

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON</p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 SOUTH CHURCH AVENUE</p> <p>City or town, state or country, and ZIP + 4 TUCSON, AZ 85701-1602</p> <p>F Name and address of principal officer: MARTIN CAMACHO SAME AS C ABOVE</p>	<p>D Employer identification number 86-0408580</p> <p>E Telephone number (520) 838-2507</p> <p>G Gross receipts \$ 6,918,671.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.CATHFND.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1981 M State of legal domicile: AZ</p>	

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: TO FURTHER RELIGIOUS, EDUCATIONAL AND CHARITABLE MINISTRIES IN THE DIOCESE OF TUCSON		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
	5	Total number of employees (Part V, line 2a)	5 3	
	6	Total number of volunteers (estimate if necessary)	6 40	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 12,300.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 213,596. Current Year: 199,439.
9		Program service revenue (Part VIII, line 2g)	45,796. 48,966.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,449. 117,942.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,435. 190,643.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	545,276. 556,990.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,000. 134,550.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,290. 181,861.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,391.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	233,137. 305,134.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	496,427. 621,545.		
19	Revenue less expenses. Subtract line 18 from line 12	48,849. -64,555.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 12,089,378. End of Year: 13,040,096.	
	21	Total liabilities (Part X, line 26)	5,634,136. 6,200,023.	
	22	Net assets or fund balances. Subtract line 21 from line 20	6,455,242. 6,840,073.	

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	<p>▶ Signature of officer</p> <p>MARTIN CAMACHO, EXECUTIVE DIRECTOR</p> <p>Type or print name and title</p>	Date	
Paid Preparer's Use Only	Preparer's signature ▶	Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶
<p>BEACHFLEISCHMAN PC P.O. BOX 64130 TUCSON, ARIZONA 85728-4130</p>			<p>(520) 321-4600</p>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE PURPOSE OF THE CATHOLIC FOUNDATION IS TO BUILD ENDOWMENTS THAT PROVIDE ENDURING RESOURCES TO SUPPORT THE MISSION OF THE CHURCH IN THE DIOCESE OF TUCSON.

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 [X] No

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

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 393,613. including grants of \$ 134,550.) (Revenue \$ 35,359.) THE PURPOSE OF THE CATHOLIC FOUNDATION IS TO BUILD ENDOWMENTS THAT PROVIDE ENDURING RESOURCES TO SUPPORT THE MISSION OF THE CHURCH IN THE DIOCESE OF TUCSON. OUR CORE VALUES ARE FAITH, ENDURING COMMITMENT, INTEGRITY, AND CATHOLIC STEWARDSHIP.

GRANTS - DURING THE FISCAL YEAR ENDED JUNE 30, 2010, THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON DISBURSED \$134,550 IN GRANTS TO PARISHES, SCHOOLS AND OTHER CATHOLIC MINISTRY PROGRAMS. SEE SCHEDULE I, PART II, FOR A LIST OF RECIPIENTS RECEIVING MORE THAN \$5,000.

ENDOWMENT PROGRAM - THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON WAS DESIGNED TO DEVELOP A MEANS BY WHICH CHURCH NEEDS COULD BE MET ON A

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 \$ 393,613.

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. 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: **MARTIN CAMACHO - (520)838-2507**
111 SOUTH CHURCH AVENUE, TUCSON, AZ 85701-1602

