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Form **990-PF**

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2010Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

| | | |
|---|--|--|
| Name of foundation TRICO FOUNDATION C/O TRICO ELECTRIC COOPERATIVE, INC. | | A Employer identification number 94-2941045 |
| Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 930 | Room/suite | B Telephone number (520) 744-2944 |
| City or town, state, and ZIP code MARANA, AZ 85653-0930 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,736,243. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| (Part I, column (d) must be on cash basis) | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 89,953. | | N/A | |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | 66,230. | 52,477. | | STATEMENT 1 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | <35,522.> | | | |
| b Gross sales price for all assets on line 6a | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 0. | | |
| 8 Net short-term capital gain | | | | | |
| 9 Income modifications | | | | | |
| 10a Gross sales less returns and allowances | | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | | | | | |
| 12 Total. Add lines 1 through 11 | | 120,661. | 52,477. | | |
| 13 Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | 6,038. | 1,851. | | 4,187. |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees | | | | | |
| b Accounting fees | | | | | |
| c Other professional fees | | | | | |
| 17 Interest | | | | | |
| 18 Taxes STMT 2 | | 999. | 0. | | 0. |
| 19 Depreciation and depletion | | | | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 3 | | 873. | 0. | | 873. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 7,910. | 1,851. | | 5,060. |
| 25 Contributions, gifts, grants paid | | 69,920. | | | 69,920. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 77,830. | 1,851. | | 74,980. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | 42,831. | | | |
| b Net investment income (if negative, enter -0-) | | | 50,626. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

| | | Beginning of year | End of year | |
|---|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 1,434,623. | 1,501,067. | 1,501,067. |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock STMT 4 | 190,959. | 234,016. | 234,016. |
| | c Investments - corporate bonds | | | |
| Liabilities | 11 Investments - land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other | | | |
| | 14 Land, buildings, and equipment: basis ▶ | | | |
| | Less accumulated depreciation ▶ | | | |
| | 15 Other assets (describe ▶ PREPAID TAXES) | 1,240. | 1,160. | 1,160. |
| | 16 Total assets (to be completed by all filers) | 1,626,822. | 1,736,243. | 1,736,243. |
| | 17 Accounts payable and accrued expenses | 769. | 4,245. | |
| | 18 Grants payable | | | |
| Net Assets or Fund Balances | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 769. | 4,245. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> X | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 1,626,053. | 1,731,998. | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 27 through 31 | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 Total net assets or fund balances | 1,626,053. | 1,731,998. | | |
| 31 Total liabilities and net assets/fund balances | 1,626,822. | 1,736,243. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,626,053. |
| 2 Enter amount from Part I, line 27a | 2 | 42,831. |
| 3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS | 3 | 63,114. |
| 4 Add lines 1, 2, and 3 | 4 | 1,731,998. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,731,998. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a PUBLICLY TRADED SECURITIES | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | 35,522. | <35,522.> |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---------------------------|--------------------------------------|---|---|
| a | | | <35,522.> |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|-----------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | 2 | <35,522.> |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | 3 | N/A |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2009 | 72,180. | 1,389,425. | .051950 |
| 2008 | 70,755. | 1,485,775. | .047622 |
| 2007 | 83,897. | 1,604,235. | .052297 |
| 2006 | 84,673. | 1,502,030. | .056372 |
| 2005 | 80,591. | 1,343,241. | .059997 |

| | | |
|---|---|------------|
| 2 Total of line 1, column (d) | 2 | .268238 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .053648 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 1,594,229. |
| 5 Multiply line 4 by line 3 | 5 | 85,527. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 506. |
| 7 Add lines 5 and 6 | 7 | 86,033. |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions. | 8 | 74,980. |

TRICO FOUNDATION

C/O TRICO ELECTRIC COOPERATIVE, INC.

