIER COLLEGE PREPARATORY<br>4510 N. 5TH STREET PHOENIX, AZ 85012 | 26-3832736 | 501(C)(3)                     | 22,800.                  |                                   |   |  | FOUNDERS HALL                      |
| (2)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (3)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (4)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (5)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (6)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (7)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (8)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (9)  | -----  |            |                               |                          |                                   |   |  |                                    |
| (10) | -----  |            |                               |                          |                                   |   |  |                                    |
| (11) | -----  |            |                               |                          |                                   |   |  |                                    |
| (12) | -----  |            |                               |                          |                                   |   |  |                                    |

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

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

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIP                   | 14.                      | 68,174.                  |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I LINE 2

XAVIER FOUNDATION INSURES THE FUNDS ARE USED FOR TUITION ASSISTANCE THROUGH DIALOGUE WITH THE FINANCE DEPARTMENT. THE RECIPIENTS ARE REVIEWED EACH SEMESTER TO MAKE SURE THEY STILL MEET THE CRITERIA OF THE SCHOLARSHIP AWARDED TO THEM. THE FOUNDATION AND SCHOOL SHARE ADMINISTRATIVE STAFF, NO FURTHER MONITORING IS NECESSARY.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| 1 | (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 |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 2 |                                 |                          |                          |                                   |   |  |
| 3 |                                 |                          |                          |                                   |   |  |
| 4 |                                 |                          |                          |                                   |   |  |
| 5 |                                 |                          |                          |                                   |   |  |
| 6 |                                 |                          |                          |                                   |   |  |
| 7 |                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II LINE 1

XAVIER FOUNDATION INSURES THE FUNDS ARE USED FOR THE FOUNDERS HALL CAPITAL CAMPAIGN THROUGH DIALOGUE WITH THE FINANCE DEPARTMENT. THE FOUNDATION AND THE SCHOOL SHARE ADMINISTRATIVE STAFF, NO FURTHER MONITORING IS NECESSARY.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

XAVIER FOUNDATION, INC.

Employer identification number

86-0806832

FORM 990 PART I LINE 1

ORGANIZATION'S MISSION - CONTINUED FROM PART I, LINE 1

XAVIER EDUCATION: SCHOLARSHIP, FACULTY DEVELOPMENT, CAPITAL PROJECTS,  
AND TECHNOLOGY.

FORM 990 PART VI-A, LINE 7A: THE DIRECTOR OF DEVELOPMENT OF XAVIER  
COLLEGE PREPARATORY MUST BE A TRUSTEE OF THE FOUNDATION.

FORM 990 PART VI-A, LINE 7B: IT SHALL BE THE FUNCTION OF THE ADVISORY  
BOARD TO ADVISE THE TRUSTEE IN MATTERS RELATING TO THE XAVIER FOUNDATION  
FUND; HOWEVER, THE TRUSTEE AFTER CONSULTATION WITH THE ADVISORY BOARD,  
MAY RETAIN INVESTMENT COUNSELORS, ADVISORS, OR AGENTS, AS TO ALL MATTERS  
RELATING TO INVESTMENTS, RE-INVESTMENTS AND DISTRIBUTION OF FUNDS. THE  
TRUSTEE SHALL AT ALL TIMES HAVE ULTIMATE AUTHORITY AND POWER OVER  
INVESTMENTS, RE-INVESTMENTS AND DISTRIBUTION OF FUNDS EXCEPT FOR  
EXPENDITURES OVER FIVE THOUSAND DOLLARS (\$5,000). FOR EXPENDITURES OVER  
FIVE THOUSAND DOLLARS (\$5,000), THE EXPENDITURES MUST BE PRESENTED TO THE  
ADVISORY BOARD FOR CONSULTATION. THE ADVISORY BOARD MUST APPROVE ANY  
DISPOSITION OF FUNDS IN THE EVENT OF ULTIMATE DISSOLUTION OF THE  
ENDOWMENT FUND.

FORM 990 PART VI-B, LINE 11A: THE EXECUTIVE DIRECTOR AND THE BOARD WILL  
REVIEW THE 990 AFTER IT HAS BEEN COMPLETED AND REVIEWED BY AN INDEPENDENT  
ACCOUNTING FIRM.

Name of the organization

XAVIER FOUNDATION, INC.

Employer identification number

86-0806832

FORM 990 PART VI-B, LINE 12C

XAVIER FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES XAVIER FOUNDATION OFFICERS AND DIRECTORS TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST INVOLVING THEMSELVES, THEIR FAMILY MEMBERS, AND THEIR BUSINESS INTEREST ON A QUESTIONNAIRE DISTRIBUTED BY XAVIER COLLEGE PREPARATORY'S DIRECTOR OF HUMAN RESOURCES. THE DIRECTOR OF HUMAN RESOURCES ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS THEM FOR CONFLICTS, AND SUBMITS TO THE BOARD FOR REVIEW ANY QUESTIONNAIRES THAT DISCLOSE ACTUAL OR POTENTIAL CONFLICTS.

FORM 990 PART VI-B, LINE 15

NO COMPENSATION IS PAID TO TRUSTEE OR OFFICER.

FORM 990 PART VI-C, LINE 19

XAVIER FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

UNREALIZED GAINS \$141,587.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|   |  |   |
|---|--|---|
| <b>Type or print</b>  | Name of exempt organization<br><b>XAVIER FOUNDATION, INC.</b>  | Employer identification number<br><b>86-0806832</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>4710 N. 5TH ST.</b>                     |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>PHOENIX, AZ 85012</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

- The books are in the care of ▶ PAULINE FITZ-GERALD

Telephone No. ▶ 602 277-3772      FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_\_\_ or

▶  tax year beginning 07/01, 2010, and ending 06/30, 2011.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |              |
|--|--------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.