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RUDY E. ARIATE DIRECTOR	0.50	X					0.	0.	0.	
EDITH AUSLANDER DIRECTOR	0.50	X					0.	0.	0.	
WILLIAM J. BOWEN DIRECTOR	0.50	X					0.	0.	0.	
ANNETTE M. JONES DIRECTOR	0.50	X					0.	0.	0.	
JANE KERR DIRECTOR	0.50	X					0.	0.	0.	
DR. PETER W. LIKINS DIRECTOR	0.50	X					0.	0.	0.	
RICHARD MIRANDA DIRECTOR	0.50	X					0.	0.	0.	
MARK MISTLER DIRECTOR	0.50	X					0.	0.	0.	
JOSE RINCON DIRECTOR	0.50	X					0.	0.	0.	
DAN TORRINGTON DIRECTOR	0.50	X					0.	0.	0.	
BISHOP GERALD F. KICANAS CHAIRMAN	0.50	X		X			0.	14,485.	5,640.	
LINDA S. TANSIK PRESIDENT	2.00	X		X			0.	0.	0.	
STEVEN THU VICE PRESIDENT	2.00	X		X			0.	0.	0.	
JOHN C. WOODS PAST PRESIDENT	2.00	X		X			0.	0.	0.	
MARYANN HOCKSTAD TREASURER	2.00	X		X			0.	0.	0.	
MARTIN CAMACHO EXECUTIVE DIRECTOR	40.00			X			81,769.	0.	10,011.	

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Part VIII Statement of Revenue		(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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 80,426.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 119,013.				
	g Noncash contributions included in lines 1a-1f: \$	10,665.				
	h Total. Add lines 1a-1f	▶ 199,439.				
	Program Service Revenue	2 a <u>SERVICE FEES</u>	Business Code 525920	35,359.	35,359.	
b <u>DIRECTORY ADS</u>		511140	12,300.		12,300.	
c <u>DIRECTORY SALES</u>		511140	1,307.	1,307.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 48,966.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	130,707.		130,707.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real	190643.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	190643.			
	d Net rental income or (loss)	▶	190,643.	190,643.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,250,574.			
		(ii) Other	35,028.			
		b Less: cost or other basis and sales expenses	6,258,367.	40,000.		
		c Gain or (loss)	-7,793.	-4,972.		
	d Net gain or (loss)	▶	-12,765.		-12,765.	
	8 a Gross income from fundraising events (not including \$ <u>80,426.</u> of contributions reported on line 1c). See Part IV, line 18	a 59,864.				
		b Less: direct expenses	b 60,505.			
c Net income or (loss) from fundraising events		▶	-641.		-641.	
9 a Gross income from gaming activities. See Part IV, line 19	a 3,450.					
	b Less: direct expenses	b 2,809.				
	c Net income or (loss) from gaming activities	▶	641.		641.	
10 a 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	▶				
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	556,990.	227,309.	12,300.	117,942.	

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

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	134,550.	134,550.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,781.	64,164.	11,014.	16,603.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	67,896.	52,280.	15,616.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,677.	3,236.	441.	
9 Other employee benefits	7,675.	6,754.	921.	
10 Payroll taxes	10,832.	9,532.	1,300.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,638.		23,638.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,749.	20,749.		
g Other	706.		706.	
12 Advertising and promotion	83,223.	37,173.	45,622.	428.
13 Office expenses	20,836.	6,427.	14,049.	360.
14 Information technology	3,120.		3,120.	
15 Royalties				
16 Occupancy	46,989.		46,989.	
17 Travel	8,191.	8,191.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,055.	723.	2,332.	
20 Interest	2,877.		2,877.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,871.		41,871.	
23 Insurance				
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 LIFE ANNUITY EXPENSE	43,591.	43,591.		
b BAD DEBTS	3,788.	3,788.		
c DUES AND SUBSCRIPTIONS	2,500.	2,455.	45.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	621,545.	393,613.	210,541.	17,391.
26 Joint costs. Check here <input type="checkbox"/> 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 ...				

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Form 990 (2009)

86-0408580 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	27,126.	1	230,225.	
	2 Savings and temporary cash investments	616,429.	2	528,717.	
	3 Pledges and grants receivable, net	30,889.	3	30,300.	
	4 Accounts receivable, net	7,190.	4	1,585.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	840.	9	1,183.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,714,859.			
	b Less: accumulated depreciation	287,784.			
		1,440,406.	10c	1,427,075.	
	11 Investments - publicly traded securities	9,598,411.	11	10,621,276.	
	12 Investments - other securities. See Part IV, line 11	302,062.	12	173,121.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	66,025.	15	26,614.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,089,378.	16	13,040,096.		
Liabilities	17 Accounts payable and accrued expenses	10,030.	17	50,481.	
	18 Grants payable	5,485.	18	657.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,512,485.	21	5,060,141.	
	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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,106,136.	25	1,088,744.	
	26 Total liabilities. Add lines 17 through 25	5,634,136.	26	6,200,023.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,968,506.	27	3,219,757.	
	28 Temporarily restricted net assets	207,659.	28	297,096.	
	29 Permanently restricted net assets	3,279,077.	29	3,323,220.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	6,455,242.	33	6,840,073.	
34 Total liabilities and net assets/fund balances	12,089,378.	34	13,040,096.		

