

2008 EXEMPT ORGANIZATION TAX RETURNS
Prepared for

PRIMAVERA FOUNDATION, INC.
151 West 40th Street
Tucson, AZ 85713

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Primavera Foundation, Inc.	Employer identification number 86-0733182
	Number, street, and room or suite no. If a P.O. box, see instructions. 151 W. 40th Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85713	

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

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

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

The Organization

- The books are in the care of **151 W. 40th Street - Tucson, AZ 85713**
Telephone No. **520-882-5383** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **May 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature *Carol* Title CPA Date 1/26/10

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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 Primavera Foundation, Inc.	Employer identification number 86-0733182
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. 151 W. 40th Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85713	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input 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 |

The Organization

- The books are in the care of ▶ **151 W. 40th Street - Tucson, AZ 85713**
Telephone No. ▶ **520-882-5383** 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 **February 15, 2010**, 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, 2008**, and ending **JUN 30, 2009**.

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

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

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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

2008

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 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: C Name of organization Primavera Foundation, Inc. Doing Business As	D Employer identification number 86-0733182
	See Specific Instructions: Number and street (or P.O. box if mail is not delivered to street address) Room/suite 151 W. 40th Street	E Telephone number 520-882-5383
	City or town, state or country, and ZIP + 4 Tucson, AZ 85713	G Gross receipts \$ 6,327,893.
	F Name and address of principal officer: Marcy Brell 151 W. 40th Street, Tucson, AZ 85713	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 627

J Website: **www.primavera.org**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1984** **M** State of legal domicile: **AZ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Primavera Foundation is a not-for-profit community housing development organization that
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
	5 Total number of employees (Part V, line 2a) 5 547
	6 Total number of volunteers (estimate if necessary) 6 1200
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34. 7b 0.

	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h) 8	4,432,672.	4,622,089.	
9 Program service revenue (Part VIII, line 2g) 9	976,945.	1,255,674.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	84,873.	190,181.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	140,295.	155,718.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	5,634,785.	6,223,662.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13			
14 Benefits paid to or for members (Part IX, column (A), line 4) 14			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	2,606,379.	3,165,129.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a			
b Total fundraising expenses (Part IX, column (D), line 25) 16b	303,186.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17	2,683,413.	2,866,476.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	5,289,792.	6,031,605.	
19 Revenue less expenses. Subtract line 18 from line 12 19	344,993.	192,057.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20	7,843,612.	7,838,998.
	21 Total liabilities (Part X, line 26) 21	604,461.	816,174.
	22 Net assets or fund balances. Subtract line 21 from line 20 22	7,239,151.	7,022,824.

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: **Keegan Hutchison** Signature of officer, Date: **5/11/10**
 Type or print name and title: **Keegan Hutchison, Executive Director**

Paid Preparer's Use Only: Preparer's signature: **[Signature]**, Date: **5/10/10**, Check if self-employed: , Preparer's identifying number (see instructions): **[Number]**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Keegan, Winscott & Kenon, P.C., 33 N. Stone Avenue, Suite 1100, Tucson, AZ 85701**
 Phone no.: **(520) 884-0176**

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

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The Primavera Foundation provides pathways out of poverty through safe, affordable housing, workforce development, and neighborhood revitalization.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,339,394. including grants of \$) (Revenue \$)

Emergency Shelter - Street outreach, drop-in day centers and overnight shelters, and immediate relief for families and individuals who are homeless. Mail and message service, eviction prevention, case management, food and clothing are available, as well as a place to escape the heat and cold and find rest and support.

4b (Code:) (Expenses \$ 1,222,457. including grants of \$) (Revenue \$)

Transitional Housing - 184 apartment units for families, couples and individuals are located in numerous sites throughout the city and county. Varying levels of case management are available to support those who are rebuilding their lives while recovering from homelessness, illness and/or upgrading their employment.

4c (Code:) (Expenses \$ 1,508,825. including grants of \$) (Revenue \$)

Work Force Development - Primavera's employment services assist homeless and near homeless adults learn new skills, enter or re-enter and succeed in the job market. Special emphasis is placed on job placement with ex-prisoners. A continuum of services including job counseling, case management, job search classes, and job placement assist over 900 individuals annually.

