Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

ENVELOPE POSTMARK DATE 1 4 2009

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: RODEL CHARITABLE FOUNDATION - AZ

Doing Business As: C/O ARIZONA COMMUNITY FOUNDATION

Number and street (or P O box if mail is not delivered to street address): 2201 EAST CAMELBACK ROAD, SUITE 202 — Room/suite:

City or town, state or country, and ZIP + 4: PHOENIX, AZ 85016

D Employer identification number: 86-0941890

E Telephone number: (602) 381-1400

G Gross receipts $ 19,613,568.

F Name and address of principal officer: CAROL PECK
2201 E. CAMELBACK RD, STE. 202 PHOENIX, AZ 85016

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.RODELFOUNDATIONAZ.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1999 **M** State of legal domicile AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, AN AZ NONPROFIT CORPORATION, SO LONG AS ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	7,974.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	7,501.

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	656,450.	759,150.
	9	Program service revenue (Part VIII, line 2g)	NONE	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,880,431.	2,865,168.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613.	29,690.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,537,494.	3,654,008.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	664,458.	825,179.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,052.	1,475,060.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 90,142.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,377,683.	1,282,202.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,317,193.	3,582,441.
	19	Revenue less expenses Subtract line 18 from line 12	-779,699.	71,567.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	35,811,442.	24,330,332.
	21	Total liabilities (Part X, line 26)	754,457.	458,828.
	22	Net assets or fund balances Subtract line 21 from line 20	35,056,985.	23,871,504.

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

Sign Here

▶ Signature of officer — Date 11/16/09

▶ DEBORAH WHITEHURST, SECRETARY
Type or print name and title

RECEIVED 2010 IRS-OSC OGDEN, UT

Paid Preparer's Use Only

Preparer's signature ▶ — Date 11/16/2009 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM, LLC
3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012

EIN ▶ 34-1884125

Phone no ▶ 602-264-6835

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

SCANNED JAN 0 6 2010

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

Form **990** (2008)

JSA
8E1010 2 000

RW5773 A11A 11/14/2009 15:12:38 58-2143.40 [redacted] 4

9/6 18 NE

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, AN AZ NONPROFIT CORPORATION SO LONG AS ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.

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 $ 218,750. including grants of $ 218,750.) (Revenue $ NONE)
OTHER GRANTS TO CHARITABLE ORGANIZATIONS IN SUPPORT OF THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, INC.

4b (Code:) (Expenses $ 2,786,990. including grants of $ 606,429.) (Revenue $ NONE)
DESIGNING EDUCATIONAL STRATEGIES AND SOLUTIONS WHICH CAN BE REPLICATED AND IMPLEMENTED, PARTICULARLY IN RURAL OR IMPOVERISHED AREAS, WHICH WILL DIRECTLY IMPROVE STUDENT ACHIEVEMENT IN SUPPORT OF THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, INC.

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 3,005,740. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	69		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body 1a 7			
b	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ARIZONA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 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: ▶ PAUL VELASKI 2201 E. CAMELBACK RD, STE. 202 PHX, AZ , 85016
602-381-1400

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DONALD V. BUDINGER CHAIRMAN/DIRECTOR	15.	X		X				NONE	NONE	NONE
WILLIAM D. BUDINGER DIRECTOR	1.	X						NONE	NONE	NONE
LOUIS A. WEIL III ("CHIP") DIRECTOR	1.	X						NONE	NONE	NONE
BERT GETZ DIRECTOR	1.	X						NONE	NONE	NONE
SUSAN BUDINGER DIRECTOR	1.	X						NONE	NONE	NONE
GEOFF CAMPBELL DIRECTOR	1.	X						NONE	NONE	NONE
DEBORAH WHITEHURST SECRETARY/DIRECTOR	1.	X		X				NONE	159,150.	25,686.
CAROL PECK PRESIDENT	55.			X				250,264.	NONE	22,894.
MICHAEL RIVERA PROG. ADMIN.	40.					X		106,500.	NONE	19,076.
CHRISTOPHER CANELAKE PROG. ADMIN.	40.					X		100,000.	NONE	30,685.
FREDRIC STEPHEN PROG. ADMIN.	40.					X		99,000.	NONE	23,333.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								555,764.	159,150.	121,674.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
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*	3		X
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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation
AZ COMMUNITY FNDTN 2201 E CAMELBACK, PHX, AZ 85016	MANAGEMENT FEES	120,000.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

