

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30/2009

B Check if applicable: Please use IRS label or print or type. See Specific Instructions. C Name of organization: ARIZONA EDUCATIONAL FOUNDATION, INC. D Employer identification number: 94-2937109 E Telephone number: (480) 421-9376 F Group Exemption Number: . . . . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual Other (specify) . . . . .

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.AZEDFOUNDATION.ORG

J Organization type (check only one) - [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . \$ 300,724.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 280,645. Total expenses: 246,996. Net assets at end of year: 617,666.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Line number, Description, (A) Beginning of year, and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ NONE		
37b	b Did the organization file Form 1120-POL for this year? . . . . .		X
38a	38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
40d	d Enter amount of tax on line 40c reimbursed by the organization . . . . .		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	41 List the states with which a copy of this return is filed. ▶ ARIZONA		
42a	42a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 480-421-9376 Located at ▶ 6155 E. INDIAN SCHOOL RD SCOTTSDALE, AZ ZIP + 4 ▶ 85251		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Yes  No
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No
  - 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
  - 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
  - b If "Yes," was the related organization(s) a section 527 organization?  Yes  No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		NONE

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**

*Jeffrey D. Meshey* 12-3-10  
 Signature of officer Date

Jeffrey D. Meshey, Treasurer, Arizona Educational Foundation  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 1/29/2010  
 Check if self-employed:  Preparer's Identifying Number (See instructions):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM, LLC  
 EIN: 34-1884125  
 Phone no.: 602-264-6835

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 42.94%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 41.69%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME				1,106.	1,034.	2,140.
TOTALS				1,106.	1,034.	2,140.

**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, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

ARIZONA EDUCATIONAL FOUNDATION, INC.

Employer identification number

94-2937109

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<sup>1</sup>/<sub>3</sub>% 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> ARIZONA EDUCATIONAL FOUNDATION, INC.	<b>Employer identification number</b> 94-2937109
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 18,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **ARIZONA EDUCATIONAL FOUNDATION, INC.**

Employer identification number  
94-2937109

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 14,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> ARIZONA EDUCATIONAL FOUNDATION, INC.	<b>Employer identification number</b> 94-2937109
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 10,300.	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.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



**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))
		TEACHER OF YEAR (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	150,864.			150,864.
	<b>2</b> Less: Charitable contributions . . . . .	127,925.			127,925.
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	22,939.			22,939.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	20,079.			20,079.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 20,079. )
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .					2,860.

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					( )
<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**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:

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? . . . . . **17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

-----

AMOUNT

-----

DIVIDEND INCOME

949.

TOTAL

-----

949.

=====

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

TEACHER OF THE YEAR PROGRAM

127,925.

TOTAL

-----  
127,925.  
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
TEACHER OF THE YEAR PROGRAM	22,939.	20,079.	2,860.
TOTALS	22,939.	20,079.	2,860.
	=====	=====	=====

FORM 990EZ, PART I - OTHER REVENUE  
=====

OTHER REVENUE	1,034.
	-----
TOTALS	1,034.
	=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID  
IN EXCESS OF \$5000

=====

RECIPIENT NAME AND ADDRESS

-----

GRANTS PAID

TEACHER OF THE YEAR  
6155 E. INDIAN SCHOOL RD., STE. 100-106  
SCOTTSDALE, AZ 85251

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

FOUNDATION STATUS OF RECIPIENT

-----

NONE  
INDIVIDUAL

PURPOSE OF GRANT OR CONTRIBUTION

-----

TEACHER AWARD

AMOUNT

-----

20,000.

TOTAL CONTRIBUTIONS PAID

-----

20,000.

=====

## FORM 990EZ, PART I - OTHER EXPENSES

=====

SUPPLIES	4,282.
TRAVEL	12,505.
CONFERENCES, CONVENTIONS	1,757.
ADMIN ASSISTANCE	2,269.
APPLICATION REVISION	1,500.
AUTO EXPENSE	3,889.
AWARDS/TROPHIES	12,182.
BANK CHARGES	263.
BROADCAST EXPENSE	4,000.
INSTRUCTORS/PRESENTERS	4,388.
INSURANCE	2,040.
JUDGES	10,130.
MEALS	3,511.
MEMBERSHIP FEES	600.
PROMO	2,261.
SPEECH TRAINING	3,000.
UTILITIES	3,218.
VIDEO PRODUCTION	9,446.
MISCELLANEOUS EXPENSE	3,206.
	-----
TOTAL	84,447.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

-----  
UNREALIZED GAIN ON INVESTMENTS

11,016.