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

(Expenses \$ 1,068,321. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,138,997. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	149		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	547		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
9b 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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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: ►
The Organization - 520-882-5383
151 W. 40th Street, Tucson, AZ 85713

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Leslie Hunter President	3.00	X		X			0.	0.	0.	
Joel Gastelum Director	1.00	X					0.	0.	0.	
Rebecca McReynolds Treasurer	2.00	X		X			0.	0.	0.	
Leslie Cohen Vice-President	1.00	X		X			0.	0.	0.	
Nancy Bissell Director	10.00	X					0.	0.	0.	
Charlene Pesquiera-Burne Director	1.00	X					0.	0.	0.	
Jan Crebbs Director	1.00	X					0.	0.	0.	
Adrian Duarte Secretary	1.00	X		X			0.	0.	0.	
Rick Eck Director	1.00	X					0.	0.	0.	
Ana Lopez Director	1.00	X					0.	0.	0.	
Kathy Salewski Director	1.00	X					0.	0.	0.	
Gordon Packard Director	1.00	X					0.	0.	0.	
Donna Smith-Gaines Director	1.00	X					0.	0.	0.	
John Schwarz Director	1.00	X					0.	0.	0.	
Andy Silverman Director	1.00	X					0.	0.	0.	
Susan Tarrance Director	1.00	X					0.	0.	0.	
Debbie Wong Director	1.00	X					0.	0.	0.	

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					
	d	Related organizations	1d	280,212.				
	e	Government grants (contributions)	1e	3,013,610.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,328,267.				
	g	Noncash contributions included in lines 1a-1f: \$		324,280.				
	h	Total. Add lines 1a-1f		4622089.				
	Program Service Revenue	2 a	Rehabilitation Program	Business Code 624310	460,850.	460,850.		
b		Rental Income	624200	395,739.	395,739.			
c		Other Contracts	624310	267,444.	267,444.			
d		Client Fees	624310	131,641.	131,641.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		1255674.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		188,949.			188,949.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				3,230.				
					1,998.			
					1,232.			
					1,232.	1,232.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	251639.				
			b	102233.				
					149,406.	149,406.		
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
		c						
Miscellaneous Revenue				Business Code				
11 a	Miscellaneous Income	900099	37,981.	37,981.				
b	Income from Bartol Fam	900099	<31,669.>			<31,669.>		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		6,312.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6223662.	1444293.	0.	157,280.		

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				
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	165,559.		165,559.	
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	2,561,527.	2,120,963.	228,650.	211,914.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	438,043.	335,764.	65,720.	36,559.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	364,968.	361,746.	2,847.	375.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	317,722.	307,738.	7,576.	2,408.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	245,934.	210,179.	35,755.	
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 Direct Client Supplies	519,125.	519,125.		
b Cost of Low-Income Hous	459,714.	459,714.		
c Donated Meals	324,280.	324,280.		
d Materials and Supplies	227,426.	160,751.	34,849.	31,826.
e Operating Expenses	180,070.	117,898.	44,313.	17,859.
f All other expenses	227,237.	220,839.	4,153.	2,245.
25 Total functional expenses. Add lines 1 through 24f	6,031,605.	5,138,997.	589,422.	303,186.
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 ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	903,946.	1	1,186,839.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	334,858.	3	278,426.
	4	Accounts receivable, net	45,036.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	37,693.	7	50,635.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,183.	9	24,297.
	10a	Land, buildings, and equipment: cost basis	6,737,184.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	2,422,535.		
			4,331,619.	10c	4,314,649.
	11	Investments - publicly traded securities	1,276,238.	11	1,142,261.
	12	Investments - other securities. See Part IV, line 11	150,000.	12	150,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	756,039.	15	691,891.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,843,612.	16	7,838,998.	
Liabilities	17	Accounts payable and accrued expenses	353,764.	17	379,444.
	18	Grants payable		18	
	19	Deferred revenue	63,842.	19	274,690.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	106,842.	23	106,842.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	80,013.	25	55,198.
	26	Total liabilities. Add lines 17 through 25	604,461.	26	816,174.
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	6,106,015.	27	5,818,028.
	28	Temporarily restricted net assets	23,932.	28	45,592.
	29	Permanently restricted net assets	1,109,204.	29	1,159,204.
	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	7,239,151.	33	7,022,824.	
34	Total liabilities and net assets/fund balances	7,843,612.	34	7,838,998.	

