

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)

2007

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 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization: CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON. D Employer identification number: 86-0408580. E Telephone number: (520) 838-2507.

G Website: WWW.CATHFND.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 4,742,566.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash \$ <u>162914</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	162,914.	162,914.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	89,434.	62,962.	10,732.	15,740.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	64,173.	49,413.	14,760.	
27 Pension plan contributions not included on lines 25a, b, and c	2,336.	2,056.	280.	
28 Employee benefits not included on lines 25a - 27	6,378.	5,613.	765.	
29 Payroll taxes	9,941.	8,748.	1,193.	
30 Professional fundraising fees				
31 Accounting fees	20,143.		20,143.	
32 Legal fees	99.		99.	
33 Supplies	2,247.	554.	1,693.	
34 Telephone	2,921.		2,921.	
35 Postage and shipping	1,351.		1,200.	151.
36 Occupancy	39,769.		39,769.	
37 Equipment rental and maintenance	6,517.		6,517.	
38 Printing and publications	1,004.		1,004.	
39 Travel	7,191.	7,191.		
40 Conferences, conventions, and meetings ...	6,482.	4,964.	1,518.	
41 Interest	5,084.		5,084.	
42 Depreciation, depletion, etc. (attach schedule)	40,295.		40,295.	
43 Other expenses not covered above (itemize):				
a DUES AND SUBSCRIPTIONS 43a	1,146.	1,074.	72.	
b INVESTMENT COSTS 43b	30,783.	30,783.		
c LIFE ANNUITY EXPENSE 43c	37,170.	37,170.		
d PUBLIC RELATIONS 43d	34,831.	34,831.		
e BAD DEBTS 43e	5,686.	5,686.		
f 43f				
g 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	577,895.	413,959.	148,045.	15,891.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 8	
(Grants and allocations \$ 162,914.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	413,959.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	413,959.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	30,760.	45	56,799.	
	46 Savings and temporary cash investments	1,990,240.	46	996,789.	
	47 a Accounts receivable	801.			
	b Less: allowance for doubtful accounts		920.	47c	801.
	48 a Pledges receivable	76,540.			
	b Less: allowance for doubtful accounts	7,654.	81,720.	48c	68,886.
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		375.	53	388.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation			55c	
56 Investments - other	SEE STATEMENT 10	11,361,884.	56	11,388,383.	
57 a Land, buildings, and equipment: basis	57a	1,685,582.			
b Less: accumulated depreciation STMT 11	57b	206,483.			
58 Other assets, including program-related investments (describe ▶ CASH VALUE OF LIFE INSURANCE)		22,574.	58	23,245.	
59 Total assets (must equal line 74). Add lines 45 through 58		15,005,611.	59	14,014,390.	
Liabilities	60 Accounts payable and accrued expenses	14,439.	60	15,483.	
	61 Grants payable	60,000.	61	7,729.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 12	222,595.	64b	179,669.
	65 Other liabilities (describe ▶ SEE STATEMENT 13)		6,971,381.	65	6,298,646.
66 Total liabilities. Add lines 60 through 65		7,268,415.	66	6,501,527.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		3,568,374.	67	3,558,841.
	68 Temporarily restricted		903,314.	68	644,735.
	69 Permanently restricted		3,265,508.	69	3,309,287.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		7,737,196.	73	7,512,863.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		15,005,611.	74	14,014,390.	

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Part VI	Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		92		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year				N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SERVICE FEES					42,496.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	571,835.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					179,958.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	699,617.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,271,452.	222,454.
105 Total (add line 104, columns (B), (D), and (E))					1,493,906.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Line No.	Relationship of Activities to the Accomplishment of Exempt Purposes <i>(See the instructions.)</i>
93A	THE FOUNDATION CHARGES A FEE TO ADMINISTER FUNDS FOR PARISHES AND SCHOOLS OF THE DIOCESE OF TUCSON.
97B	THE FOUNDATION RENTS A BUILDING TO THE DIOCESE OF TUCSON.

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts <i>(See the instructions.)</i>		Yes	No
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If "Yes" to (b), file Form 8870 and Form 4720 <i>(see instructions)</i> .				

