

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CIS94JQG79

Process as Original

Farm 990-EZ

Department of the Treasury

Short Form
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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All
reganizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use thus form

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

Open to Public Inspection

A .	For th	ne 2008 calendar year, or tax year beginning AUG 1, 2008 an	nd ending	JUI	, 31	, 20	09
В	Check if	Ne. Please C Name of organization		[t) Employ	er iden	tification number
	Addit						
		e print or ARIZONA TECHNOLOGY COUNCIL FOUNDATION					5167
	linitia retur	Number and street (or P.O. box, if mail is not delivered to street address)	Roc	om/suite 6	Teleph	one nur	mber
	Term		75	0	602	<u>2-34</u>	3-8324
	Ame	noted lions. City or town, state or country, and ZIP + 4)i	Group	Exempl	tion
		PHOENIX, AZ 85004			Numbi	er 🕨	
	• Se	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comple	ted 6	Account	ing meth	od: 🔯	Cash Accrual
		Schedule A (Form 990 or 990-EZ).		Other (s	pecify)	<u> </u>	
1	Websi	le: ▶ <u>N/A</u>	<u> </u>	l Check	▶ □) if the c	organization is not
<u>J_</u>	Organi	zation type (check only one)— X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527 r	equired to	attach So	chedule	B (Form 990 990-EZ, or 990-PF)
K	Check	▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receip	pts are no	rmally not	more tha	n \$2 5,0	00. A return is not
		ed, but if the organization chooses to file a return, be sure to file a complete return.					
<u>L</u>	Add lir	ies 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inste	ad of Form	n <u>990-EZ .</u>		\$	<u>119,052.</u>
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See	the instru	ctions fo	Part I.	
	1	Contributions, gifts, grants, and similar amounts received				1	119,051.
	2	Program service revenue including government fees and contracts Membership dues and assessments				2	
	3	Membership dues and assessments]	3	
	4	Threathen mothers			-	4	
	5a	Gross amount from sale of assets other than inventory					
	Ь	Less: cost or other basis and sales expenses				1	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sche				5 c	<u>. </u>
3	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gain	ming, che	ck here 📂			
Revenue	a	Gross revenue (not including \$ of contributions				-	
æ	ļ	reported on line 1) 6a				Ì	
	b	Less: direct expenses other than fundraising expenses 6b					
] c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			🖳	<u>δε </u>	
	7a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold				l	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			Li	7c	
	8	Other revenue (describe INTEREST INCOME			_	8	<u> </u>
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	119,052.
	10	Grants and similar amounts paid (attach schedule) STMT 4 STMT				10	120,081.
	11	Benefits paid to or for members			🗀	11	
Ø.	12	Salaries, other compensation, and employee benefits				12	
913	13	Professional fees and other payments to independent contractors				13	263.
Expenses	14	Occupancy, rent, utilities, and maintenance				14	1,494.
ш	15	Printing, publications, postage, and shipping				15	
	16	Other expenses (describe SEE S'				16	24,437.
_	17	Total expenses. Add lines 10 through 16				17	146,275.
σ,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			<u> </u> _	18	-27,223.
8	19	Net assets or fund balances at beginning of year (from line 27, column (A))			l		
Net Assets	i	(must agree with end-of-year figure reported on prior year's return)				19	37,080.
ş	20	Other changes in net assets or fund balances (attach explanation)				20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	9,857.
E	art I)- <u>EZ.</u>	
		(See the instructions for Part II.)	(A) B	eginning of		┦—	(B) End of year
2		sh, savings, and investments		<u>32,</u>	<u>962.</u>		27,480.
2	3 La	nd and buildings				23	
2	4 Ot	her assets (describe SEE STATEMENT 2)			<u>639.</u>	24	6,820.
2	5 To	tal assets	ļ		<u>601.</u>	25	34,300.
2	6 To	tal liabilities (describe SEE STATEMENT 3)			<u>521.</u>		24,443.
	7 <u>Ne</u>	et assets or fund balances (line 27 of column (B) must agree with line 21)]	<u>37.</u>	080.	27	9,857.
83 12	2171 -17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 9	90.				Form 990-EZ (2008)