Form 990 (2009)

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Part XI Financial Statements and Reporting

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON** Employer identification number **86-0408580**

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

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

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

	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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number 86-0408580
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
**CATHOLIC FOUNDATION
 FOR THE DIOCESE OF TUCSON**

Employer identification number
86-0408580

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number 86-0408580
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number 86-0408580
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Employer identification number
86-0408580

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	1	
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	2,000.	
4 Aggregate value at end of year	17,672.	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 the 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	3777698.	4402086.			
b Contributions	86,889.	117,584.			
c Net investment earnings, gains, and losses	299,430.	-625,206.			
d Grants or scholarships					
e Other expenditures for facilities and programs	135,778.	82,244.			
f Administrative expenses	36,128.	34,522.			
g End of year balance	3992111.	3777698.			

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

- a Board designated or quasi-endowment 9.32 %
- b Permanent endowment 83.24 %
- c Term endowment 7.44 %

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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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) Accumulated depreciation	(d) Book value
1a Land		245,250.		245,250.
b Buildings		1,418,273.	263,965.	1,154,308.
c Leasehold improvements				
d Equipment		51,336.	23,819.	27,517.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,427,075.

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	556,990.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	621,545.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-64,555.
4	Net unrealized gains (losses) on investments	4	449,385.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1.
9	Total adjustments (net). Add lines 4 through 8	9	449,386.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	384,831.

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	1,074,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	449,385.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	68,285.
e	Add lines 2a through 2d	2e	517,670.
3	Subtract line 2e from line 1	3	556,990.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	556,990.

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

1	Total expenses and losses per audited financial statements	1	689,830.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	68,285.
e	Add lines 2a through 2d	2e	68,285.
3	Subtract line 2e from line 1	3	621,545.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	621,545.

Part XIV Supplemental Information

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

PART IV, LINE 2B: THE FOUNDATION MANAGES FUNDS FOR OTHER CATHOLIC

ORGANIZATIONS LOCATED IN SOUTHERN ARIZONA. SINCE THESE FUNDS CAN BE

WITHDRAWN AND ARE NOT RESTRICTED AS TO USE, THEY ARE REPORTED AS

LIABILITIES IN THE STATEMENT OF FINANCIAL POSITION.

PART V, LINE 4: THE ENDOWMENT PROGRAM WAS DESIGNED TO DEVELOP A MEANS

BY WHICH CHURCH NEEDS COULD BE MET ON A LONG-RANGE, PLANNED BASIS.

EARNINGS FROM THE ENDOWMENT FUNDS ARE DISTRIBUTED TO RELIGIOUS,

Part XIV Supplemental Information (continued)

CHARITABLE, AND EDUCATIONAL PROGRAMS WITHIN THE DIOCESE OF TUCSON.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING: 1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE: 63314.

LOSS ON DISPOSAL OF REAL ESTATE HELD FOR SALE: 4971.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE: 63314.

LOSS ON DISPOSAL OF REAL ESTATE HELD FOR SALE: 4971.