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> Signature of officer Date </div>		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BEACHFLEISCHMAN PC P.O. BOX 64130 TUCSON, ARIZONA 85728-4130	EIN	Preparer's SSN or PTIN (See Gen. Inst. X)
		Phone no. (520) 321-4600	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON	Employer identification number 86 0408580
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON**

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	1	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	26,303.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

CATHOLIC FOUNDATION

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A
e Public support (line 27c total minus line 27d total)	▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CATHOLIC FOUNDATION

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

CATHOLIC FOUNDATION

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

CATHOLIC FOUNDATION
FOR THE DIOCESE OF TUCSON

Employer identification number

86-0408580

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 60,287.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
---	---

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	COIN AND STAMP COLLECTION <hr/> <hr/> <hr/> <hr/>	\$ 60,287.	06/30/08
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	LAND			.000		HY16	245,250.				245,250.			0.	
2	BUILDING AND IMPROVEMENTS			.000		HY16	1,418,273.				1,418,273.	151,522.		37,481.	189,003.
3	COMPUTER EQUIPMENT			.000		HY16	22,059.				22,059.	14,666.		2,814.	17,480.
4				.000		HY16								0.	
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL						1,685,582.				1,685,582.	166,188.		40,295.	206,483.
	* GRAND TOTAL 990 PAGE 2 DEPR						1,685,582.				1,685,582.	166,188.		40,295.	206,483.

EXEMPT STATUS

THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON IS A NON-PROFIT CORPORATION LISTED IN THE OFFICIAL CATHOLIC DIRECTORY OF 2008, AND AS SUCH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	1 2	179,958.
TOTAL TO FORM 990, PART I, LINE 6A		179,958.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	3,689,350.	2,989,733.	0.	699,617.
TO FORM 990, PART I, LINE 8	3,689,350.	2,989,733.	0.	699,617.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
2002 FORD TAURUS	12/31/02	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DONATION TO DIOCESE OF TUCSON	0.	18,093.	0.	18,093.	0.
TO FM 990, PART I, LN 8		18,093.	0.	18,093.	0.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA DINNER	155,623.	104,062.	51,561.	51,561.	0.
TO FM 990, PART I, LINE 9	155,623.	104,062.	51,561.	51,561.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED GAIN	-1,347,710.
TOTAL TO FORM 990, PART I, LINE 20	-1,347,710.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
ROOF REPAIRS IMMACULATE CONCEPTION CATHOLIC CHURCH 101 W. ROCALLA AVE. AJO, AZ 85321	5,000.
LIBRARY COMPUTER SYSTEM ST. AUGUSTINE HIGH SCHOOL 8800 E. 22ND STREET TUCSON, AZ 85710	5,000.
SCHOOL BOARD TRAINING OFFICE OF CATHOLIC SCHOOLS 111 S. CHURCH AVENUE TUCSON, AZ 85702	5,000.
CLASSROOM BUILDING FUND OUR LADY QUEEN OF ALL SAINTS 2915 E. 36TH STREET TUCSON, AZ 85713	10,000.
SOUTHWEST LITURGICAL CONFERENCE OFFICE OF CATHOLIC SCHOOLS 111 S. CHURCH AVENUE TUCSON, AZ 85702	2,600.
PLACITA RENOVATION ST. AUGUSTINE CATHEDRAL 192 S. STONE AVENUE TUCSON, AZ 85701	50,000.
SCHOLARSHIP SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO ROAD TUCSON, AZ 85706	800.
BARRIO VIEJO - ELDERLY HOUSING CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W. SPEEDWAY #230 TUCSON, AZ 85705	10,000.
YOUTH MINISTER EDUCATION CORPUS CHRISTI PARISH 300 N. TANQUE VERDE LOOP RD. TUCSON, AZ 85748	500.

DISPLAY CASES	6,514.
DIOCESE OF TUCSON ARCHIVES 111 S. CHURCH AVENUE TUCSON, AZ 85702	
SPANISH LANGUAGE PRISON BIBLES	1,000.
SR. MARIA CANEZ 111 S. CHURCH AVENUE TUCSON, AZ 85702	
PIO DECIMO - CHILDCARE	32,000.
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W. SPEEDWAY #230 TUCSON, AZ 85705	
MERILAC LODGE - UNWED MOTHERS	12,000.
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W. SPEEDWAY #230 TUCSON, AZ 85705	
ST. ELIZABETH HEALTH - DENTAL CARE	12,000.
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W. SPEEDWAY #230 TUCSON, AZ 85705	
OUTREACH FOR DEAF	8,000.
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA 140 W. SPEEDWAY #230 TUCSON, AZ 85705	
MOBILE MEDIA CENTER	2,500.
VILLA MARIA CHAPEL FOUNDATION 4310 E. GRANT RD. TUCSON, AZ 85712	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>162,914.</u>

DESCRIPTION OF PROGRAM SERVICE ONE

GRANTS - DURING FISCAL YEAR ENDED JUNE 30, 2008, THE CATHOLIC FOUNDATION FOR THE DIOCESE OF TUCSON DISBURSED \$162,914 IN GRANTS TO PARISHES, SCHOOLS AND OTHER CATHOLIC MINISTRY PROGRAMS. SEE THE STATEMENT TO PART II LINE 22B FOR A COMPLETE LIST OF RECIPIENTS.

