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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2011
Open to Public Inspection

<u>A</u>	For th	e 2011 calendar year, or tax year beginning and e	ending						
В	Check if applicab	C Name of organization		D Employer identific	cation number				
	Addre	ss ARIZONA BIOINDUSTRY ASSOCIATION, INC.							
	Name			86-0938465					
	Initial		Room/suite	E Telephone number					
	Termi	· · · · · · · · · · · · · · · · · · ·		,	779-8101				
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	250,040.				
	Appli	CHANDLER, AL 03220-3222		H(a) Is this a group re					
	pend	F Name and address of principal officer JOAN KOERBER-WALKER	₹	for affiliates?	Yes X No				
		107 S. SOUTHGATE DR., CHANDLER, AZ 852		H(b) Are all affiliates inc	luded? Yes No				
		empt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list (see instructions)				
		te: ► WWW.AZBIO.ORG		H(c) Group exemption					
	Form o art I	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1998 N	1 State of legal domicile: AZ				
_	1	Briefly describe the organization's mission or most significant activities. ATTRA	CTING	AND GROWING	G				
Activities & Governance		BIOSCIENCE COMPANIES IN ARIZONA THROUGH A							
rna	2	Check this box If the organization discontinued its operations or dispos							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17				
<u>ن</u> م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16				
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2				
₹	6	Total number of volunteers (estimate if necessary)		6	137				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
Ë	8	Contributions and grants (Part VIII, line 1h)		133,010.	<u> 155,475.</u>				
Revenue	9	Program service revenue (Part VIII, line 2g)		159,875.	94,565.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	238.	0.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0. 293,123.	0.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		293,123.	250,040.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.				
Ø	ł	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	195,234.	150,116.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ber	Ь	Total fundraising expenses (Part IX, column (D), line 25)	ō. —						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e		125,299.	179,385.				
	18	Total expenses Add lines 13-17 (must equal Part IX-column (A), line 25)	й <u> </u>	320,533.	329,501.				
	19	Revenue less expenses Subtract line 18 from line 12 JUN 1 3 2012	?	<27,410.					
10 S			Beg	inning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16) OGDEN, UT		240,783.	10,715.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		186,985.	36,378.				
		Net assets or fund balances Subtract line 21 from line 20		53,798.	<u> <25,663.</u> >				
_	art II	Signature Block			·				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other han office) is based on all information of whi	ch preparer		3 10				
٠.		Signature of officer		Date	20/2				
Sig				Date					
He	re	JOAN KOERBER-WALKER, PRESIDENT & CEO Lyde or print name and title	-	· ·					
		Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Pai	d	KARI KIDD MON U KAOO	<u>' </u>	S/14/12 If self-employed	P00235539				
Рге	parer	Firm's name LOHMAN COMPANY, PLLC		Firm's EIN	86-0985325				
Use	Only	Firm's address 1630 S. STAPLEY DR., SUITE 108 MESA, AZ 85204			30-355-1100				
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. 40	X Yes No				
	001 01-		ns.		Form 990 (2011)				

	990 (2011) ARIZONA BIOINDUSTRY ASSOCIATION, INC. 86	<u>-0938465</u>	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	ARIZONA BIOINDUSTRY ASSOCIATION (AZBIO) IS ARIZONA'S STATE	AFFILIAT	Έ
	· · · · · · · · · · · · · · · · · · ·) IS THE	
		ERS AND	
	ADVANCES ITS MEMBERS. AZBIO ENHANCES THE ENVIRONMENT TO M		NA
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant		
	others, the total expenses, and revenue, if any, for each program service reported		•
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	ARIZONA BIOINDUSTRY ASSOCIATION FACILITATED DEVELOPMENT AN	D EXPANST	ON '
	OF THE LIFE SCIENCE INDUSTRY THROUGH VARIOUS EDUCATION AND		
	SEMINARS HELD THROUGHOUT ARIZONA. IN ADDITION TO MONETARY		THE
	ORGANIZAITON RECEIVED \$97,741 IN IN-KIND SERVICES TO HELP	SUPPORT T	
	EXPANSION OF THE LIFE SCIENCE INDUSTRY.	DOIT ONT T	1111
		<u> </u>	
			_
			-
4b			
40	(Code) (Expenses \$		
			
			
4c	(Code) (Expenses \$) (Revenue \$))
			
			<u>. </u>
4d	Other program services (Describe in Schedule O)		
-r u		,	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		<u> </u>
13200:		Form 99	90 (2011)

Part IV Checklist of Required Schedules

			<u>Yes</u>	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. 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	4_		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_	i	v
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
8	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	8		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	0		-25
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	446		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u>X</u> _
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_==_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		;	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ĺ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			17
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_ <u>X</u> _
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		<u> </u>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-31		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	, O2		- 41
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			_==
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2011)

d11) ARIZONA BIOINDUSTRY ASSOCIATION,
Statements Regarding Other IRS Filings and Tax Compliance Part V

