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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

| | | |
|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Copper Corridor Economic Development Coalition | D Employer identification number 20-1228531 |
| | Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 5115 | E Telephone number (520) 896-9311 |
| | City or town, state or country, and ZIP + 4 Oracle, AZ 85623 | F Group Exemption Number |

G Accounting method: Cash Accrual Other (specify) _____

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

I Website: www.coppercorridor.org

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 126,203**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|--|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 126,203 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | 0 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 0 | |
| c Less direct expenses from gaming and fundraising events | 6c | 0 | |
| d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | 0 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 126,203 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 28,903 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 10,759 |
| | 15 Printing, publications, postage, and shipping | 15 | 26 |
| | 16 Other expenses (describe in Schedule O) | 16 | 84,953 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 124,641 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,562 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 108,522 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 110,084 |

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-------------------|
| 22 Cash, savings, and investments | 53,875 | 22 62,723 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 54,647 | 24 47,579 |
| 25 Total assets | 108,522 | 25 110,302 |
| 26 Total liabilities (describe in Schedule O) | | 26 218 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 108,522 | 27 110,084 |

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

The Copper Corridor Economic Development Coalition fosters sustainable economic development which maintains the quality of life throughout the Copper Corridor region

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 During 2011 the CCEDC accomplished the following -Successful completion of an Arizona Commerce Authority (ACA) reimbursable grant for \$60,000 to establish the Business Success Center (BSC) The BSC provides free training and business consulting to existing and potential businesses and entrepreneurs in the region - Maintained the BSC post ACA grant with monies from Pinal County (\$20,000) and USDA RBEG reimbursable grant (\$40,000) -Established a new website for the BSC - www.coppercorridorbsc.org - Hired a webmaster to redesign and update the www.coppercorridor.org website - Continued to display the Mobile Visitor's Center (MVC) at regional and state events generating additional awareness of our region's cohesiveness, character and scenic locals - Contracted an event professional to schedule and manage the MVC's travel and storage - Continued to work through the process of establishing the Ore Cart Trail's Winkelman's Ore Cart public art display The project utilizes Federal earmark monies via the Arizona Department Of Transportation - Continued to foster coalition building via outreach with newspapers, radio, social media, face to face meetings and email Relationships with Asarco, Central Arizona College, Resolution Copper, local town councils and many others are maintained via regular purposeful contact -Officers have meet with local groups concerning delivery of electricity, creation of new hyper-local economic development groups, reopening of parks and helping to promote the newly created hiking trail in Superior - Completed the CCEDC's portion of an Americor Grant The CCEDC partnered with Central Arizona College on the project - Completed our training with the USDA's Strengthening Economies Together program The CCEDC was one of five groups in Arizona to receive the training - Guest speaker at Pinal County TownHall, Recognized for effectiveness by Pinal County Board of Supervisors

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (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 & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | | |
|-----------|--|----|
| 46 | | No |
|-----------|--|----|

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | | |
|-----------|--|--|
| 47 | | |
|-----------|--|--|

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|-----------|--|--|
| 48 | | |
|-----------|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|--|
| 49a | | |
|------------|--|--|

b If "Yes," was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|--|--------------------|
| Sign Here | ***** Signature of officer | 2012-05-10 Date |
| | Michael Carnes Treasurer Type or print name and title | |

| | | | | |
|---------------------------------|--|------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ Mike DeVries | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DeVries CPAs of Arizona PC 4349 East Fifth Street Tucson, AZ 857112025 | | | EIN ▶ Phone no ▶ (520) 298-6200 |

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
Copper Corridor Economic Development
Coalition

Employer identification number

20-1228531

| Identifier | Return Reference | Explanation |
|------------------------------------|---------------------|--|
| Form 990-EZ, Part II, Line 26 1 | Total Liabilities 1 | Funds held for Others - Beginning \$0 Funds held for Others - Ending \$218 |
| Form 990-EZ, Part II, Line 24 1003 | Other Assets 1003 | Machinery and Equipment - Beginning \$47500 Machinery and Equipment - Ending \$42500 |
| Form 990-EZ, Part II, Line 24 1002 | Other Assets 1002 | Furniture and Fixtures - Beginning \$7147 Furniture and Fixtures - Ending \$5079 |
| Form 990-EZ, Part I, Line 16 3 | Other Expenses 3 | Miscellaneous \$285 |
| Form 990-EZ, Part I, Line 16 2 | Other Expenses 2 | Ore Cart pass through \$3250 |
| Form 990-EZ, Part I, Line 16 1 | Other Expenses 1 | Project management \$58038 |
| Form 990-EZ, Part I, Line 16 1012 | Other Expenses 1012 | Insurance \$1877 |
| Form 990-EZ, Part I, Line 16 1009 | Other Expenses 1009 | Depreciation \$5726 |
| Form 990-EZ, Part I, Line 16 1008 | Other Expenses 1008 | Interest \$153 |
| Form 990-EZ, Part I, Line 16 1007 | Other Expenses 1007 | Conferences, Conventions, and Meetings \$1383 |
| Form 990-EZ, Part I, Line 16 1005 | Other Expenses 1005 | Travel \$1377 |
| Form 990-EZ, Part I, Line 16 1003 | Other Expenses 1003 | Information Technology \$620 |
| Form 990-EZ, Part I, Line 16 1002 | Other Expenses 1002 | Office Expenses \$1380 |
| Form 990-EZ, Part I, Line 16 1001 | Other Expenses 1001 | Advertising and Promotion \$10864 |

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 20-1228531
Name: Copper Corridor Economic Development
Coalition

Form 990-EZ, Special Condition Description:

| |
|--------------------------------------|
| Special Condition Description |
|--------------------------------------|

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| Cathy Gorman PO Box 5115 Oracle, AZ 85623 | Director 2 00 | 0 | | |
| Jake Jacobson PO Box 5115 Oracle, AZ 85623 | Vice President 2 00 | 0 | | |
| Maria Munoz PO Box 5115 Oracle, AZ 85623 | Director 1 00 | 0 | | |
| Jim Moore PO Box 5115 Oracle, AZ 85623 | Director 1 00 | 0 | | |
| Lina Austin PO Box 5115 Oracle, AZ 85623 | Director 1 00 | 0 | | |
| Angela Gotto PO Box 5115 Oracle, AZ 85623 | Director 2 00 | 0 | | |
| Molly Hansen PO Box 5115 Oracle, AZ 85623 | Secretary 2 00 | 0 | | |
| Benny DiSantiago PO Box 5115 Oracle, AZ 85623 | Director 4 00 | 0 | | |
| Gloria Ruiz PO Box 5115 Oracle, AZ 85623 | Director 1 00 | 0 | | |
| Elizabeth Magallanez PO Box 5115 Oracle, AZ 85623 | Director 1 00 | 0 | | |
| Lillian Martinez PO Box 5115 Oracle, AZ 85623 | Director 2 00 | 0 | | |
| Lynn Perez-Hewitt PO Box 5115 Oracle, AZ 85623 | President 4 00 | 0 | | |
| Michael Carnes PO Box 5115 Oracle, AZ 85623 | Treasurer 5 00 | 0 | | |
| Liz Harris Tuck PO Box 5115 Oracle, AZ 85623 | Director 2 00 | 0 | | |