Form 9	990-EZ (2008) ARIZONA TECHNOLOGY COUNCI	LL FOUND	ATION		20-	11851	67	Page 2
	t III Statement of Program Service Accomplishme	nts (See the ins	structions for	Part III.)		1	penses	
	is the organization's primary exempt purpose? SEE STATEMENT			<u> </u>			for 501(c)((3)
						and (4) or	ganizations	and
Desch	be what was achieved in carrying out the organization's exempt purposes. In	a clear and conci-	se manner, de	scribe the services		4947(a)(1) pansts: ob	tional
	led, the number of persons benefited, or other relevant information for each pr					for others.	.)	
28 <u>F</u>	<u>PROVIDE INDUSTRY AND ACADEMIA GRANT</u>	'S AND A	WARDS	TO FURTHE	R	1 1		
	ROMOTE AND GROW TECHNOLOGY IN ARIZ					1		
	MPROVING STEM EDUCATION IN ARIZONA							
					7]]	125 6	26
_	Grants \$ 120,081.) If this amount includes foreign of	grants, check h	ere	<u></u>	<u> </u>	28a	<u>135,6</u>	20.
29 _						1		
				-				
10	Grants \$) If this amount includes foreign	grante chack h	oro		$\overline{}$	29a		
30	7 ii diis ali continuos soreigi i	grants, check it		<u>,</u>	<u> </u>	234		
3 0 _						1 1		
						1		
_								
Œ	Grants \$) If this amount includes foreign	grants, check h	ere			30a		
31 0	ther program services (attach schedule)					133		
					· —			
_		grants, cneck n	ere	· · · · · · · · · · · · · · · · · · ·	پ	31a	405	
32	Otal program service expenses (add lines 28a through 31a)		<u> </u>	<u></u>	▶	32	<u>135,6</u>	<u> 26.</u>
Par	t IV List of Officers, Directors, Trustees, and Key E	mployees.	List each one ev	en if not compensated.	(See the	instructions (or Part IV.)	
					(d) Co	ntributions		
	f. b. Nome and address.	(b) Title and av		(c) Compensation		employee	(e) Exp	
	(a) Name and address	per week de	-	(If not paid, enter		fit plans &	account	
		positi	ion	-0)	_	eferred	other allow	vances
		ļ.,			com	pensation		
	HLEEN BARTON, 2 N CENTRAL AVE,	BOARD M	EMBER		l		1	
SUI	TE 750, PHOENIX, AZ 85004	0.1	0	0.		0.		0.
	RON BINGHAM, 2 N CENTRAL AVE,	BOARD M						
	TE 750, PHOENIX, AZ 85004	~1		0		^		^
		0.1		0.	├—	0.		0.
	CK JIRAUCH, 2 N CENTRAL AVE,	PRESIDE		_				
	TE 750, PHOENIX, AZ 85004	0.1	0	0.	<u></u>	0.		<u>0.</u>
<u>MAR</u>	K SCHONAU, 2 N CENTRAL AVE, SUITE	TREASUR	ER !					
750	, PHOENIX, AZ 85004	0.1	o l	0.	İ	0.		0.
		BOARD M			 			<u> </u>
		-1		•			İ	_
		0.1		0.	 	<u> </u>		0.
	NN WILLIAMS, 2 N CENTRAL AVE,	_SECRETA	RY					
SUI	TE 750, PHOENIX, AZ 85004	0.1	0	0.		0.		0.
HAR	COLD WONG, 2 N CENTRAL AVE, SUITE	BOARD M	EMBER					
	, PHOENIX, AZ 85004	0.1		0.		0.		0.
CTE	EVE ZYLSTRA, 2 N CENTRAL AVE,	CEO			-		<u> </u>	<u> </u>
			•			_	ŀ	_
<u> 501</u>	TE 750, PHOENIX, AZ 85004	2.0	U	0.	L	<u> </u>	<u> </u>	_0.
			ĺ					
		1					}	
		1						
							<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	4			i		1	
					L		L	
		1					}	
		7			1		}	
					_			
		-			1			
	· · · · · · · · · · · · · · · · · · ·				<u> </u>			
		j		1				
		1					ŀ	
					1			
	· · · · · · · · · · · · · · · · · · ·	7	l		ł		!	
		 			├			
		-{	ļ		l	ļ		
		<u> </u>			L			
		1		· · · · · · · · · · · · · · · · · · ·				
		7						
832 172 12-17-0	Na				<u> </u>		000 EZ	(00000
16-17-4	wo	•				rwill	990-EZ	RANS
		2					0.111	מאנא