TOTAL

-----  
11,016.  
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	14,269.	26,965.
SAVINGS	101,982.	121,901.
INVESTMENTS - SECURITIES	458,128.	469,144.
TOTALS	----- 574,379. =====	----- 618,010. =====

FORM 990EZ, PART II - TOTAL LIABILITIES  
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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
PAYROLL PAYABLE	1,378.	344.
TOTALS	1,378.	344.

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FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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ARIZONA EDUCATIONAL FOUNDATION DEVELOPS AND CELEBRATES EXCELLENCE IN  
PREK-12 PUBLIC EDUCATION IN ARIZONA THROUGH COMMUNITY PARTNERSHIPS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
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PROGRAM SERVICE ACCOMPLISHMENT 1  
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THE A+ SCHOOLS OF EXCELLENCE PROGRAM BEGAN 26 YEARS AGO. THROUGH THE PROGRAM, THE ARIZONA EDUCATIONAL FOUNDATION (AEF) IDENTIFIES, RECOGNIZES AND REWARDS PRE-KINDERGARTEN THROUGH 12TH GRADE PUBLIC SCHOOLS THROUGHOUT ARIZONA THAT DEMONSTRATE OVERALL EXCELLENCE IN EVERY AREA OF EDUCATION: STUDENT FOCUS, SCHOOL ORGANIZATION, CHALLENGING CURRICULUM, ACTIVE TEACHING AND LEARNING, PROFESSIONAL COMMUNITY, LEADERSHIP, COMMUNITY PARTNERSHIPS AND ASSESSMENT. ANY PREK-12 PUBLIC SCHOOL IN ARIZONA THAT HAS BEEN IN OPERATION FOR SIX OR MORE YEARS IS ELIGIBLE TO APPLY FOR THIS WELL-KNOWN AND COVETED AWARD. THE PROCESS NECESSITATES THAT THE SCHOOL COMPLETE AND SUBMIT A 35-40 PAGE DETAILED APPLICATION, WHICH IS READ, REVIEWED AND EVALUATED BY A COMMITTEE OF LEADERS FROM THE EDUCATION AND BUSINESS COMMUNITIES. SCHOOLS WHOSE APPLICATIONS ARE DEEMED EXEMPLARY RECEIVE A DAY-AND-A-HALF-LONG SITE VISIT FROM MEMBERS OF THE SELECTION COMMITTEE TO DETERMINE IF THE A+ AWARD IS WARRANTED. THE A+ DESIGNATION IS VALID FOR THREE YEARS AFTER WHICH TIME A SCHOOL MUST RE-APPLY. AEF CONDUCTS INFORMATIONAL MEETINGS ACROSS ARIZONA EACH FALL TO INTRODUCE SCHOOLS TO AND ACQUAINT THEM WITH THE A+ PROGRAM, GIVE TIPS AS TO HOW TO WRITE A SUCCESSFUL APPLICATION, AND ENCOURAGE SCHOOLS TO APPLY FOR THE AWARD. IN THE PAST FIVE YEARS, SOME 150 SCHOOLS FROM THROUGHOUT THE STATE HAVE APPLIED FOR CONSIDERATION AS AN A+ SCHOOL. SINCE 1991, 193 SCHOOLS RANGING FROM URBAN AND SUBURBAN SCHOOLS TO RURAL AND SMALLER COMMUNITY SCHOOLS TO A SCHOOL LOCATED ON THE NAVAJO RESERVATION HAVE EARNED THE A+ DESIGNATION. THE A+ PROGRAM PROVIDES AN OBJECTIVE, AUTHENTIC ASSESSMENT OF APPLICANT SCHOOLS. AWARDED SCHOOLS PROCLAIM THAT EARNING THE A+ AWARD ENABLES A SCHOOL AND ITS COMMUNITY TO COLLABORATE IN ORDER TO ARTICULATE, ANALYZE, EVALUATE, MODIFY AND IMPROVE EVERY ASPECT RELATED TO THE EDUCATION AND CARE OF THEIR STUDENTS. THE PROCESS SERVES AS A SCHOOL IMPROVEMENT PLAN AND A NEEDS ASSESSMENT TOOL. THE AWARD VALIDATES A SCHOOL'S EFFECTIVENESS, UNIFIES THE COMMUNITY AND INSTILLS A SENSE OF PRIDE. A+ SCHOOLS MAKE THEIR BEST PRACTICES AVAILABLE BY SHARING THEM THROUGH AEF'S WEBSITE. A+ SCHOOLS OPEN THEIR DOORS TO FELLOW EDUCATORS, PARENTS AND BUSINESSES AS MODELS OF EFFECTIVE LEADERSHIP AND EXEMPLARY EDUCATIONAL PRACTICES. PRINCIPALS OF A+ SCHOOLS HAVE THE OPPORTUNITY TO BECOME MENTORS AND COACHES TO NEW AND ASPIRING PRINCIPALS THROUGH AEF'S PRINCIPALS' LEADERSHIP ACADEMY (SEE DESCRIPTION BELOW).