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		
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 lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,192,499.	2,312,840.	3,312,558.	4,432,672.	4,622,089.	16,872,658.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,192,499.	2,312,840.	3,312,558.	4,432,672.	4,622,089.	16,872,658.
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.						16,872,658.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,192,499.	2,312,840.	3,312,558.	4,432,672.	4,622,089.	16,872,658.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,307.	42,074.	76,838.	84,873.	188,949.	423,041.
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.)	53,869.	222,044.	182,833.	171,430.	163,182.	793,358.
11 Total support. Add lines 7 through 10						18,089,057.
12 Gross receipts from related activities, etc. (see instructions)					12	5,168,162.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.28	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization Primavera Foundation, Inc. Employer identification number 86-0733182

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or pleasure)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of certified historic structure
 - Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
- 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
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1
 - b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

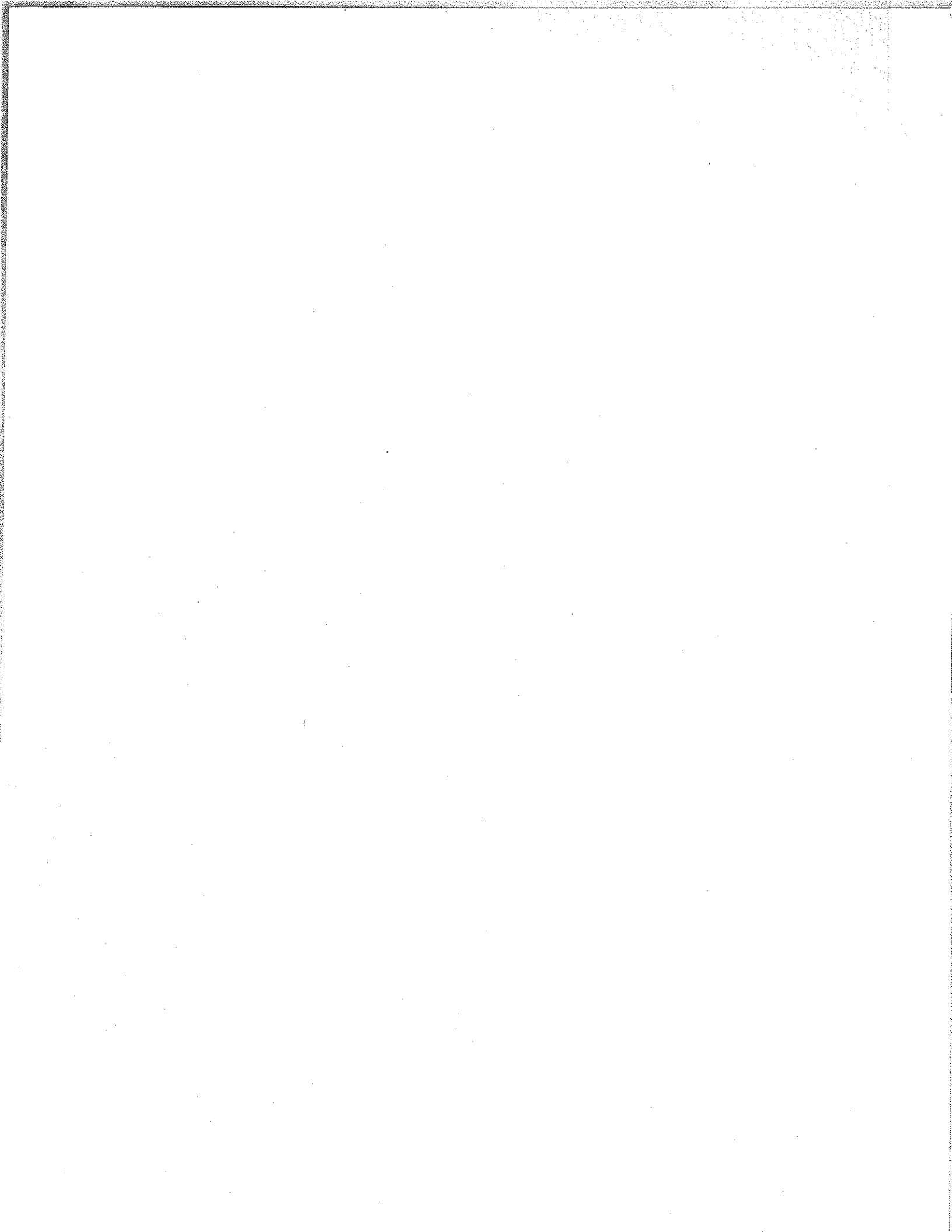
	Yes	No
3a(i)		
3a(ii)		
3b		

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) Depreciation	(d) Book value
1a Land	902,039.			902,039.
b Buildings	5,218,598.		1,877,173.	3,341,425.
c Leasehold improvements	170,295.		162,179.	8,116.
d Equipment	446,252.		383,183.	63,069.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,314,649.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,223,662.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,031,605.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	192,057.
4	Net unrealized gains (losses) on investments	4	<200,039.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<113,576.>
8	Other (Describe in Part XIV)	8	<94,769.>
9	Total adjustments (net). Add lines 4-8	9	<408,384.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<216,327.>

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	6,031,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<200,039.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	7,464.
e	Add lines 2a through 2d	2e	<192,575.>
3	Subtract line 2e from line 1	3	6,223,662.
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 should equal Form 990, Part I, line 12.)	5	6,223,662.

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

1	Total expenses and losses per audited financial statements	1	6,133,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	102,233.
e	Add lines 2a through 2d	2e	102,233.
3	Subtract line 2e from line 1	3	6,031,605.
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 should equal Form 990, Part I, line 18.)	5	6,031,605.

Part XIV Supplemental Information