94-2941045

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|---|----|--------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 1,013. |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 1,013. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 1,013. |
| 6 | Credits/Payments: | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 1,160. |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 1,160. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 5. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 142. |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | 0. |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | 5 | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | 7 | X |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>AZ</u> | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | X |

N/A

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|--|----|-----|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.TRICO.COOP | 13 | X | |
| 14 | The books are in care of ► KATHY WOODWARD Telephone no. ► (520) 744-2944 Located at ► 8600 W TANGERINE RD, MARANA, AZ ZIP+4 ► 85658 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | 16 | Yes | No X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|---|---|------|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here | N/A | 1b |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | | 1c X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | N/A | 2b |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) | N/A | 3b |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | | 4b X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☒

5b

X

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 5 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

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

Total number of other employees paid over \$50,000

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services

0

Part IX-A**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|---|----------|
| 1 COLLEGE SCHOLARSHIPS TO ACTIVE MEMBERS OF TRICO ELECTRIC COOPERATIVE, AND TO THEIR IMMEDIATE FAMILY | 74,980. |
| 2 | |
| 3 | |
| 4 | |

Part IX-B**Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| | Amount |
|--|--------|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |

Total. Add lines 1 through 3

0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 1,618,507. |
| b | Average of monthly cash balances | 1b | |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,618,507. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,618,507. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 24,278. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,594,229. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 79,711. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|----|---|----|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 79,711. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 1,013. |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,013. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 78,698. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 78,698. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 78,698. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 74,980. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 74,980. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 74,980. |

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 78,698. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | 14,619. | | | |
| b From 2006 | 11,390. | | | |
| c From 2007 | 5,775. | | | |
| d From 2008 | | | | |
| e From 2009 | 3,865. | | | |
| f Total of lines 3a through e | 35,649. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ | 74,980. | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 74,980. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 3,718. | | | 3,718. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5 | 31,931. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 | 10,901. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 21,030. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | 11,390. | | | |
| b Excess from 2007 | 5,775. | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | 3,865. | | | |
| e Excess from 2010 | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) **N/A**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

THE TRICO FOUNDATION BOARD OF TRUSTEES, (520) 744-2944
P.O. BOX 930, MARANA, AZ 856530930

b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED APPLICATION FORM

c Any submission deadlines:

SEE ATTACHED APPLICATION FORM

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED APPLICATION FORM

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| SEE STATEMENT 6 | | | | |
| Total | | | ▶ 3a | 69,920. |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | ▶ 3b | 0. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income |
|---|-------------------------|---------------------------|-------------------------------|--------------------------------------|--|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | | |
| 1 Program service revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f _____ | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | |
| 4 Dividends and interest from securities | | | 14 | 66,230. | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | <35,522.> | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 30,708. | | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

| | | | |
|-------------|--|-----------|---|
| FORM 990-PF | DIVIDENDS AND INTEREST FROM SECURITIES | STATEMENT | 1 |
|-------------|--|-----------|---|

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
|----------------------------------|--------------|----------------------------|----------------------|
| DESERT ENERGY CREDIT UNION | 730. | 0. | 730. |
| EDWARD JONES | 62,774. | 0. | 62,774. |
| HOMESTEAD FUNDS - DAILY INCOME | 1. | 0. | 1. |
| HOMESTEAD FUNDS - VALUE | 2,725. | 0. | 2,725. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 66,230. | 0. | 66,230. |

| | | | |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 2 |
|-------------|-------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EXCISE TAXES | 999. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 999. | 0. | | 0. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 3 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| POSTAGE & SUPPLIES | 634. | 0. | | 634. |
| SCHOLARSHIP ADMINISTRATIVE EXPENSE | 239. | 0. | | 239. |
| TO FORM 990-PF, PG 1, LN 23 | 873. | 0. | | 873. |

| | | | |
|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE STOCK | STATEMENT | 4 |
|-------------|-----------------|-----------|---|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|------------|-------------------|
| HOMESTEAD FUNDS - CORPORATE STOCKS | 234,016. | 234,016. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 234,016. | 234,016. |