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CORNERSTONE GALA		NONE	
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	143,740.			143,740.
	2 Less: Charitable contributions	80,426.			80,426.
	3 Gross income (line 1 minus line 2)	63,314.			63,314.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,314.			63,314.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(63,314)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .
c If "Yes," enter name and address of the third party:

Name ► _____
Address ► _____

16 Gaming manager information:

Name ► _____
Gaming manager compensation ► \$ _____
Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON** Employer identification number
86-0408580

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

(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
ST. VINCENT DE PAUL 829 S. SIXTH AVENUE TUCSON, AZ 85701	86-0104418	501(C)(3)	8,500.	0.			FEEDING THE POOR
CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY, SUITE 230 TUCSON, AZ 85705	86-0100880	501(C)(3)	41,325.	0.			DEAF OUTREACH, DENTAL CLINIC, SPRINKLER SYSTEM
CATHOLIC DIOCESE OF TUCSON 111 S. CHURCH AVE. TUCSON, AZ 85702	86-0133391	501(C)(3)	24,983.	0.			POPE JOHN PAUL YOUTH AWARDS, VESTMENTS
ST. ANN AND ITS MISSIONS 2231 E. FRONTAGE RD. TUBAC, AZ 85646	86-0586623	501(C)(3)	5,406.	0.			BUILDING REPAIR
OUR LADY OF THE BLESSED SACRAMENT 914 SULLIVAN ST. MIAMI, AZ 85539	86-0142281	501(C)(3)	10,000.	0.			BUILDING REPAIR

- 2** Enter total number of section 501(c)(3) and government organizations **5.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2009

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

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

(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.

SCHEDULE I, PART I, LINE 2: GRANTEES ARE ASKED TO SUBMIT WRITTEN GRANT PROPOSALS DURING THE GRANT PERIOD. THE FINANCE AND INVESTMENT COMMITTEE REVIEWS ALL THE PROPOSALS SUBMITTED. THE COMMITTEE DETERMINES WHICH GRANT PROPOSALS TO SUBMIT TO THE FULL BOARD FOR APPROVAL. ONCE A GRANT HAS BEEN APPROVED FOR DISTRIBUTION BY THE BOARD, THE GRANTEE IS ASKED TO SIGN A GRANT AGREEMENT FORM. GRANTEES ARE ASKED TO SUBMIT A WRITTEN GRANT EVALUATION FORM AT THE CONCLUSION OF THE GRANT PERIOD. GRANT EVALUATION FORMS MUST BE SUBMITTED PRIOR TO SUBMITTING A FUTURE GRANT PROPOSAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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Inspection

Name of the organization	CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number	86-0408580
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LONG-RANGE, PLANNED BASIS THROUGH AN ENDOWMENT PROGRAM. THE FOUNDATION HAS DEVELOPED GIVING PROGRAMS THAT ALLOW PEOPLE INTERESTED IN MAKING A LASTING GIFT TO DO SO WITH THE ASSURANCE THAT THE EARNINGS FROM THEIR DONATION WILL BE DISTRIBUTED TO RELIGIOUS, CHARITABLE AND EDUCATIONAL PROGRAMS WITHIN THE DIOCESE OF TUCSON.

THE BOARD OF DIRECTORS OF THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON IS CALLED TO EXERCISE FAITHFUL, COMPETENT AND SOCIALLY RESPONSIBLE STEWARDSHIP IN HOW IT MANAGES ITS FINANCIAL RESOURCES. DURING THE 2009/10 FISCAL YEAR, THE BOARD CONDUCTED A THOROUGH REVIEW OF ITS INVESTMENT MANAGER AND SELECTED HARRIS BANK AS INVESTMENT MANAGER. FOR THE PERIOD JULY 1, 2009 TO JUNE 30, 2010 INVESTMENTS GREW 5.5%. DURING THE PAST YEAR, FOUR NEW ENDOWMENTS WERE ESTABLISHED TO BRING THE TOTAL NUMBER OF ENDOWMENTS TO 77, WHILE PROVIDING AN ADDITIONAL \$276,509 IN SUPPORT TO PARISHES, SCHOOLS AND AGENCIES IN THE DIOCESE.

CHARITABLE GIFT ANNUITIES - FOR MORE THAN 25 YEARS, THE CATHOLIC FOUNDATION HAS MAINTAINED A SUCCESSFUL CHARITABLE GIFT ANNUITIES (CGA) PROGRAM. DURING THE PAST YEAR, THE FOUNDATION RECEIVED TWO NEW CGA ACCOUNTS BRINGING THE TOTAL NUMBER OF CGA ACCOUNTS TO 24.