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

Part XI, Line 8 - Other Adjustments:

Partnership K-1 Book/Tax Difference: -94769.

Part XII, Line 2d, Other Amounts \$102,233: Expenses reported on Form 990, Part VIII, line 8a as expenses directly related to fundraising events

Part XIII, line 2d, Other Amounts \$102,233: Expenses reported on Form 990, Part VIII, line 8a as expenses directly related to fundraising events

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
		Primavera Cooks! (event type)	25th Anniversary (event type)	None (total number)	(Add col. (a) through col. (c))
Revenue	1	Gross receipts	102,360.	142,720.	245,080.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	102,360.	142,720.	245,080.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	24,722.	33,975.	58,697.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(58,697.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			186,383.

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash 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 lines 1 and 7 in column (d)				

	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	

13 Indicate the percentage of gaming activity operated in:

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

14 Provide 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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
15a		
17a		

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

Primavera Foundation, Inc.

Employer identification number

86-0733182

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	324,280	blended rate - actual
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

Primavera Foundation, Inc.

Employer identification number
86-0733182

Form 990, Part I, Line 1, Description of Organization Mission:

provides pathways out of poverty through a continuum of services and community development. Primavera's diverse programs include: emergency shelters, drop-in shelters, transitional and permanent affordable rental housing, job training and placement, prisoner reentry services, financial education and services, homeownership promotion and preservation, neighborhood revitalization and stabilization, community engagement and advocacy.

Form 990, Part III, Line 4d, Other Program Services:

Affordable Housing - Primavera is committed to helping families find affordable and stable housing. The area in which housing is located is a dominant factor in the long-term safety and success for these families. Primavera has been assisting in neighborhood revitalization plans for transitional areas to address the need for stronger neighborhoods. Making homes livable and safe increases the value of the home and also creates positive change in the community.

Expenses \$ 164610. including grants of \$ 0. Revenue \$ 0.

Home Ownership - Primavera's HomeOwnership Program helps people obtain home ownership through one-on-one credit counseling and home buyer education classes. These classes are open to the public. Financial and down payment assistance is available for low and moderate income families.