| | | | |
|-------------|---|-----------|---|
| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | STATEMENT | 5 |
|-------------|---|-----------|---|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|------------------------------------|-------------------|---------------------------------|--------------------|
| MARSHA THOMPSON P.O. BOX 930 MARANA, AZ 856530930 | PRESIDENT 1.00 | 0. | 0. | 0. |
| CHARLES B. DESPAIN P.O. BOX 930 MARANA, AZ 856530930 | VICE PRESIDENT 1.00 | 0. | 0. | 0. |
| L. NICK BUCKELEW P.O. BOX 930 MARANA, AZ 856530930 | TREASURER 1.00 | 0. | 0. | 0. |
| DON BLACK P.O. BOX 930 MARANA, AZ 856530930 | SECRETARY 1.00 | 0. | 0. | 0. |
| LARRY HINCHLIFFE P.O. BOX 930 MARANA, AZ 856530930 | ASSISTANT TREASURER/SECRET 1.00 | 0. | 0. | 0. |
| GEORGE P. DAVIES P.O. BOX 930 MARANA, AZ 856530930 | TRUSTEE 1.00 | 0. | 0. | 0. |
| BARBARA STOCKWELL P.O. BOX 930 MARANA, AZ 856530930 | TRUSTEE 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 6

| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
|--|--|---------------------|--------|
| ADRIANNA VERA 11965 W. CALLE PIMA TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| AMANDA CONLEY P.O. BOX 1209 MARANA, AZ 85653 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 1,840. |
| ANDRE MERCER 60865 E. ROCK LEDGE LOOP TUCSON, AZ 85739 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 4,600. |
| ASHLEY KIRBY 9030 S. FILMORE RD. TUCSON, AZ 85736 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| BRITTANI PHILLIPS 3547 E. GLENN TUCSON, AZ 85716 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 4,600. |
| CARLOS GONZALEZ 9990 N. CAMINO DE OESTE TUCSON, AZ 85742 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| CASSANDRA GOULD 11091 W. INA ROAD TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| CASSANDRA OTT 7680 E. BROADWAY TUCSON, AZ 85710 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |

| | | | |
|--|--------------------------------------|-----|--------|
| CHELSEA EVANS 7900 N. PARADISE VIEW LANE TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 1,840. |
| CHRISTINA HENRIE 1472 W. VIA DE CHAPALA SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| CRAIG BARTHELMES 10123 W. HORSE MESA TRAIL TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| EMILY VANWAGENEN 17741 S AVEN VALLE VERDE DEL NORTE GREEN VALLEY, AZ 85614 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 4,600. |
| HAROLD MAPES 16780 S. TATANKA LANE SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| HEATHER HENDERSON 9765 W. CONSTELLATION WAY TUCSON, AZ 85735 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 1,840. |
| JESSICA RAGEL 13121 W. VAQUEROS DRIVE TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| JOYCE ROSEBERRY HCR 1, BOX 1575 TUCSON, AZ 85736 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| JOYCE WILKERSON HC 1 BOX 1575 TUCSON, AZ 85736 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| KASSANDRA NUNEZ 16260 S. TATANKA LANE SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |

| | | | |
|---|--------------------------------------|-----|--------|
| KIMBERLY VALDEZ 1181 NORTH VIA ALAMOS GREEN VALLEY, AZ 85614 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 1,840. |
| KRISTIN SMITH P.O. BOX 986 MARANA, AZ 85653 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| KRISTINE MANNS 17730 S. PLACITA DE PLATINO SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 1,840. |
| KYLE LANE ELLWOOD 13345 N. TEAL BLUE TR. TUCSON, AZ 85742 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| LISA GLASGOW 12529 W. MILE WIDE RD. TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 4,600. |
| LISA VAN WAGENEN 17741 S AVE VALLE VERDE DEL NORTE GREEN VALLEY, AZ 85614 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| MARISA ACOSTA 17411 S. CAMINO CONFIANZA SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| NATHANIEL WIENS 10290 STARK STREET TEMPERANCE, MI 48182 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| PATRICIA GONZALES 17052 W. CALLE CARMELA MARANA, AZ 85653 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| RUEBEN PEREZ 11981 W. RANCHILO VERDE TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |

| | | | |
|--|--------------------------------------|-----|--------|
| SARAH MINKER P.O. BOX 875 SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| SETH MEJIAS-BREAN 7343 E. GLACIER PARK COURT SAHUARITA, AZ 85629 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| SHERRY WOODRICH 12955 W. RUDASIL RD. TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| TAYLOR FUNK 3901 W. TURKEY LANE TUCSON, AZ 85742 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |
| TERESITA MENDIZABAL 12698 N. SANDERS ROAD MARANA, AZ 85653 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 920. |
| VANESSA WELCH 4910 N. LAK-A-YUCCA TUCSON, AZ 85743 | SEE PAGE 6, PART IX-A SCHOLARSHIP | N/A | 2,300. |

TOTAL TO FORM 990-PF, PART XV, LINE 3A

69,920.

| | | | |
|--------|---|-----------|---|
| 990-PF | INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D) | STATEMENT | 7 |
|--------|---|-----------|---|

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TRICO ELECTRIC

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

COOPERATIVE STAFF MAINTAINS RECORDS FOR THE FOUNDATION. THE FOUNDATION REIMBURSES THE COOPERATIVE FOR THE ALLOCATED WAGES & SALARIES.

| | | | |
|--------|--|-----------|---|
| 990-PF | AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C) | STATEMENT | 8 |
|--------|--|-----------|---|

NAME OF AFFILIATED OR RELATED ORGANIZATION

TRICO ELECTRIC

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

FOUNDATION BOARD OF TRUSTEES ARE ALSO ON THE COOPERATIVE'S BOARD.

#2

**The Trico Foundation
Application for Scholarship Assistance
Academic Year
Application Form**

**Please read the material in this box very carefully
before filling out this application.**

Qualifications

Applicants must meet the following criteria to be eligible:

1. Must be a Trico member or part of a member's immediate family (spouse or child claimed as a dependent on the member's taxes).
2. Must plan to be a full-time undergraduate student. (Applicant must carry a minimum course load of 12 credit hours.)
3. Must have a cumulative grade point average of 2.5
4. Must send copy of your official transcript with your application. Transcript must include your grades for the 2007 fall semester.
5. Must send at least one letter of reference, but may have more.
6. Must complete and send the enclosed financial information form.
7. Application must be signed by applicant and by the Trico member when the applicant is member's child.
8. Awards will be made to either a two-year school or to a four-year school, not a combination of both. Be sure to indicate the kind of school you plan to attend on page 4 of this application.
9. Under almost all circumstances, scholarships must be used in the 2008-2009 academic year. Possible exceptions may be made for military service, special church-related service and serious medical problems. All deferrals must be approved by the Foundation Board.

Applications sent without the required supporting material listed above will not be submitted to the selection committee. It is the applicant's responsibility to make sure his/her application package is complete.

Deadline

All applications must be received at the Trico Electric Cooperative Office 8600 W. Tangerine Road no later than 3:30 p.m. **Regardless of when your material is postmarked, we must have it in hand on or before the deadline in order for your application to receive consideration.**

Once delivered, applications become the property of Trico Electric Cooperative, Inc. Their contents and the Selection Committee's ratings are confidential. Ratings and decisions about awards are final.

Mail to:

The Trico Foundation
c/o Communications and Special Programs Dept.
Trico Electric Cooperative, Attn: Coleen Tom
P.O. Box 930
Marana, AZ 85653-0930

Instructions

Please type or use ball-point pen in filling out this application. Be as thorough as possible in answering the questions. Feel free to continue your answers on additional pages where necessary. The shaded areas are for Trico's use; please don't write in them. Scholarship awards are based on the applicant's academic record, financial need, potential and individual character. The Trico Foundation is a nonprofit educational funding organization formed exclusively for the benefit of all Trico Electric Cooperative members and their immediate family who qualify as residents of Trico's service territory. An impartial committee of educators and business people, who don't know the applicants, judges the entries and assigns the scholarships. No one on Trico's staff or board takes part in this process.