86-0941890

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	153,400.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	96,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	509,750.				
	g Noncash contributions included in lines 1a-1f $						
	h Total. Add lines 1a-1f ▶			759,150.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			NONE			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			899,314.		7,974.	891,340.
	4 Income from investment of tax-exempt bond proceeds ▶			NONE			
	5 Royalties ▶			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			NONE			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	17,925,414.	NONE				
	b Less cost or other basis and sales expenses	15,956,112.	3,448.				
	c Gain or (loss)	1,969,302.	-3,448.				
	d Net gain or (loss) ▶			1,965,854.			1,965,854.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶			NONE			
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶			NONE			
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶			NONE			
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS	900099		29,690.			29,690.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			29,690.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			3,654,008.		7,974.	2,886,884.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	825,179.	825,179.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	273,158.	90,142.	92,874.	90,142.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	858,309.	750,766.	107,543.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	104,573.	90,132.	14,441.	
9 Other employee benefits	164,966.	140,642.	24,324.	
10 Payroll taxes	74,054.	66,323.	7,731.	
11 Fees for services (non-employees)				
a Management	142,003.	21,529.	120,474.	
b Legal	9,444.	8,393.	1,051.	
c Accounting	3,739.	3,320.	419.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	80,134.		80,134.	
g Other	135,335.	135,335.		
12 Advertising and promotion	32,686.	32,686.		
13 Office expenses	222,788.	218,855.	3,933.	
14 Information technology	24,452.	33,051.	-8,599.	
15 Royalties	NONE			
16 Occupancy	197,736.	182,665.	15,071.	
17 Travel	86,519.	81,854.	4,665.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	100,618.	86,880.	13,738.	
23 Insurance	10,428.	8,342.	2,086.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM EXPENSE	184,523.	184,523.		
b HOSTED MEETINGS	26,766.	26,766.		
c DUES & PUBLICATIONS	24,790.	17,060.	7,730.	
d MISCELLANEOUS EXPENSE	241.	1,297.	-1,056.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,582,441.	3,005,740.	486,559.	90,142.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		162,010.	1	207,938.
	2	Savings and temporary cash investments		322,169.	2	389,442.
	3	Pledges and grants receivable, net		61,998.	3	NONE
	4	Accounts receivable, net		18,524.	4	55,626.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sales or use			8	
	9	Prepaid expenses and deferred charges		NONE	9	NONE
	10a	Land, buildings, and equipment cost basis	10a 527,608.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 352,280.	206,230.	10c	175,328.
	11	Investments - publicly traded securities		27,811,277.	11	18,105,722.
	12	Investments - other securities See Part IV, line 11		6,856,734.	12	5,028,776.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		372,500.	15	367,500.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		35,811,442.	16	24,330,332.
Liabilities	17	Accounts payable and accrued expenses		381,957.	17	91,328.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		372,500.	25	367,500.
	26	**Total liabilities.** Add lines 17 through 25		754,457.	26	458,828.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,994,987.	27	23,871,504.
	28	Temporarily restricted net assets		61,998.	28	NONE
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,056,985.	33	23,871,504.
	34	Total liabilities and net assets/fund balances		35,811,442.	34	24,330,332.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-0941890

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. (Please check only **one** organization.)

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).** (Attach Schedule H)

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).** (see instructions)

11 [X] 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 [X] Type I b [ ] Type II c [ ] Type III - Functionally Integrated d [ ] Type III - Other

e [X] 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?

		Yes	No
(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?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the organizations the organization supports.