Expenses \$ 837011. including grants of \$ 0. Revenue \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

Primavera Foundation, Inc.

Employer identification number

86-0733182

Education and Advocacy - Community education events and forums provide opportunities for learning about the complex, multifaceted causes of and solutions to end homelessness. Primavera carries out advocacy on issues addressing the intrinsic injustice of homelessness and the structural solutions available, such as: community investment in safe, affordable housing, workforce development, restoration of rights for former prisoners, and re-entry strategies for those leaving prison. Community organizing and outreach with neighborhoods seeking to participate in prisoner re-entry and community re-integration is carried out with the Weed and Seed Coalitions. Expenses \$ 66700. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 7a: Directors are elected by members of the Board of Directors.

Form 990, Part VI, Section A, line 10: The executive director and the CFO of Primavera Foundation, Inc. review the completed tax returns on behalf of the Board of Directors.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy.

Each Board member signs the conflict of interest policy when they become a board member as well as signing the policy annually. If anyone on the Board feels that they should not vote on a matter before the Board because they

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

Primavera Foundation, Inc.

Employer identification number

86-0733182

have a personal connection, they are expected to voice their concern. All members are fully aware of this pocily. If a member sees or hears something that might be questionable, the concern is brought before the executive committee.

Form 990, Part VI, Section C, Line 19: The applicable documents are available upon request.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization	Employer identification number
	<u>Primavera Foundation, Inc.</u>	<u>86-0733182</u>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	<u>151 W. 40th Street</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<u>Tucson, AZ 85713</u>	

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

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

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

The Organization

• The books are in the care of 151 W. 40th Street - Tucson, AZ 85713
Telephone No. 520-882-5383 FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

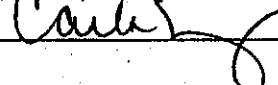
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature  Title CPA Date 1/26/10

Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

▶ **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 Primavera Foundation, Inc.	Employer identification number 86-0733182
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. 151 W. 40th Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85713	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input 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 |

The Organization

- The books are in the care of ▶ **151 W. 40th Street - Tucson, AZ 85713**
 Telephone No. ▶ **520-882-5383** 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 **February 15, 2010**, 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, 2008**, and ending **JUN 30, 2009**

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

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

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 2008 or fiscal year beginning 07/01/08 and ending 06/30/09

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153	CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input checked="" type="checkbox"/>
Business telephone number 520-882-5383	Pls Type or Print	Name Primavera Foundation, Inc.	
		Number and street or PO Box 151 W. 40th Street	
		City or town, state and ZIP code Tucson, AZ 85713	
		Employer identification number (EIN) 86-0733182	AZ transaction privilege tax number
Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		CHECK BOX IF: Return filed under extension. 3-mos. Fed <input type="checkbox"/> 6-mos. AZ - Fed <input type="checkbox"/> 82 C <input type="checkbox"/> 82 F <input checked="" type="checkbox"/>	
A Date Arizona operations began 01/01/84		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
B Nature of Arizona activities Social Service Agency			
C Check federal form filed: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____			
Attach copy of federal return.		81	66