THE A+ EXEMPLARY PROGRAM AWARD, A SUBSIDIARY PROGRAM TO THE A+ SCHOOL PROGRAM, WAS LAUNCHED IN 2004 TO CELEBRATE AND RECOGNIZE PROGRAMS AND PRACTICES THAT EXEMPLIFY EDUCATIONAL EXCELLENCE IN

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
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SCHOOLS ACROSS ARIZONA. THE GOALS OF THE A+ EXEMPLARY PROGRAM AWARD ARE: TO IDENTIFY AND GIVE PUBLIC RECOGNITION TO OUTSTANDING PROGRAMS IN PUBLIC SCHOOLS IN ARIZONA; TO MAKE AVAILABLE A COMPREHENSIVE FRAME WORK OF KEY CRITERIA FOR PROGRAM EFFECTIVENESS THAT CAN SERVE AS A BASIS FOR PARTICIPATORY SELF-ASSESSMENT AND PLANNING IN SCHOOLS; AND TO FACILITATE COMMUNICATION AND SHARING OF OUTSTANDING PROGRAMS WITH AND AMONG SCHOOLS BASED ON COMMON CRITERIA FOR SUCCESS. SCHOOLS SUBMIT AN APPLICATION THAT PROVIDES A DESCRIPTION OF A CURRENT PROGRAM OR PRACTICE AND DEMOGRAPHIC INFORMATION. FOLLOWING A THOROUGH EVALUATION AND A SITE VISIT, PROGRAMS ARE SELECTED AND RECOGNIZED FOR THE FOLLOWING: GOING BEYOND WHAT MIGHT BE EXPECTED IN ORDER TO MEET THE NEEDS OF THE STUDENT POPULATION; PRODUCING CONCRETE POSITIVE RESULTS OR OUTCOMES; MEASURABILITY; INNOVATION AND/OR CREATIVITY; SUSTAINABILITY; AND POTENTIAL FOR REPLICATION. SINCE ITS INCEPTION FIVE YEARS AGO, 57 APPLICATIONS HAVE BEEN SUBMITTED AND 38 EXEMPLARY PROGRAMS HAVE EARNED THE A+ EXEMPLARY PROGRAM AWARD. RECOGNIZED PROGRAMS INCLUDE SUCCESSFUL EARLY READING PROGRAMS, READING INTERVENTION PROGRAMS, CHARACTER EDUCATION PROGRAMS, A PROGRAM TO KEEP AT-RISK STUDENTS IN HIGH SCHOOL, AN ALL-SCHOOL SCIENCE FAIR, A BEFORE AND AFTER SCHOOL PROGRAM FOR AT-RISK STUDENTS, A CAREER AND COLLEGE PREP PROGRAM FOR ALL LEVELS OF HIGH SCHOOL STUDENTS, A FAMILY NIGHT, AND FINE ARTS PROGRAMS. REPRESENTATIVES FROM SCHOOLS ACROSS ARIZONA ARE ENCOURAGED TO VISIT SCHOOLS THAT HAVE BEEN RECOGNIZED FOR THEIR OUTSTANDING PROGRAMS IN ORDER TO REPLICATE THEM. BROCHURES DESCRIBING THE A+ EXEMPLARY PROGRAMS ARE PUBLISHED AND DISTRIBUTED TO EVERY PREK-12 PUBLIC SCHOOL IN ARIZONA AND INFORMATION ABOUT THE PROGRAMS IS AVAILABLE ON AEF'S WEBSITE.