and enter the amount of tax-exempt interest received or accrued during the tax year

completed instead of Form 990-EZ

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ (2008)

Yes No

X

Form 990-E		CIL FOUNDATION		20-11851	L 67	Page 4
Part VI		n 501(c)(3) organizations mus	st answer question	ns 46-49 and co	mplete t	he
	tables for lines 50 and 51.				137	-144
	ne organization engage in direct or indirect political campaign activities	• •		Г		es No
	? If "Yes," complete Schedule C, Part I	hadda C Dad II		· ·····	46	<u> </u>
	e organization operating a school as described in section 170(b)(1)(A)(48	X
49a Did th	ne organization make any transfers to an exempt non-charitable related	inj: ir res, complete scried I ornanization?	u.e.c		49a	$\frac{x}{x}$
					49b	
50 Comp	olete this table for the five highest compensated employees (other than ompensation from the organization. If there is none, enter "None."			· · · · · · · · · · · · · · · · · · ·		\$100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	3cco	xpense unt and llowances
Total numb	per of other employees paid over \$100,000					
	plete this table for the five highest compensated independent contractone, enter "None."	ors who each received more than	\$100,000 of compe	nsation from the	organizati	on. If there
	NONE	- 11 6400 000	1 017			
	(a) Name and address of each independent contractor paid more	e trian \$ 100,000	(b) Type of se	rvice (c) Compe	nsation
			1	İ		
			<u> </u>			
		······································				
					~	
			-			
				+		
			1			
Total numb	Der of other independent contractors each receiving over \$100,000. Under penalties of perjuny, I declare that Juliye examined this return, including a correct, and complete Declaration of persuary (other than officer) is based on all	accompanying schedules and stateme	nts, and to the best of m	ny knowledge and be	hef, it is tru	e,
Sign Here	Signature of offices		A	Date		
	STEVEN G. ZYLLSTRA, PRESIDENT	r & CEO	/tpvi	15,201	<u>)</u>	
Paid Preparer's Use Only			eck if self- ployed Pres	parer's identifying N	umber (See	instr.)
		STE 500	Phor	ne 🕨		
May the ID	PROENTA, AZ 6301Z		1 110.	602-2		
may the IN	S discuss this return with the preparer shown above? See instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	P_L	Yes	-E7 (2008)

Cis Image - Do Not Correspond for Signature

832174 12-17-08

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection Employer identification number