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE PART IV									
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

JSA
8E1210 4 000

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (See instructions) . . . 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 %

16a **33 1/3% support test - 2008.** 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 ▶ ☐

b **33 1/3% support test - 2007.** 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 - 2008.** 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 "fact-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 ▶ ☐

b **10%-facts-and-circumstances test - 2007.** 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 organzation 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SUPPORTED ORGANIZATION

SCHEDULE A, PART I, LINE 11H

(I) NAME OF SUPPORTED ORGANIZATION: ARIZONA COMMMUNITY FOUNDATION

(II) EIN: 86-0348306

(III) TYPE OF ORGANIZATION: 7

(IV) YES

(V) YES

(VI) YES

(VII) AMOUNT OF SUPPORT: 120,000

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? ☐ Yes ☐ No

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, 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, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 **Trust, Escrow and Custodial Arrangements.** Complete if 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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)		
(ii) related organizations	3a(ii)		
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 **Investments - 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,366.	53,203.	59,163.
d Equipment		415,242.	299,077.	116,165.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				175,328.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other EARL PROPERTY FND II LLC	358,686.	FMV
HIRTLE CALLAGHAN PVT EQ III	306,287.	FMV
HIRTLE CALLAGHAN PVT EQ IV	304,150.	FMV
HIRTLE CALLAGHAN PVT EQ V	205,698.	FMV
HIRTLE CALLAGHAN II LTD	3,853,955.	FMV
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,028,776.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	367,500.

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

(a) Description of liability	(b) Amount
Federal income taxes	
TEACHER AWARD COMMITMENT-BONDS	367,500.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	367,500.

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	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 should 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

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? . . . [X] 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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ [ ]

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
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 19

3 Enter total number of other organizations . . . ▶ NONE

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

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

MONITORING OF GRANT FUNDS

PART I LINE 2

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE RODEL CHARITABLE FOUNDATION ARE, IN MOST CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE RESULTS OF THEIR FUNDED PROGRAM OR UPDATE THE FOUNDATION ON THEIR PROGRESS TO DATE. THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE GRANTEE, THE DONOR, THE FOUNDATION, THE COMMUNITY AND ANY OTHER STAKEHOLDERS INVOLVED.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A STEPPING STONE FOUNDATION P.O. BOX 84318 PHOENIX, AZ 85071	74-2567068	501(C)(3)	10,000.				UNRESTRICTED
ALHAMBRA FOUNDATION FOR THE FUTURE 4510 N. 37TH AVENUE PHOENIX, AZ 85019	86-0729940	501(C)(3)	10,000.				SCHOLARSHIPS
ARIZONA COLLEGE SCHOLARSHIP FOUNDATION 1430 E. MISSOURI AVE. #B-205	20-2366755	501(C)(3)	100,000.				EDUCATION
ARIZONA STATE UNIVERSITY FOUNDATION P.O. BOX 2260 TEMPE, AZ 85280	86-6051042	501(C)(3)	205,000.				RODEL COMM.
CREIGHTON ELEMENTARY SCHOOL DISTRICT 2702 E. FLOWER STREET PHOENIX, AZ 85016	86-6000474	CREI. EL. USD	16,859.				OCT. INCENT.
FOWLER ELEMENTARY SCHOOL DISTRICT 1617 S. 67TH AVE. PHOENIX, AZ 85043	74-2567068	FOWL. ELEM. USD	5,397.				APR. INCENT
GLENDALE ELEMENTARY SCHOOL DISTRICT 7301 N. 58TH AVE. GLENDALE, AZ 85301	74-2490334	GLEND. ELEM USD	11,297.				NOV. INCENT.
GRAND CANYON TRUST 2601 N. FORT VALLEY RD. FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	100,000.				NATIVE AM. SUPP
ISAAC SCHOOL DISTRICT 3348 W. MCDOWELL RD. PHOENIX, AZ 85009	86-0838316	ISAAC SCH. DIST	18,550.				NOV. INCENT.
LAVEEN ELEMENTARY SCHOOL DISTRICT 9401 S. 51ST AVE. LAVEEN, AZ 85339	86-6000584	LAVEEN ELEM SD	5,153.				DEC. INCENT.
NORTHERN ARIZONA UNIVERSITY FOUNDATION P.O. BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	6,000.				SCHOLARSHIPS
PENDERGAST ELEMENTARY SCHOOL DISTRICT 3802 N. 91ST AVE. PHOENIX, AZ 85037	866000522	PENDER. EL. SD	14,085.				NOV. INCENT.
PHOENIX COUNTRY DAY SCHOOL P.O. BOX 15087 PHOENIX, AZ 85060	86-0172671	501(C)(3)	30,000.				PROJ. EXCEL.
PHOENIX ELEMENTARY SCHOOL DISTRICT 1817 N. 7TH ST. PHOENIX, AZ 85006	86-6000534	PHX ELEM SD	5,067.				APR. INCENT.
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER RD. TUCSON, AZ 85706	86-0656064	SUNNYSIDE USD	6,212.				DEC. INCENT.