Sources of Income	1	Gross sales or receipts from business activities	1	251,639	00		
	2	Less: Cost of goods sold or of operations - attach itemized statement	2		00		
	3	Gross profit from business activities - subtract line 2 from line 1	3	251,639	00		
	4	Interest	4	969	00		
	5	Dividends	5	187,980	00		
	6	Rents and royalties	6		00		
	7	Gain or (loss) from sales of assets, excluding inventory items	7	1,232	00		
	8	Dues, assessments, etc., from members	8		00		
	9	Dues, assessments, etc., from affiliated organizations	9	280,212	00		
	10	Contributions, gifts, grants, etc., received	10	4,341,877	00		
	11	Other income - attach itemized statement	11	1,261,986	00		
		12	Total income - add lines 3 through 11	12	6,325,895	00	Statement 3
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	165,559	00		
	14	Salaries and wages - other than amounts included on line 2	14	440,564	00		
	15	Interest	15		00		
	16	Taxes	16		00		
	17	Rent expense	17	9,984	00		
	18	Depreciation - attach schedule	18	35,755	00	Statement 1	
	19	Miscellaneous expenses - attach itemized statement	19	342,979	00	Statement 4	
		20	Total expenses - add lines 13 through 19	20	994,841	00	
Disbursements from Current Income for the Exempt Organization's Purposes	21	Dues, assessments, etc., to affiliated corporations	21		00		
	22	Contributions, gifts, grants, etc., paid	22		00		
	23	Benefit payments to or for members or their dependents:					
		a. Death, sickness, hospitalization, disability, or pension benefits	23a		00		
	b. Other benefits	23b		00			
	24	Dividends and other distributions to members, shareholders, or depositors	24		00		
25	Other	25	5,138,997	00	Statement 5		
	26	Total - add lines 21 through 25	26	5,138,997	00		
Disbursements from Principal for the Exempt Organization's Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00		
	28	Contributions, gifts, grants, etc., paid	28		00		
	29	Benefit payments to or for members or their dependents:					
		a. Death, sickness, hospitalization, disability, or pension benefits	29a		00		
	b. Other benefits	29b		00			
	30	Dividends and other distributions to members, shareholders, or depositors	30		00		
31	Other	31		00			
	32	Total - add lines 27 through 31	32		00		
Other	33	Other disbursements not itemized above - attach schedule	33	408,384	00	Statement 2	
Accumulation of Income	34	Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33	34	<216,327	80		
	35	Accumulation of income at beginning of year	35	7,239,151	00		
	36	Accumulation of income at end of year - add lines 34 and 35	36	7,022,824	00		
Penalty	37	Penalty for late filing or incomplete filing - See instructions	37		00		

Schedule A - Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

	(a) Beginning of year	(b) End of year
--	--------------------------	--------------------

Assets

A1 Cash	903,946 ⁰⁰	A1	1,186,839 ⁰⁰
A2a Accounts receivable	A2a		00
b Less: allowance for doubtful accounts	A2b		00
c Line A2a less line A2b. Enter difference in column (b)	45,036 ⁰⁰	A2c	00
A3a Other notes and loans receivable - attach schedule	A3a		00
b Less: allowance for doubtful accounts	A3b		00
c Line A3a less line A3b. Enter difference in column (b) <i>Statement 6</i>	37,693 ⁰⁰	A3c	50,635 ⁰⁰
A4 Inventories		A4	00
A5 Investments (securities) - attach schedule <i>See Statement 7</i>	1,276,238 ⁰⁰	A5	1,142,261 ⁰⁰
A6 Investments (other) - attach schedule <i>See Statement 8</i>	150,000 ⁰⁰	A6	150,000 ⁰⁰
A7a Land, buildings, and equipment; basis	A7a 6,737,184 ⁰⁰		
b Less: accumulated depreciation - attach schedule	A7b 2,422,535 ⁰⁰		
c Line A7a less line A7b. Enter difference in column (b)	4,331,619 ⁰⁰	A7c	4,314,649 ⁰⁰
A8 Other assets - describe <i>See Statement 9</i>	1,099,080 ⁰⁰	A8	994,614 ⁰⁰
A9 Total assets - add lines A1 through A8	7,843,612 ⁰⁰	A9	7,838,998 ⁰⁰

Liabilities

A10 Accounts payable and accrued expenses	353,764 ⁰⁰	A10	379,444 ⁰⁰
A11 Mortgages and other notes payable - attach schedule <i>Statement 10</i>	106,842 ⁰⁰	A11	106,842 ⁰⁰
A12 Other liabilities - describe <i>See Statement 11</i>	143,855 ⁰⁰	A12	329,888 ⁰⁰
A13 Total liabilities - add lines A10 through A12	604,461 ⁰⁰	A13	816,174 ⁰⁰

Net Assets

A14 Capital stock or trust principal	00	A14	00
A15 Paid-in or capital surplus	00	A15	00
A16 Retained earnings or accumulated income	7,239,151 ⁰⁰	A16	7,022,824 ⁰⁰
A17 Total net assets - add lines A14 through A16	7,239,151 ⁰⁰	A17	7,022,824 ⁰⁰
A18 Total liabilities and net assets - add lines A13 and A17	7,843,612 ⁰⁰	A18	7,838,998 ⁰⁰