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 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. OVER THE PAST FIVE (5) YEARS THE FUND HAD RECEIVED 7.02% RETURN ON INVESTMENTS. AS OF JUNE 30, 2008 THE ENDOWMENT FUND CONSISTS OF 62 FUNDS TOTALING \$4,577,779. EACH YEAR, THE CATHOLIC FOUNDATION MAKES AVAILABLE FOR DISTRIBUTION 4% OF THE FAIR MARKET VALUE. DURING FY2008, THE CATHOLIC FOUNDATION DISTRIBUTED \$71,372 TO PARISHES, SCHOOLS AND AGENCIES IN THE DIOCESE.

CHARITABLE GIFT ANNUITIES - FOR 25 YEARS, THE CATHOLIC FOUNDATION HAS MAINTAINED A SUCCESSFUL CHARITABLE GIFT ANNUITIES (CGA) PROGRAM. DURING THE PAST YEAR, THE FOUNDATION RECEIVED ONE NEW CGA BRINGING THE TOTAL NUMBER OF CGA'S TO 19.

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 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, SEVEN NEW MEMBERS HAVE BEEN INDUCTED INTO THE SOCIETY BRINGING THE TOTAL MEMBERSHIP TO 63.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	162,914.	413,959.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

FURTHER RELIGIOUS, CHARITABLE AND EDUCATIONAL ACTIVITIES OF THE DIOCESE OF TUCSON.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
CD'S, SECURITIES, AND EQUITY FUNDS	MARKET VALUE	11,388,383.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		11,388,383.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	245,250.	0.	245,250.
BUILDING AND IMPROVEMENTS	1,418,273.	189,003.	1,229,270.
COMPUTER EQUIPMENT	22,059.	17,480.	4,579.
TOTAL TO FORM 990, PART IV, LN 57	1,685,582.	206,483.	1,479,099.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

DIOCESE OF TUCSON \$4,000/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
--------------	---------------	----------------------	---------------

06/30/03	06/30/12	369,490.	2.50%
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SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	PURCHASE OF BUILDING

RELATIONSHIP OF LENDER

RELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	369,490.	179,669.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		179,669.
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FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ANNUITY CONTRACT OBLIGATIONS	945,630.	920,773.
CUSTODIAL ACCOUNTS DUE TO DIOCESE	5,925,751.	5,377,873.
	100,000.	0.
TOTAL TO FORM 990, PART IV, LINE 65	6,971,381.	6,298,646.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 14
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARTIN CAMACHO 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	EXECUTIVE DIRECTOR 40.00	79,820.	9,614.	0.
MOST REV. GERALD F. KICANAS, D.D. 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	CHAIRMAN 1.00	0.	0.	0.
WILLIAM J. BOWEN 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	PRESIDENT 1.00	0.	0.	0.
JOHN C. WOODS 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	VICE PRESIDENT 1.00	0.	0.	0.
JANNIE COX 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	PAST PRESIDENT 1.00	0.	0.	0.
DAVE SITTON 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	SECRETARY 1.00	0.	0.	0.
STEVE THU 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	ASST. SECRETARY 1.00	0.	0.	0.
LINDA S. TANSIK 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	TREASURER 1.00	0.	0.	0.
VANESSA M. DEKKERS 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	ASST. TREASURER 1.00	0.	0.	0.
RUDY E. ARIATE 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
ANN CHARLES 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.

MARYANN HOCKSTAD 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
JANE KERR 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
PETER W. LIKINS 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
JEFFREY NORDENSSON 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
REV. TODD O'LEARY 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
SUSAN OTT 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
REV. RAUL ROSALES 111 SOUTH CHURCH AVENUE TUCSON, AZ 85701-1602	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>79,820.</u>	<u>9,614.</u>	<u>0.</u>

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
PART III, LINE 3A

THE FOUNDATION HOLDS ENDOWMENTS THAT ARE RESTRICTED BY DONORS FOR SCHOLARSHIPS. THE FOUNDATION WORKS WITH SCHOOLS TO DETERMINE WHICH STUDENTS QUALIFY FOR SCHOLARSHIPS.