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ 19

3 Enter total number of other organizations . . . . . ▶ NONE

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

Schedule I-1 (Form 990) 2008

JSA
8E1317 3 000

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TEMPE ELEMENTARY SCHOOL DISTRICT 3205 S. RURAL RD. TEMPE, AZ 85285	86-6000480	TEMPE ELEM SD	5,374.				DEC. INCENT.
THE NATURE CONSERVANCY OF ARIZONA 7600 N. 15TH STREET #100 PHOENIX, AZ 85020	53-0242652	501(C)(3)	10,000.				UNRESTRICTED SUPPORT
UNIVERSITY OF ARIZONA FOUNDATION 1111 N. CHERRY AVENUE TUCSON, AZ 85721	86-6050388	501(C)(3)	15,000.				SCHOLARSHIPS
VALLEY OF THE SUN UNITED WAY 1515 E. OSBORN RD. PHOENIX, AZ 85014	86-0104419	501(C)(3)	15,000.				GEN. PROG.
VARIOUS ORANIZATIONS UNDER 5,000			236,185.				VARIOUS

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Schedule I-1 (Form 990) 2008

JSA
8E1317 3 000

Part III **Continuation of Grants and Other Assistance to Individuals in the U.S.** (Schedule I (Form 990), Part III.)

(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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-0941890

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☐ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL PECK	(i)	250,264.	NONE	NONE	20,500.	2,394.	273,158.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORAH WHITEHURST	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	159,150.	NONE	NONE	19,098.	6,588.	184,836.	39,000.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

GAAP FINANCIAL STATEMENTS

990 PART IV, LINE 12

THIS ORGANIZATION DID NOT RECEIVE STAND ALONE AUDITED FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GAAP. HOWEVER, THE ORGANIZATION RECEIVED COMBINED AUDITED FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GAAP THAT INCLUDED THIS ORGANIZATION AND ITS RELATED ORGANIZATIONS.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

OFFICER RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

DONALD BUDINGER, WILLIAM BUDINGER AND SUSAN BUDINGER HAVE A FAMILY RELATIONSHIP.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

MANAGEMENT COMPANY

FORM 990, PART VI, SECTION A, LINE 3

THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE ARIZONA COMMUNITY FOUNDATION.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUNITY FOUNDATION (THE SUPPORTED ORGANIZATION) MEMBERS AND DONOR MEMBERS.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

MEMBERS/STOCKHOLDERS ELECT GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7A

EACH CLASS OF MEMBERS HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOARD; HOWEVER, THE MAJORITY OF DIRECTORS SHALL BE APPOINTED BY THE ARIZONA COMMUNITY FOUNDATION.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-0941890

DECISIONS SUBJECT TO MEMBER APPROVAL

FORM 990, PART VI, SECTION A, LINE 7B

THE AFFIRMATIVE VOTE OF THE ARIZONA COMMUNITY FOUNDATION, AND, IF THERE ARE TWO OR MORE DONOR MEMBERS, THE AFFIRMATIVE VOTE OF AT LEAST ONE DONOR MEMBER AT ANY ANNUAL OR SPECIAL MEETING OF MEMBERS SHALL BE REQUIRED TO ADOPT OR APPROVE THE FOLLOWING ACTIONS:

1. LIQUIDATION OR DISSOLUTION OF THE CORPORATION;

2. MERGER, OR CONSOLIDATION OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;

3. REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PART, OR ADDITION TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ADOPTION OF NEW ARTICLES OF INCORPORATION OR BYLAWS.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

ONCE THE ORGANIZATION HAS RECEIVED A DRAFT OF THE FORM 990, THE CHIEF FINANCIAL OFFICER OF THE ARIZONA COMMUNITY FOUNDATION FORWARDS THE DRAFT TO THE FOLLOWING REPRESENTATIVES OF THE ORGANIZATION:

1) EACH MEMBER OF THE AUDIT COMMITTEE

2) THE CHAIR OF THE AUDIT COMMITTEE

3) EITHER THE CHIEF EXECUTIVE OFFICER OR THE CHIEF OPERATING OFFICER OF THE ARIZONA COMMUNITY FOUNDATION

THESE REPRESENTATIVES REVIEW THE 990 AND NOTIFY THE CFO OF THE ARIZONA COMMUNITY FOUNDATION OF ANY SUGGESTED REVISIONS. THE CFO OF THE ARIZONA COMMUNITY FOUNDATION COMPILES ALL SUGGESTED REVISIONS AND PRESENTS THEM TO THE ACCOUNTANT.

THE ACCOUNTANT REVISES THE FORM 990, TO THE EXTENT DEEMED APPROPRIATE IN THEIR PROFESSIONAL JUDGMENT, AND SUBMITS IT IN FINAL FORM TO THE CFO, THE CHAIR OF THE AUDIT COMMITTE, AND EITHER THE CEO OR THE COO FOR APPROVAL AND SIGNATURE BY AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS OF THE RODEL CHARITABLE FOUNDATION - AZ. ALL BOARD MEMBERS SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY, AGREE TO ABIDE BY IT AND IDENTIFY ANY POTENTIAL CONFLICTS THEY MAY HAVE. THESE ACKNOWLEDGEMENTS ARE REVIEWED BY THE ACF ADVANCEMENT STAFF.

SHOULD ANY GRANTS BE PRESENTED THAT WOULD GIVE RISE TO A CONFLICT ON BEHALF OF ONE OR MORE BOARD MEMBERS; THEY ARE ASKED TO DISCLOSE THE CONFLICT, AND RECUSE THEMSELVES FROM ANY VOTE ON APPROVING THE GRANT. ALL OF THIS IS ALSO NOTED IN THE MINUTES OF THE APPLICABLE BOARD MEETING. THIS PROCEDURE IS FOLLOWED FOR ANY OTHER TYPES OF CONFLICT AS WELL.

THE ACF AUDIT AND COMPLIANCE COMMITTEE HAS AUTHORITY TO INVESTIGATE ANY SITUATION WHERE A CONFLICT OF INTEREST MAY EXIST, BUT IT WAS NOT DISCLOSED TO THE BOARD OR TO ACF. THEY WOULD GATHER ALL MATERIAL FACTS AND ASK THE INDIVIDUAL TO MAKE AN APPEARANCE BEFORE THE COMMITTEE TO DISCUSS THE MATTER. SHOULD THE INVESTIGATION FIND THAT A CONFLICT OF INTEREST EXISTS AND IT WAS NOT DISCLOSED, APPROPRIATE DISCIPLINARY MEASURES WILL BE TAKEN. THE AUDIT AND COMPLIANCE COMMITTEE WILL REPORT THEIR RESULTS TO THIS BOARD AND THE ACF BOARD.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

COMPENSATION OF EXECUTIVES

990 PART VI, SECTION B, LINE 15A AND LINE 15B

THE OBJECTIVE OF THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY IS TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE OFFICERS WHO CONTRIBUTE TO THE FOUNDATION'S SUCCESS IN FULFILLING ITS MISSION. ACCORDINGLY, THE FOUNDATION CONSIDERS THE FOLLOWING IN SETTING EXECUTIVE COMPENSATION:

1) THE FOUNDATION COMPENSATES EXECUTIVES AND STAFF FOR PERFORMANCE, SKILLS AND COMPETENCIES, DEVELOPMENT AND GROWTH, AND EFFECTIVE VISIBLE COMMITTMENT TO THE FOUNDATION.

2) THE FOUNDATION'S COMPENSATION SYSTEM MAY INCLUDE A MIXTURE OF BASE SALARY AND RETIREMENT BENEFITS AS WELL AS MEDICAL, DENTAL AND OTHER INSURANCE BENEFITS.