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 Sign Here *Peggy John* Date 15/11/10 Title Executive Director
 Signature of officer

Paid Preparer's Use Only *Keegan* Date 15/10/10
 Preparer's signature

Keegan, Linscott & Kenon, P.C. | 86-0750225
 Firm's name (or preparer's, if self-employed) Preparer's TIN

33 N. Stone Avenue, Suite 1100 | 85701
Tucson, AZ
 Firm's address ZIP code

AZ 99	Depreciation/Amortization Expense	Statement	1
Description		Amount	
	Depreciation/Amortization	35,755.	
	Total to Form 99, Page 1, Line 18	35,755.	

AZ 99	Other Disbursements	Statement	2
Description		Amount	
	Unrealized Loss	200,039.	
	Prior Period Adjustment	113,576.	
	Partnership K-1 Book/Tax Difference	94,769.	
	Total to Form 99, Page 1, Line 33	408,384.	

AZ 99	Other Income	Statement	3
Description		Amount	
	Miscellaneous Income	37,981.	
	Income from Bartol Family Partnership LP	<31,669.>	
	Rehabilitation Program	460,850.	
	Rental Income	395,739.	
	Other Contracts	267,444.	
	Client Fees	131,641.	
	Total to Form 99, Page 1, Line 11	1,261,986.	

AZ 99	Misc Expenses	Statement	4
Description		Amount	
	Direct expenses of fundraising events	102,233.	
	Other employee benefits	102,279.	
	Other professional fees	3,222.	
	Materials and Supplies	66,675.	
	Operating Expenses	62,172.	
	All other expenses	6,398.	
	Total to Form 99, Page 1, Line 19	342,979.	

AZ 99	Other Expenses	Statement	5
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Description	Amount
Other salaries and wages	2,120,963.
Other employee benefits	335,764.
Other professional fees	361,746.
Occupancy	307,738.
Depreciation/Amortization	210,179.
Direct Client Supplies	519,125.
Cost of Low-Income Hous	459,714.
Donated Meals	324,280.
Materials and Supplies	160,751.
Operating Expenses	117,898.
All other expenses	220,839.
Total to Form 99, Page 1, Line 25	5,138,997.

AZ 99	Other Notes and Loans Receivable	Statement	6
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Description	Beg of Year	End of Year
Notes and Loans Receivable, Net	37,693.	50,635.
Total to Form 99, Page 2, Line A3c	37,693.	50,635.

AZ 99	Investments (Securities)	Statement	7
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Description	Beg of Year	End of Year
Publicly Traded Securities	1,276,238.	1,142,261.
Total to Form 99, Page 2, Line A5	1,276,238.	1,142,261.

AZ 99	Investments (Other)	Statement	8
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Description	Beg of Year	End of Year
Bartol Family Partnership	150,000.	150,000.
Total to Form 99, Page 2, Line A6	150,000.	150,000.

AZ 99	Other Assets	Statement	9
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Description	Beg of Year	End of Year
Pledges and Grants Receivable	334,858.	278,426.
Prepaid Expenses and Deferred Charges	8,183.	24,297.
Cash Restricted - Capital Purposes	566,418.	526,940.
Work in Progress - Rehabilitation Program	189,621.	164,951.
Total to Form 99, Page 2, Line A8	1,099,080.	994,614.

AZ 99	Mortgages and Other Notes Payable	Statement	10
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Description	Beg of Year	End of Year
Mortgages/Notes to Unrelated 3rd Parties	106,842.	106,842.
Total to Form 99, Page 2, Line A11	106,842.	106,842.

AZ 99	Other Liabilities	Statement	11
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Description	Beg of Year	End of Year
Security Deposits	80,013.	55,198.
Deferred Revenue	63,842.	274,690.
Total to Form 99, Page 2, Line A12	143,855.	329,888.

**A COPY OF THE FEDERAL RETURN
WAS ATTACHED TO THE STATE RETURN**