ACTS OF THE APOSTLE SOCIETY - THE ACTS OF THE APOSTLE SOCIETY WAS CREATED TO RECOGNIZE THOSE SUPPORTERS WHO HAVE MADE A PROVISION FOR THE CATHOLIC FOUNDATION AND/OR A PARISH, SCHOOL OR ANY OTHER CATHOLIC

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Inspection

Name of the organization	CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number	86-0408580
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ORGANIZATION LOCATED WITHIN THE DIOCESE OF TUCSON IN THEIR WILL OR LIVING TRUST, HAVE ESTABLISHED A CHARITABLE GIFT ANNUITY, CHARITABLE REMAINDER TRUST OR OTHER TYPE OF PLANNED GIFT. DURING THE PAST YEAR, SIX NEW MEMBERS HAVE BEEN INDUCTED INTO THE SOCIETY BRINGING THE TOTAL MEMBERSHIP TO 75.

FORM 990, PART VI, SECTION A, LINE 4: RESTATED BYLAWS WERE ADOPTED MAY 11, 2010. EXTENSIVE CHANGES WERE MADE, REDUCING THE BYLAWS FROM 13 PAGES TO 5. A COMPLETE COPY OF THE RESTATED BYLAWS HAS BEEN ATTACHED.

FORM 990, PART VI, SECTION A, LINE 6: THE FOUNDATION'S SOLE MEMBER IS THE BISHOP OF THE CATHOLIC DIOCESE OF TUCSON.

FORM 990, PART VI, SECTION A, LINE 7A: THE BISHOP OF THE CATHOLIC DIOCESE OF TUCSON IS THE ONLY PERSON WITH THE AUTHORITY TO APPOINT BOARD MEMBERS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: ACCORDING TO THE FOUNDATION'S ARTICLES OF INCORPORATION, THE BISHOP SHALL HAVE THE FOLLOWING RESERVED POWERS: A) THE POWER TO APPROVE ANY ALTERATIONS OR AMENDMENTS TO, OR THE REPEAL OF, THE FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS, AND TO APPROVE THE ADOPTION OF NEW BYLAWS; B) THE POWER TO APPOINT THE BOARD OF DIRECTORS, TO APPROVE OFFICERS ELECTED BY THE BOARD OF DIRECTORS, AND TO REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OR ANY OFFICER; C) THE POWER TO APPROVE ANY CHANGES IN THE STATED PURPOSE FOR WHICH THE FOUNDATION IS ORGANIZED; D) THE POWER TO APPROVE ANY MERGER OR

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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Inspection

Name of the organization	CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number	86-0408580
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CONSOLIDATION OF THE FOUNDATION AND ANOTHER ENTITY OR THE DISSOLUTION OF THE FOUNDATION; AND E) THE POWER TO APPROVE OF THE DISPOSITION OF THE FOUNDATION'S ASSETS UPON ITS DISSOLUTION. ARTICLE III SECTION 1 OF THE BYLAWS FURTHER STATE THAT "ALL VOTING DIRECTORS SHALL HAVE EQUAL VOTING RIGHTS ON ALL MATTERS TO COME BEFORE THE BOARD."