3) THE FOUNDATION'S COMPENSATION SYSTEM INCLUDES PERFORMANCE REVIEWS AND ADJUSTMENTS TO BASE SALARY AND BENEFITS BASED ON CHANGES IN THE MARKETPLACE (SUBJECT TO THE FOUNDATION'S FINANCIAL CONSTRAINTS). ADJUSTMENTS TO INDIVIDUAL BASE PAY WILL BE BASED ON JOB PERFORMANCE INCLUDING GROWTH IN MASTERING JOB COMPETENCIES. ALL ADJUSTMENTS TO PAY WILL BE CONSISTENT WITH PRACTICE IN A COMPARABLE MARKETPLACE.

4) THE FOUNDATION'S COMPENSATION SYSTEM IS LINKED TO A STRUCTURED PERFORMANCE MANAGEMENT SYSTEM, WITH IDENTIFIABLE GROWTH AND DEVELOPMENT AS WELL AS PROFESSIONAL ACHIEVEMENT GOALS. THE GOALS WILL BE ACCOMPANIED BY IDENTIFICATION OF EFFECTIVE BENCHMARKS FOR MEASURING SUCCESS.

5) THE FOUNDATION'S COMPENSATION SYSTEM SHOULD BE MARKET COMPETITIVE. GENERALLY, THE FOUNDATION BASES COMPENSATION AS CLOSE AS POSSIBLE TO THE APPRORIATE EXTERNAL MARKETPLACE.

6) IN SETTING COMPENSATION, THE FOUNDATION MAY PERIODICALLY RETAIN THE SERVICES OF A PROFESSIONAL COMPENSATION CONSULTANT TO ASSESS THE

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

REASONABLENESS OF THE COMPENSATION THAT WILL BE PAID TO THE FOUNDATION'S EXECUTIVES IN LIGHT OF THEIR DUTIES, QUALIFICATIONS, PERFORMANCE AND TIME COMMITMENT AND THE REASONABLENESS OF THE RANGES OF COMPENSATION THAT WILL BE PAID TO ALL EMPLOYEES.

IN SETTING DIRECTOR AND EXECUTIVE COMPENSATION, THE FOUNDATION FOLLOWS THE FOLLOWING PROCEDURES:

1) OBTAIN ADVANCE APPROVAL - THE BOARD OF DIRECTORS, THE HUMAN RESOURCES COMMITTEE, OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS (EACH, AN "AUTHORIZED BODY") WILL REVIEW AND APPROVE IN ADVANCE THE COMPENSATION ARRANGEMENTS OF ANY DIRECTOR OR EXECUTIVE OF THE FOUNDATION. NO MEMBER OF THE AUTHORIZED BODY MAY PARTICIPATE IN APPROVING THE COMPENSATION ARRANGEMENT IF SUCH PERSON HAS A CONFLICT OF INTEREST, AS DETERMINED IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY.

2) USE APPROPRIATE COMPARABILITY DATA - THE AUTHORIZED BODY WILL RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION. RELEVANT COMPARABILITY DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE FOUNDATION; CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DIRECTOR OR EXECUTIVE WHOSE COMPENSATION THE AUTHORIZED BODY IS DISCUSSING.

3) DOCUMENT THE DECISION - THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAAKING THE DETERMINATION. AT A

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-0941890

MINIMUM, THE RECORD OF THE COMPENSATION DECISION WILL INCLUDE:

A) THE TERMS OF THE COMPENSATION ARRANGEMENT;

B) THE DATE THE COMPENSATION ARRANGEMENT WAS APPROVED;

C) THE MEMBERS OF THE AUTHORIZED BODY WHO PARTICIPATED IN DISCUSSING THE COMPENSATION ARRANGEMENT AND THE MEMBERS WHO ULTIMATELY VOTED ON THE ARRANGEMENT;

D) THE COMPARABILITY DATA RELIED UPON BY THE AUTHORIZED BODY AND HOW SUCH DATA WAS OBTAINED; AND

E) ANY ACTIONS TAKEN WITH RESPECT TO DETERMINATION OF THE COMPENSATION ARRANGEMENT BY ANY MEMBER OF THE AUTHORIZED BODY WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION.