		<u>ARIZONA</u>	TECHNOLOGY	COUNC	IL FO	<u>UNDAT</u>	ION		<u> </u>	<u>-1185</u>	<u>167</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) (see ins	tructions)				
he organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)						
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	,				
2 🔲	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described i	n section	170(b)(1)	Altiii). (At	tach Sche	dule H.)			
4			operated in conjunction							e hospital's	s nam	18,
	city, and state							1-10-10-10-				
5	An organizati	on operated for the	benefit of a college or u	niversity ov	vned or or	perated by	a governi	mental uni	t describe	d in		
	_	(b)(1)(A)(iv). (Comple		•		,	- 3					
6			ent or governmental uni	t describer	1 in cactio	n 1700hV	IVAV.A					
7 👿			eives a substantial part					e from the	annomi a	ublic decor	ibad i	in
,		b)(1)(A)(vi). (Comple		or its supp	Ort Holling	governing	inai Unii C	n nom tre	Aeuciai b	UUIIC UBSCI	inea :	11
8 🔲			section 170(b)(1)(A)(vi).	/Complete	Part II V							
	-				•		h.a!a.a. —		·- *		-!-4-	·
8			eives: (1) more than 33									
			nctions - subject to certa									
			axable income (less sec	uononia	x) trom ou	sinesses 8	cquirea b	y the orga	enization a	ner June 30), 197	ъ.
40		509(a)(2), (Complete						41 /				
10 H			perated exclusively to te									
11 📖			perated exclusively for the									or
			ations described in secti				2). See se	ction 509	(a)(3). Che	ck the box	that	
			organization and compl		-							
. —	a Type	-	_ ••		e III - Fund					Type III - C		
e 🔛			at the organization is not									
			than one or more public						9(a)(1) or s	ection 509	a)(2).	
f			tten determination from	the IHS tha	atitis a iy	pe I, Type	II, or Typ	9 III				
		rganization, check ti										. ட
9			organization accepted a			_				ſ		
			directly controls, either a								Yes	No
	the gove	erning body of the s	upported organization?		• • • • • • • •			••• •••••		11g(i)		├
	(ii) A family	member of a perso	n described in (i) above?	'		······ ·· ·	·	••• ••••				├
			person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the organizations	the organ	zation su	oports.						
			1 /:::) Type of	1			-		————			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(yl) l organizati	s the	(vii) Am	ount o	if
Orga	inization		(described on lines 1-9	1 ,,	document?		ion in col.	(i) organi U.S	ed in the	supp	ort	
			above or IRC section	Yes	No	•••						
			(see instructions))	162	70	Yes	No	Yes	No			
			1					Ì				
				 			<u> </u>		 			
							l					
				 			<u> </u>		 			
							ŀ	1				
							 		 			
					,	i		1				
				<u> </u>]			<u> </u>				
									ΙГ			
					_							
otal						i	L	1				
		d December Dock	ction Act Notice, see t	ha laah	******************			0-1-4	e A (Form			

Schedule A (Form 990 or 990 EZ) 2008 ARIZONA TECHNOLOGY COUNCIL FOUNDATION 20-1185167 Page 2 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) (b) 2005 (e) 2008 (a) 2004 (c) 2006 (d) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 10,104 7.471 173,626. 33,000. 123,051. 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 10,104 7,471 33,000. 123.051. 173.626. 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) 113,627 6 Public Support. Subtract line 5 from line 59,999. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 **(b)** 2005 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 10,104 7,471 33,000. 123,051 173.626. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 5,200 6,045 11,245. 11 Total support. Add lines 7 through 10 184,871. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 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 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

832022

Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support	4 > 0004	/L) 000F	(-) 0000	4.0.0003	(-) 2000	In Tatal
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and		i		Ì		
membership fees received (Do not						
include any "unusual grants.")				-		
Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-			<u> </u>			
ization'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		1			ì	
6 Total. Add lines 1 · 5						
7a Amounts included on lines 1, 2, and		1		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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 7 c from fine 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		1-1				1
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses						
acquired after June 30, 1975			ļ			
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)				1		1
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
check this box and stop here	•	•	•			
Section C. Computation of Publi					·····	
15 Public support percentage for 2008 (li			cohima (U)		15	
16 Public support percentage from 2007					16	
Section D. Computation of Inves					110 1	
					17	
17 Investment income percentage for 20	-			***************************************		
18 Investment income percentage from 2						47:
19a 33 1/3% support tests - 2008. If the	-					
more than 33 1/3%, check this box an		-		-		
b 33 1/3% support tests - 2007. If the	•					_
line 18 is not more than 33 1/3%, cher	ck this box and s	stop here. The org	anization qualifies	as a publicly supp	orted organization	\ ▶L
20 Private foundation, If the organization			-		. =	_