I. General Information

Applicant's Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Social Security No. _____ Date of Birth _____

Member's/Parent's Name and Address (name/address on your Trico account)

Trico Member's Relationship to You _____

Trico Electric Service Account Number _____ Board District _____

High School _____

Year of High School Graduation _____ High School Grade Point Average _____

College/University/Trade School Attended (if applicable) _____

Year in College F S J Sr

College Grade Point Average (GPA) _____

II. Clubs, Organizations, Academic Honors, Awards - list activities in music, art, theater or sports; membership in academic organizations and honor societies; participation in student government, special interest clubs (ie. book, garden club) etc. Indicate the approximate time per year you spent in the activity, offices or leadership positions you held & whether your involvement is current or past. _____

**For Trico
Use Only**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

III. Volunteer Work in the Community - help at hospital, church, food bank, or library; coach a youth sports team; work as a leader with the Scouts; belong to Demolay, Rotary, Optimists, Rainbow; Volunteer at school as tutor, Halloween carnival coordinator, etc. Serve on a volunteer fire department. Indicate leadership positions, approximate time per year spent and whether the activity is current or past.

IV. Financial Need/Unusual Circumstances (Personal loss, hardship, financial need, special circumstances including not participating in school activities due to distance lived from school, jobs held while attending high school and college, etc.)

V. Miscellaneous (Veteran, Reserves, National Guard, special awards or elected positions, job/school/community letters of recommendation (at least one required, but more may be submitted).)

VI. Other Scholarships / Financial Aid Please list all other scholarship awards or special financial help you are receiving for the upcoming academic year. (Indicate amount of assistance each provides.)

**For Trico
use only**

3. _____

4. _____

5. _____

6. _____

VII. Academic and Career Goals (Your answer may continue onto an additional sheet.)

**For Trico
use only**

7. _____

8. _____

Total

VIII. Former Recipient ☐ Check if you are a former recipient of a Trico Foundation Scholarship

I Plan to attend: **(Check one, not both.)**

- ☐ a 2 year college or trade school
☐ a 4 year college/university

Name of school you plan to attend (if you know): _____

Certification

I certify that the information stated on this application is accurate and complete to the best of my knowledge.

Applicant's Signature _____ **Date** _____

(If member's dependent is applicant) I certify that the person applying for this scholarship is claimed on my Federal taxes as a dependent.

Trico Member's Signature _____ **Date** _____

Sign application. Attach copies of your transcript(s), at least one letter of recommendation and your financial statement and return to:

The Trico Foundation
c/o Communication and Special
Programs Department, Attn: Coleen Tom
P.O. Box 930
Marana, AZ 85653-0930

For Office Use Only

Date Received _____ Bd District # _____

Trico Electric Cooperative membership Verified (date) _____ By _____

Remarks _____

Type of scholarship awarded (awards may be to either a two-year school or to a four-year school, not both)

- ☐ Two-year School ☐ Four-year school

Signatures of Scholarship Committee

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

TRICO FOUNDATION -- POLICY 1
Eligibility, Selection, and Funds Disbursement

Effective Date: September 15, 2003
Revised: March 22, 2005 Page 1 of 3

I. OBJECTIVE

This policy establishes the eligibility requirements and selection process for the Trico Foundation Scholarship Program.

II. CONTENT

A. Scholarships

1. Scholarships will be divided between schools with two-year or less degrees and four-year degrees. The number and scholarship value will be determined each year by the Trico Foundation Board.
2. All scholarships will be for one year. Applicants receiving these awards must meet full-time student eligibility requirement set in this policy to receive funding for the next semester.