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A DRAFT OF FORM 990 TO ITS INVESTMENT AND FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING. A COMPLETED FORM IS DISTRIBUTED TO ALL MEMBERS AFTER FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENT IS CONTAINED IN THE FOUNDATION'S BYLAWS AND STATES THAT NO TRANSACTION OF THE FOUNDATION SHALL BE VOIDABLE BY REASON OF FACT THAT ANY DIRECTOR OR OFFICER OF THE FOUNDATION HAS AN INTEREST IN THE CONCERN WITH WHICH SUCH TRANSACTION IS ENTERED INTO, PROVIDED: 1) THE INTEREST OF SUCH OFFICER OR DIRECTOR IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS. 2) SUCH TRANSACTION IS DULY APPROVED BY THE BOARD OF DIRECTORS NOT SO INTERESTED OR CONNECTED AS BEING IN THE BEST INTERESTS OF THE FOUNDATION. 3) PAYMENTS TO THE INTERESTED OFFICER OR DIRECTOR ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE. 4) NO INTERESTED OFFICER OR DIRECTOR MAY VOTE OR LOBBY ON THE MATTER OR BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT THE MEETING AT WHICH SUCH TRANSACTION MAY BE AUTHORIZED. THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE TAKEN RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL. THIS POLICY IS REVIEWED EACH YEAR AT THE SEPTEMBER BOARD MEETING.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number	86-0408580
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FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION HIRING RANGE OF THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD OF DIRECTORS OF THE CATHOLIC FOUNDATION AFTER REVIEWING COMPENSATION DATA FOR SIMILAR POSITIONS IN THE NONPROFIT FIELD BASED ON THE SIZE OF THE FOUNDATION ASSETS AND THE TUCSON MARKET. THE EXECUTIVE DIRECTOR'S PAY IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD AND ANY CHANGES TO THE COMPENSATION IS FORWARDED TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PAGE 1, SECTION I:

THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON IS A NONPROFIT CORPORATION LISTED IN THE OFFICIAL CATHOLIC DIRECTORY OF 2010, AND AS SUCH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FORM 990, SCHEDULE D, PART 1, LINES 5 AND 6:

THE FOUNDATION INFORMED THE DONOR VERBALLY THAT THE ASSETS HELD IN THE DONOR ADVISED FUND ARE THE ORGANIZATION'S PROPERTY, SUBJECT TO THE ORGANIZATION'S EXCLUSIVE LEGAL CONTROL, AND DISBURSEMENTS MAY BE USED ONLY FOR CHARITABLE PURPOSES.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

2009
Open to Public Inspection

Name of the organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON
Employer identification number 86-0408580

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
ROMAN CATHOLIC DIOCESE OF TUCSON - 86-0133391, PO BOX 31, TUCSON, AZ 85702	CHURCH	ARIZONA	501(C)(3)	1	N/A

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (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)		

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 111 SOUTH CHURCH AVENUE City or town, state, and ZIP code TUCSON, AZ 85701-1602	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 86-0408580 E Unrelated business activity codes (See instructions for Block E on page 9.) 511140
C Book value of all assets at end of year 13040096.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ MARTIN CAMACHO** Telephone number **▶ (520) 838-2507**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	12,300.	5,548.
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	12,300.	5,548.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20	SEE STATEMENT 1	0.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		6,752.
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		6,752.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		0.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
(2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2008 overpayment credited to 2009 **44a**

b 2009 estimated tax payments **44b** 400.

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 Form 4136 Other Total **44f**

45 Total payments. Add lines 44a through 44f **45** 400.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 400.

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 400. Refunded **49** 0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN **P00099644**

Firm's name (or yours if self-employed), address, and ZIP code **BEACHFLEISCHMAN PC
P.O. BOX 64130
TUCSON, ARIZONA 85728-4130**

EIN **86-0683059** Phone no. **(520) 321-4600**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A).
 Enter here and on page 1, Part I, line 7, column (B). **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).
 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) DIRECTORY	12,300.	5,548.	6,752.	1,307.	9,951.	6,752.
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	12,300.	5,548.				6,752.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
MISCELLANEOUS	N/A	134,550.	
CONTRIBUTION CARRYOVER FROM 2008	N/A	80,547.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		215,097.	

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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 Form 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 CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number 86-0408580
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. 111 SOUTH CHURCH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85701-1602	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MARTIN CAMACHO

- The books are in the care of ▶ **111 SOUTH CHURCH AVENUE - TUCSON, AZ 85701-1602**
 Telephone No. ▶ **(520) 838-2507** 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 **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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	\$	0.
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	\$	400.
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	\$	0.