OTHER INCOME	
10% FACTS AND CIRCUMSTANCES	S TEST - THE ORGANIZATION WAS SOLICITING FUNDS
FROM THE COMMUNITY AND INCR	REASED THE SOURCES OF SUPPORT EACH YEAR. IN TH
YEAR ENDED 7/31/10, THE PUB	BLIC SUPPORT PERCENTAGE IS NOW 58.86%.
	· · · · · · · · · · · · · · · · · · ·
	-

8

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
OFFICE EXPENSE EVENT EXPENSE MEALS & ENTERTAINMENT			8,86 15,56	
TOTAL TO FORM 990-EZ, LINE 16			24,43	37.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DUE FROM AFFILIATE OTHER DEPRECIABLE ASSETS		783. 4,856.	3,49	
TOTAL TO FORM 990-EZ, LINE 24		5,639.	6,8	20.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
OTHER LIABILITIES RESTRICTED FUNDS		1,521.	1 ¹ 24,20	75. 58.
TOTAL TO FORM 990-EZ, LINE 26		1,521.	24,4	43.

FORM 990-EZ NON	STATEMENT	4		
CLASS OF ACTIVITY				
AWARDS/SCHOLARSHIPS TO PROMO	TE TECHNOLOG			
DONEE'S NAME	DONEE	'S ADDRESS		
INDIVIDUALS	•			
RELATIONSHIP OF DONEE	DESCRIPTION OF P	ROPERTY	DATE OF G	IFT
NONE	COMPUTER EQUIPME	ent	07/01/09	9
METHOD USED TO DETERMINE BOO	OK VALUE			
FMV				
METHOD USED TO DETERMINE FA	IR MARKET VALUE	BOOK VALUE	AMOUNT GIV	EN
FMV		50,000.	50,0	00.
TOTAL INCLUDED ON FORM 990-1	EZ, LINE 10		50,0	00.
	FOOTNOTES		STATEMENT	5

FORM 990-EZ, PAGE 1, LINE 10 - GRANTS AND SIMILAR AMOUNTS; AWARDS AND SCHOLARSHIPS ARE AWARDED TO PARTICIPANTS (SCIENCE FAIR/SCIENCE BOWL, AVNET TECH GAMES) WHO ARE RECOGNIZED THROUGH THEIR EFFORTS AND ACHIEVEMENTS IN EACH RESPECTIVE EVENT. THE GUIDELINES FOR AWARDS AND SCHOLARSHIPS ARE DEVELOPED BY A SPECIAL COMMITTEE FORMED TO OVERSEE THE ACTIVITIES OF THOSE EVENTS.

EACH AWARD OR SCHOLARSHIP IS FOR \$1,000 OR LESS.

ARIZONA	TECHNOLOGY	COUNCIL	FOUNDATION
---------	------------	---------	------------

20-1185167

FORM 990-EZ CASH GRANTS AND ALLOCATIONS		STATEMENT	6	
CLASS OF ACTIVITY/DONEE'S NA	ME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	r
AWARDS/SCHOLARSHIPS TO PROMOINDIVIDUALS	TE TECHNOLOG	NONE	70,08	31.
TOTAL INCLUDED ON FORM 990-E	Z, LINE 10		70,0	<u> </u>

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMEN		
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ITRACT?	ſ]	YES	[X]	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	МО

990-EZ PG 2

STATEMENT

8

THE FOUNDATION WAS FORMED FOR THE PURPOSE OF CONDUCTING CHARITABLE AND EDUCATIONAL ACTIVITIES WITHIN THE COMMUNITY.