PROGRAM SERVICE ACCOMPLISHMENT 2  
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THE ARIZONA STATE SPELLING BEE IS ADMINISTERED BY AEF TO DETERMINE ARIZONA'S STUDENT REPRESENTATIVE TO THE SCRIPPS NATIONAL SPELLING BEE IN WASHINGTON D. C. SPELLING BEES GIVE STUDENTS FROM PUBLIC, PRIVATE, CHARTER AND HOME SCHOOLS AN OPPORTUNITY TO UTILIZE THEIR SPELLING AND PHONETIC SKILLS IN A COMPETITIVE ENVIRONMENT AND A CHANCE TO PARTICIPATE IN THE HIGHER LEVEL BEES. SPELLING BEES GIVE STUDENTS WHO MIGHT NOT EXCEL IN MORE TRADITIONAL COMPETITIVE ENVIRONMENTS SUCH AS SPORTS AN OPPORTUNITY TO SHINE. TENS OF THOUSANDS OF STUDENTS STATEWIDE IN KINDERGARTEN THROUGH 8TH GRADE COMPETE IN CLASSROOM, SCHOOL, DISTRICT, AND COUNTY BEES TO QUALIFY AS ONE OF 27 FINALISTS IN THE STATE BEE. AEF WORKS YEAR-ROUND WITH REGIONAL AND COUNTY COORDINATORS ACROSS ARIZONA TO ENSURE CONSISTENCY AND FAIRNESS IN DETERMINING WHICH 27 SPELLERS WILL VIE

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
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FOR THE TITLE OF ARIZONA STATE SPELLING BEE CHAMPION. THE STATE SPELLING BEE IS TELEVISED ON PUBLIC TELEVISION STATIONS THROUGHOUT ARIZONA. THE WINNER AND CHAPERONE RECEIVE AN ALL-EXPENSES PAID TRIP TO WASHINGTON D. C. , FOR THE NATIONAL BEE IN LATE SPRING.

PROGRAM SERVICE ACCOMPLISHMENT 3  
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NOW IN ITS 26TH YEAR, THE TEACHER OF THE YEAR PROGRAM ANNUALLY SELECTS ARIZONA'S TEACHER OF THE YEAR AND RECOGNIZES NINE ADDITIONAL PREK-12 PUBLIC SCHOOL TEACHERS, ALL OF WHOM ARE EXCEPTIONALLY SKILLED, TALENTED AND DEDICATED. TEACHER OF THE YEAR NOMINEES ARE THOSE TEACHERS WHO HAVE GAINED THE RESPECT AND ADMIRATION OF STUDENTS, PARENTS, AND CO-WORKERS. THEY PLAY AN ACTIVE AND USEFUL ROLE IN THEIR COMMUNITIES AS WELL AS THEIR SCHOOLS, DISTINGUISHING THEMSELVES AS LEADERS. THEY HAVE A SUPERIOR ABILITY TO HELP ALL STUDENTS ACHIEVE. THE WINNER COMPETES FOR NATIONAL TEACHER OF THE YEAR AND RECEIVES \$20,000, A LAPTOP COMPUTER, A SMART BOARD AND A FULL SCHOLARSHIP FROM ARGOSY UNIVERSITY/PHOENIX TO PURSUE A GRADUATE DEGREE IN EDUCATION. ADDITIONALLY, THE TEACHER OF THE YEAR TRAVELS TO WASHINGTON D. C. TO MEET THE PRESIDENT OF THE UNITED STATES. THE NEXT FOUR RUNNERS-UP, CALLED "AMBASSADORS FOR EXCELLENCE," RECEIVE \$5,000 AND A LAPTOP COMPUTER; THE OTHER FIVE SEMI-FINALISTS RECEIVE \$1,000. THE TEACHER OF THE YEAR AND AMBASSADORS UNDERGO PROFESSIONAL SPEECH TRAINING, GIVING THEM THE TOOLS NEEDED TO ADVOCATE EFFECTIVELY FOR EXCELLENCE IN EDUCATION AND ACT AS SPOKESPERSONS FOR THE TEACHING PROFESSION. COMBINED, THE ARIZONA TEACHER OF THE YEAR AND AMBASSADORS GENERALLY MAKE IN EXCESS OF 100 PRESENTATIONS DURING THEIR YEARLONG TENURE. THESE PRESENTATIONS ARE MADE TO GROUPS OF CIVIC LEADERS, PROSPECTIVE TEACHERS, CURRENT TEACHERS, STUDENT TEACHERS, SCHOOL BOARDS, SCHOOL ADMINISTRATORS, BUSINESS LEADERS, LEGISLATORS, GOVERNMENT LEADERS, AND STUDENTS. OVER THE PAST FIVE YEARS, THE ARIZONA EDUCATIONAL FOUNDATION HAS RECEIVED OVER 300 APPLICATIONS FOR CONSIDERATION FROM URBAN, SUBURBAN, RURAL AND NATIVE AMERICAN RESERVATION TEACHERS. TEACHER OF THE YEAR APPLICANTS SUBMIT A 15-PAGE APPLICATION DETAILING THEIR EDUCATIONAL AND PROFESSIONAL BACKGROUND, THEIR COMMUNITY INVOLVEMENT, AND THEIR PHILOSOPHY OF TEACHING. APPLICANTS MUST IDENTIFY AND DISCUSS EDUCATIONAL ISSUES AND TRENDS, OFFER AN ASSESSMENT OF THE TEACHING PROFESSION AND DELIVER A MESSAGE TO THE PUBLIC AS AN ADVOCATE FOR THE TEACHING PROFESSION. EACH APPLICATION IS REVIEWED AND SCORED BY A PANEL OF JUDGES CONSISTING OF EDUCATORS, CORPORATE LEADERS AND STUDENTS. FROM THE WRITTEN APPLICATIONS, THE SELECTION PANEL CHOOSES 10 SEMI-FINALISTS. THE PANEL THEN INTERVIEWS THE TOP 10 CANDIDATES,