B. Membership Eligibility

1. Applicants must be a Trico Member, Spouse of Member, or dependent child who is claimed as a dependent on the federal tax return.
2. Applicants must plan to be full time undergraduate students at an accredited college, university, vocational or other post high school educational organization defined under the Internal Revenue Code Section 151c (4).
3. Applicants shall be registered for and must complete at least 12 hours of course work (or equivalent) per semester to be considered full-time students.

C. Eligibility Restrictions

1. Officers, Trustees, or Trico Employees who are not Members of Trico, are not eligible for scholarships. Trico Employees who are Members shall have the same eligibility requirements of Members.
2. Children of a substantial contributor to the Foundation are not eligible for scholarships in the years in which the contribution is made. A substantial contribution is one in excess of two percent of the aggregate of all contributions made in the same calendar year.

D. Specific Eligibility and Selection Criteria

1. A student making an initial application must have achieved a minimum cumulative grade point average of 2.500 which includes current semester grades in his/her high school or college studies. It will be the students responsibility to supply an official transcript with the application.

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2. Previous scholarship recipients must have maintained a minimum grade point average of 2.000 for Freshman, 2.250 for Sophomores, 2.500 for Juniors and Seniors for all semesters enrolled at a qualifying school.
3. In addition to the scholastic requirements, financial need, character and promise will be used in the selection process. Ratings for character and promise will be based on involvement in clubs, school activities, leadership positions, community involvement and volunteer work that has a positive impact on the community
4. There will be no restriction or limitations in the selection process based on race, age, sex or the employment status of the prospective recipient.

E. Application Process

1. Only applications submitted on official Trico Foundation forms, along with the transcript from the school currently or last attended, at least one letter of recommendation, and a financial statement form is required to be eligible for consideration.
2. No applicant will be given preferential information or treatment by Members of the Trico Foundation Board or Trico Staff.
3. Applications must be turned in prior to the established deadline dates.
4. An application must be submitted for each academic year for which a scholarship is desired.
5. Once delivered, applications become the property of the Trico Foundation. They will be kept on file for one year after the application deadline and then destroyed.

F. Selection Committee

1. The Foundation Board shall annually appoint a three to ten person Scholarship Selection Committee comprised of area Educators and Business People. The number will be determined at the Foundation's Annual Meeting.
2. No Trico Electric Cooperative Employees or Trico Foundation Board Members may serve on this Committee, nor will they have any say in determining the scholarship recipients.
3. The Committee's Scholarship applicant ratings are confidential and their selections are final. The ratings will not be released to anyone, including applicants.

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G. Funds Disbursement

1. Half of the scholarship funds will be sent to the financial aid office of the school the student will be attending the summer before the first semester.
2. To receive second semester funding a student must submit a transcript of his/her grades for the first semester and meet all eligibility criteria established in this policy.

H. Mid-year Transfer of Funds

1. It is the student's responsibility to inform Foundation Staff of plans to transfer to a different school the second semester.
2. The student must provide Staff with address of new school and evidence of successful completion of first semester as per criteria established in this policy.
3. Should a student transfer from a four-year to a two-year school, the payment for the second semester will be 50% of the annual amount for a two-year school scholarship. Should a student transfer from a two-year to a four-year school, the payment for the second semester will be the amount the student was awarded for a two-year school scholarship.

I. Renewals

1. Scholarship recipients are eligible to apply for another scholarship to acquire an undergraduate degree.
2. In order for application to be considered, the student must provide evidence of satisfactory completion of full-time student requirements for the first semester as per eligibility requirements set forth in this policy.
3. Should a scholarship be renewed, in order to receive funds, the student must provide evidence of satisfactory completion for the second semester of full-time student eligibility as per eligibility requirements set forth in this policy.

III. RESPONSIBILITY

It shall be the responsibility of the CEO/General Manager to enforce the provisions of this policy.