IF THE AUTHORIZED BODY DETERMINES THAT REASONABLE COMPENSATION FOR A DIRECTOR OR EXECUTIVE IS HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA REVIEWED, THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DECISION.

THE AUTHORIZED BODY WILL DOCUMENT ITS DECISION BY THE LATER OF ITS NEXT MEETING OR 60 DAYS AFTER THE FINAL ACTION BY THE AUTHORIZED BODY ON THE MATTER. WITHIN A REASONABLE TIME THEREAFTER, THE AUTHORIZED BODY WILL REVIEW AND APPROVE THE RECORD AS REASONABLE, ACCURATE AND COMPLETE.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number 86-0941890

PUBLIC AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES A HARD COPY OF THE FINANCIAL STATEMENTS TO ANYONE THAT REQUESTS THEM. THE ORGANIZATION DOES NOT PROACTIVELY PROVIDE COPIES OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DONOR OR POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND THE CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING WHETHER TO PROVIDE THE DOCUMENTS.

Name of the organization RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number
86-0941890

RELATED PARTNERSHIPS

SCHEDULE R, PART III

THE ARIZONA COMMUNITY FOUNDATION (FOUNDATION) HAS A GREATER-THAN-50% INTEREST IN A NUMBER OF LIMITED PARTNERSHIPS (LP) AND LIMITED LIABILITY COMPANIES (LLC) AS LISTED ON FORM 990, PART IX. AS A LIMITED PARTNER OR NON-MANAGER LLC MEMBER, INFORMATION REGARDING TOTAL INCOME AND ENDING ASSETS IS NOT READILY AVAILABLE TO THE FOUNDATION. IN AN ATTEMPT TO RESPOND TO THE SPIRIT OF THE IRS'S REQUEST FOR INFORMATION REGARDING TAXABLE SUBSIDIARIES THE LP'S AND LLC'S ARE LISTED WITH THE LATEST AVAILABLE INFORMATION. WHEN NO K-1 HAS BEEN RECEIVED IN TIME TO BE REPORTED IN THIS RETURN, TOTAL INCOME AND ENDING ASSETS HAVE BEEN LEFT BLANK.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: RODEL CHARITABLE FOUNDATION - AZ
% ARIZONA COMMUNITY FOUNDATION

Employer identification number: 86-0941890

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

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Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
CASSIDY CHARITABLE 86-089910 6390 NORTH CATTLE TRACK ROAD	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-6,141.	80,727.		X			X
LIBERTY INV., LLLP 86-1001790 20660 N. 40TH STREET, UNIT 214	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	13,657.	437,635.		X			X
FTP HOLDINGS, LLC 86-0950521 P.O. BOX 50342 MESA, AZ 85208	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-1,375.			X			X
L.T.I.B., LP 86-0989776 8402 JUAN TABO	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT				X			X
A&C LAKESIDE INV. 86-1048713 8433 N. BLACK CANYON HWY	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT				X			X
SHARING EXP. OPT. 33-0830584 3018 E. SIERRA VISTA DRIVE	INVESTMENT	AZ	AZ COMM. FOUND.	INVESTMENT	-386,236.	2,530,860.		X	-175.		X
K & J WITTEN PARTNERSHIP UNKNOWN	INVESTMENT		AZ COMM. FOUND.	INVESTMENT				X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

			Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ARIZONA COMMUNITY FOUNDATION 86-0348306 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	7	N/A
AFC PUBLIC FOUNDATION 86-0900277 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE ARMSTRONG FAMILY FOUNDATION 86-0846677 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
B AND L CHARITABLE FOUNDATION 86-0950135 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE 20-2822602 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE EVANS CHARITABLE FOUNDATION 86-0914248 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE GATES FAMILY FOUNDATION 86-0880829 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
SAM & PEGGY GROSSMAN FAMILY FOUNDATION 86-0939696 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
R.S. HOYT JR. FAMILY FOUNDATION 86-0958722 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE INGEBRITSON FAMILY FOUNDATION 86-0800012 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE MOLLY LAWSON FOUNDATION, INC. 20-0236832 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
LIPPINCOTT FAMILY FOUNDATION, INC. 20-0967548 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE LODESTAR FOUNDATION 86-0965287 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
MESA COMMUNITY FOUNDATION 20-1595354 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11C	AZ COMM. FD
DAVID AND BARBARA MITCHEL FOUNDATION 86-0889896 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
S.E.M. FAMILY FOUNDATION 86-0898996 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
TOM AND MARIE MITCHEL FOUNDATION 86-0893817 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE ODOM FAMILY FOUNDATION 86-0790314 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE PAKIS FAMILY FOUNDATION 86-0846617 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
PHOENIX MONASTERY FOUNDATION 86-0880826 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
EDWARD J. ROBSON FAMILY FOUNDATION 86-1012657 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE SILVERMAN FAMILY FOUNDATION 86-0704259 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
STARDUST CHARITABLE FUND 86-0936948 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
JAMES A. UNRUH FAMILY FOUNDATION 86-0955776 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
WAZE FOUNDATION 20-1234655 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE WELLIK FOUNDATION 86-0938555 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE ROBERT J. WICK FAMILY FOUNDATION 86-0782796 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE WALTER M. WICK FAMILY FOUNDATION 86-0782797 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
YOUTH PARNTERS FOUNDATION 68-0544541 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
RAY ROLES FAMILY FOUNDATION 20-1609521 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JOANIE L. FLATT FAMILY FOUNDATION 86-0811552 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD
THE GHELFI FOUNDATION 86-0862727 2201 EAST CAMELBACK ROAD PHOENIX, AZ 85016	COM. SUPPORT	AZ	501(C)(3)	11A	AZ COMM. FD

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
AUSMAN NIMCRUT 86-6224420 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	105,304.	52.1000
BOYCE CRUT 86-0945292 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	323,526.	58.1000
KONING NIMCRUT 86-6202817 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	633,179.	70.9000
LIPPINCOTT CRUT 77-6216346 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	554,995.	51.0000
MAYS CRUT 20-6939493 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	981,001.	69.0000
MERKEL CRUT 20-1579269 2201 E CAMELBACK ROAD, SUITE 202 PHOENIX, AZ 85016	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	194,796.	55.9000
ANDERSON UNITRUST 86-0927449 2211 W. NORTHERN AVE. PHOENIX, AZ 85021	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	101,793.	53.2000
CROSSON UNITRUST CRT 04-6992818 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	NONE	206,430.	60.9000
BELLEMARE DONOR ADVISED FUND 20-6348909 5255 E. WILLIAMS CIRCLE STE 5000 TUCSON, AZ 85711	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	9,051.	NONE	84.6000
ELEANOR ROSSER #3 13-7257040 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	22,312.	NONE	58.3000
ELEANOR ROSSER #2A 20-6471009 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	99,131.	NONE	64.9000
ELEANOR ROSSER #3A 20-6471050 222 DELAWARE AVE. 14TH FLOOR WILLINGTON, DE 19801	INVESTMENT	AZ	AZ COMM. FOUND.	TRUST	98,932.	NONE	89.7000

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [x]
- 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.

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.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization RODEL CHARITABLE FOUNDATION - AZ % ARIZONA COMMUNITY FOUNDATION	**Employer identification number** 86-0941890
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 2201 EAST CAMELBACK ROAD, SUITE 202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHOENIX, AZ 85016	

Check type of return to be filed (file a separate application for each return)

[x] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE AZ COMMUNITY FOUNDATION

Telephone No. ▶ 602 381-1400 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17 ,2009 ,to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [x] calendar year 2008 or
▶ [ ] tax year beginning _____ , _____ , and ending _____ , _____ .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	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.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2008)

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization RODEL CHARITABLE FOUNDATION - % ARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0941890
	Number, street, and room or suite no If a P O box, see instructions 2201 EAST CAMELBACK ROAD, SUITE 202	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PHOENIX, AZ 85016	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE AZ COMMUNITY FOUNDATION

Telephone No ▶ 602 381-1400 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

4 I request an additional 3-month extension of time until 11/16/2009

5 For calendar year 2008 , or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	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	8a	$
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 and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶ 8/14/2009

CBIZ MHM, LLC
3101 N. CENTRAL AVE., STE 300
PHOENIX, AZ 85012