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 the calendar year 2009 or fiscal year beginning 07/01/09 and ending 06/30/10.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input checked="" type="checkbox"/>
Business telephone number (520) 838-2507	Name CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number (EIN) 86-0408580
Unrelated business activity codes 511140	Number and street or PO Box 111 SOUTH CHURCH AVENUE	AZ transaction privilege tax number 07-599787
City or town, state and ZIP code TUCSON, AZ 85701-1602		
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		
A Date Arizona operations began <u>06/03/1981</u> B Nature of unrelated trade or business activities <u>ADVERTISING</u> C Arizona apportionment: (check only one) Multistate organizations only. <input type="checkbox"/> AIR Carrier <input type="checkbox"/> STANDARD Sales Factor <input type="checkbox"/> ENHANCED Sales Factor D Did you file an Arizona Form 997? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E Check federal form filed: <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> Other (specify) _____		
82 CHECK BOX IF: Return filed under extension. 82 F <input checked="" type="checkbox"/>		
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
		81 66

Enclose copy of federal form with this return.

Arizona Unrelated Trade or Business Taxable Income Computation

1 Unrelated trade or business taxable income - from federal Form 990-T	1	00
2 Apportionment ratio. Multistate organizations only - see instructions	2	
3 Taxable income attributable to Arizona - line 1 multiplied by line 2 (or enter amount from line 1, if 100% Arizona)	3	00

Arizona Tax Liability Computation

4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater	4	5000
5 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax liability (line 4) by \$5. Enter the amount of the tax reduction	5A	500
6 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	6	00
7 Tax liability after Clean Elections Fund tax reduction and tax credit - subtract the sum of lines 5 and 6 from line 4	7	4500

Tax Payments

8 Extension payment made with Arizona Form 120EXT	8	00
9 Estimated tax payments	9	00
10 Payment made with original return plus all payments made after it was filed - see instr	10	00
11 Subtotal payments - add lines 8 through 10	11	00
12 Overpayments of tax from original return or later adjustments - see instr	12	00
13 Total payments - subtract line 12 from line 11	13	00

Computation of Total Due or Overpayment

14 Balance of tax due - If line 7 is larger than line 13, enter balance of tax due. Skip line 15	14	4500
15 Overpayment of tax - If line 13 is larger than line 7, enter overpayment of tax	15	00
16 Penalty and interest	16	00
17 Estimated tax underpayment penalty. If Form 220 is attached, check box	17A	00
18 Donation to Citizens Clean Elections Fund - enter the amount of the donation. Amended returns - see instructions	18	00
19 TOTAL AMOUNT DUE - Add lines 14, 16, 17, and 18. If money is due, payment must accompany return	19	4500
20 OVERPAYMENT - see instructions	20	00
21 Amount of line 20 to be applied to 2010 estimated tax	21	00
22 Amount to be refunded - subtract line 21 from line 20	22	00

Schedule A - Apportionment Formula (Multistate Organizations Only) See instructions, pages 5 through 7.

A1 Property Factor

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)

Total owned and rented property

A2 Payroll Factor

Wages, salaries, commissions and other compensation of employees

A3 Sales Factor

a. Total sales and other gross receipts

b. Weight Arizona sales - (STANDARD uses X 2; ENHANCED uses X 8) ...

c. Sales factor (for column A - multiply item a by item b; for column B - enter the amount from item a)

A4 Total ratio - add A1, A2, and A3(c), in column C

A5 Average apportionment ratio - divide line A4, Column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 2

Limited to Unrelated Trade or Business Amounts

Column A Total Within Arizona Round to the Nearest Dollar	Column B Total Everywhere Round to the Nearest Dollar	Column C Ratio Within Arizona A ÷ B
		.
		.
		.
X 2 OR X 8		.
		.
		.
		.

Certification 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please _____ | _____ | **EXECUTIVE DIRECTOR**
 Sign Here Signature of officer Date Title

Paid _____ | _____ | **(520) 321-4600**
 Preparer's Preparer's signature Date Business telephone number

Use Only
BEACHFLEISCHMAN PC | **86-0683059**
 Firm's name (or preparer's, if self-employed) Preparer's TIN
P.O. BOX 64130
TUCSON, ARIZONA | **85728-4130**
 Firm's address ZIP code

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153