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
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OBSERVES THEM IN THEIR CLASSROOMS VIA DVD AND SELECTS THE TEACHER OF THE YEAR, FOUR AMBASSADORS AND FIVE SEMI-FINALISTS. ONCE THE TOP 5 CANDIDATES ARE CHOSEN, EACH IS FILMED IN THE CLASSROOM AND INTERVIEWS WITH CO-WORKERS AND STUDENTS ARE CONDUCTED. A VIDEO IS PREPARED AND SHOWN AT THE NOVEMBER AWARDS LUNCHEON WHERE THE WINNER IS ANNOUNCED. THE AWARDS LUNCHEON ATTRACTS NEARLY 500 EDUCATION AND CORPORATE LEADERS, BECOMING THE ONLY STATEWIDE EVENT THAT FOCUSES SOLELY ON TEACHERS AND CELEBRATES EXCELLENCE IN THE TEACHING PROFESSION.

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

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DESCRIPTION

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GRANTS AND  
ALLOCATIONS

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EXPENSES

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PRINCIPALS' LEADERSHIP ACADEMY  
POLLY ROSENBAUM WRITING CONTEST

19,554.  
3,492.

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TOTALS

23,046.

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## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
BARBARA O' BOYLE 6155 E. INDIAN SCHOOL RD. SUITE 100 SCOTTSDALE, AZ 85251	EXECUTIVE DIRECTOR 40.	78,271.	2,400.	4,800.
DR. ANN ALLISON SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
DR. KAREN BUTTERFIELD SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
JODI CHESBRO SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
SUE GLAWE SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
W. GARY HULL SAME AS ABOVE	SECRETARY 1.	NONE	NONE	NONE
CAROL ITULE SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
JEANINE L' ECUYER SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
JEFF MESHEY SAME AS ABOVE	TREASURER 1.	NONE	NONE	NONE
WALTER R. MILLER JR. SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
TERRI WOGAN SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
LOUISE MOSKOWITZ SAME AS ABOVE	PRESIDENT 1.	NONE	NONE	NONE
LISA RILEY SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
RUTH SOLOMON SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
CATHLEEN YU SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
LINDA MASON GUTIERREZ SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
RENEE LEVIN SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
BRIAN SCHULMAN SAME AS ABOVE	DIRECTOR 1.	NONE	NONE	NONE
GRAND TOTALS		78,271.	2,400.	4,800.