Approved: _____
Secretary



To be filled out and signed by applicant if he/she is male or female head of household or by parent or legal guardian if applicant is claimed as a dependent. (Documentation of legal guardianship may be required.) **This form must be received with your application in order for it to be considered by the Selection Committee.** Any special financial circumstances should be explained under section IV on your application form.

Financial Statement

Please Note: Tax forms of winners may be checked to verify the information provided on this form.

1. Student's Name: _____
Trico Account # _____ Account holder's name _____

2. Members of household:

a. _____ Social Security # _____
male head of household Optional
b. _____ Social Security # _____
female head of household Optional

c. Number of dependent children in household _____

d. Other dependents living in household - relationship _____

e. Number of children in family attending college in coming school year _____

3. Financial Resources - Additional information may be requested if needed.

Please circle the category that best reflects your total estimated annual family income. This figure should reflect all sources of income including all salaries, alimony, child support, pensions, welfare, income from tips, etc.

| | | |
|---------------------|---------------------|---------------------|
| Less than \$20,000 | \$40,000 - \$49,999 | \$70,000 - \$79,999 |
| \$20,000 - \$29,999 | \$50,000 - \$59,999 | \$80,000 - \$89,999 |
| \$30,000 - \$39,999 | \$60,000 - \$69,999 | \$90,000 or above |

4. To the best of my knowledge, the information provided on this form is accurate.

Signed _____ Date _____

How to Fill Out This Application

There's a lot of competition for Trico Foundation scholarships. Though the number of scholarships has increased over the years, we will still have many more applications than we have scholarships to offer. Therefore, it is to your benefit to fill out this application as completely and carefully as possible. Be neat and check your spelling and grammar before submitting your application.

The Foundation presents one-year scholarships. Therefore, everyone, including former Trico Foundation scholarship winners, must go through the application process in order to be considered for an award for the coming school year.

Knowing something about our selection process may help you. Trico employees and board members have no say in who is selected. To assure fairness, scholarship winners are chosen by a panel of area educators and business people with expertise in education. This committee uses a numerical rating scale in helping them come to their final decision. If you write nothing for one of the areas on the application, the selection committee will not be able to determine your rating in that category. Be honest, but try to say something under each area of the application. If the application form doesn't provide adequate space for your answer, *feel free to continue your comments on additional pages.*

A way of enhancing your application is by including letters of recommendation from teachers, employers or people who have worked with you as a community volunteer. One such letter is required, but your application may include more. Make sure your references identify what relationship they have to you in the letter. Ask your business and educational references to write their letters on official letterhead if possible. You can also help the committee know you better by writing a thoughtful description of your future plans or career goals. These letters should be as current as possible.

Winners aren't just the brightest or the neediest applicants. The selection committee looks for well-rounded individuals who display a combination of scholastic achievement, character and promise (based on clubs, school activities, volunteerism and community service) and financial need. *An applicant's sex, age and ethnic backgrounds do not enter into the decision-making process.*

Many bright and exceptional people apply. Each year we receive an increasing number of outstanding applications, so no one should assume that he or she will be one of the winners. Do the best job you can in filling out the application. This won't assure you of receiving a scholarship, but it will enhance your chances.

One final note: Incomplete applications and those that arrive after the January 25 deadline will not be considered by the committee. Make sure you have included your official transcript, at least one letter of recommendation and your financial statement form. If you are running close to the deadline, we recommend hand-delivering your application to our offices at 8600 W. Tangerine Road in Marana.

Good luck!

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

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.

| | | |
|---|---|---|
| Type or print File by the due date for filing your return See instructions | Name of exempt organization TRICO FOUNDATION C/O TRICO ELECTRIC COOPERATIVE, INC. | Employer identification number 94-2941045 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 930 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions MARANA, AZ 85653-0930 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

KATHY WOODWARD

- The books are in the care of ► **8600 W TANGERINE RD - MARANA, AZ 85658**

Telephone No. ► **(520) 744-2944**

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 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 | \$ | 1,160. |
| 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 | 3b | \$ | 1,160. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)