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b		Check if Schedule O contains a response to any question in this Part V				ᆜ
b. Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable Obt the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pirace winness? 1c. 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the unit of lines 1 and 2 as greater than 250, you may be required to e-infig (see instructions) 3a. Dot the organization have unrelated business gross income of \$1,000 or more during the yea? 3b. If Y'es, 1 has a filed a Form 990 for for the year? "I'vo, *provide an axplanation in Schedule O 3b. If Y'es, 1 and 1 filed a Form 990 or country (such as a bank account, securities account, or other inannoial accounts? 5b. Was the organization have organization than 3 bank account, securities account, or other inannoial accounts? 5c. If Yes, 1 in the same of the foreign country Text 5c. If Yes, 1 in the Same of Sb, did the organization file Form 8898-7? 5c. If Yes, 1 in the Same Sb, did the organization file Form 8898-7? 5c. If Yes, 1 in the Same Sb, did the organization file Form 8898-7? 5c. If Yes, 2 in the same should be a subject to the organization should be a subject to the subject to the organization should be a subject to the subject to the form 8892 of the organization should be a subject to the form 8892 of the organization should be a subject to subject to the organization should be a subject to subje					Yes	No
Comparison comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) withnings to prize with entered to the calendar year ending with or within the year covered by this return. 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3 If all the comparison is the comparison of the compariso	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1		
Gambingly wnnings to praze winners? 2 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendary pear ending with or within the year covered by this return 2 b if at least one is reported on line 2a, did the organization field inequired federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-infe (see instructions) 3 b Old the organization have unrelated business gross income of \$1,000 or more during the year? 4 a A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account?) 5 b If *Yes,** instell the name of the foreign country w.	b	•••	L <u>.:-</u>	ļ		
22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 2 2 2 3 3 3 3 3 3 3	С		eportable gaming	ĺ		
the for the calendary year ending with or within the year covered by this return 1			1 1	1c		_
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it field a Form 90-1 for this year? If 1 No., 1 provide an explanation in Schedule 0 3b If Yes, 1 has it field a Form 90-1 for this year? If 1 No., 1 provide an explanation in Schedule 0 3b If Yes, 1 has the did a Form 90-1 for this year? If 1 No., 1 provide an explanation in Schedule 0 3c If Yes, 1 the If	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 2			l
3a	b			2b	X	
b if "Yes," has if tiled a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **See for Granization Foreign Counts **Section Foreign Bank and Financial Accounts **Section Foreign Bank and Financial Accounts **Section Foreign Bank and Financial Financial Financial Financial Financial Financial Financi			3)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 8 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Do any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 9 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organization start many receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 10 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 10 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 10 If 'Yes,' did the organization receive a payment in excess of \$75 made partly as a contribution of prometry for which it was required to file Form 8282? 11 If 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified infelledual property, did the organization file Form 899 as required? 12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 13 Sponsoring organizations maintaining door advised funds and section 599(3)3 supporting organization file a Form 1098 C	За	•		3a		X
francoal account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country." be instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts see instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line Sa or 5b, did the organization file Form 8886.72 b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organizations sthat may receive deductible contributions under section 170(c). b Did the organization receive apyment in excess of \$75 made pathy as a contribution and pathy for goods and services provided to the payor? 7a Did the organization stable were section 55 made pathy as a contribution and pathy for goods and services provided to the payor? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization maintaining donor advised funds and section 509(3)(3) supporting organizations. But he supporting organizations maintaining donor advised funds, and section 509(3)(3) supporting organizations. But he under the supporting organization is maintaining donor advised funds, and section 501(c)(7				3b		
b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made partly as a contribution of tangible personal property for which it was required to file Form 8282? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization entire to Forms 8282 filed during the year 8 Did the organization received a contribution of qualified indirectly on a personal benefit contract? 9 Sponsoring organizations instituting of qualified indirectly and partle personal benef	4a		•			
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Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c_			
						<u> </u>
	<u>b</u>	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		000	

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Form	990	(2011)	١

ARIZONA BIOINDUSTRY ASSOCIATION, INC.

86-0938465

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI						X					
Sec	tion A. Governing Body and Management											
						Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with										
	officer, director, trustee, or key employee?				2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision	Γ								
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	is filed?		4		Х					
5												
6	Did the organization have members or stockholders?				6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	Γ								
	more members of the governing body?				7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or									
	persons other than the governing body?			i	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:									
а	The governing body?				8a	Х						
b	Each committee with authority to act on behalf of the governing body?				8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code)									
						Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form	? <u> </u>	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			_	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	Ŀ	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe									
	ın Schedule O how this was done			L	12c		_X					
13	Did the organization have a written whistleblower policy?			L	13	X						
14	Did the organization have a written document retention and destruction policy?			<u> </u>	14	X						
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			Ŀ	15a	X						
b	Other officers or key employees of the organization			Ŀ	15b		<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			ł						
	taxable entity during the year?			Ŀ	16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		=									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatioi	า'ร									
	exempt status with respect to such arrangements?				16b							
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►AZ											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s onl	y) av	aılabl	е						
	for public inspection Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict o	of interest policy,	and	fınan	cıal						
	statements available to the public during the tax year											
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	ords of the organ	ızatıc	on 🕨							
	<u>THE ORGANIZATION - 480-779-8101</u>											
13200	107 S. SOUTHGATE DRIVE, CHANDLER, AZ 85226	_										
01-22	10				r (DON /	00441					

Form 99	0 (20)11)
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ARIZONA BIOINDUSTRY ASSOCIATION, INC.

86-0938465

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			((Des	C)			(D)	(E)	(F)	
Name and Title	Average	(dc		Pos heck) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week (describe	-	T			77.11.00		from the	from related	other	
	hours for	or director				-			organizations (W-2/1099-MISC)	compensation from the	
	related	ee or	stee			nsate	ĺ	(W-2/1099-MISC)	(11 2) 1000 (11100)	organization	
	organizations	Enst	la tr		oyee	ed mo				and related	
	ın Schedule	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) NINA OSSANNA	O)	Ē	프	5	Ke	호등	요	<u> </u>			
CHAIRMAN	4.00	$ _{\mathbf{x}}$		х				0.	0.	0.	
(2) LEE CHEATHAM											
DIRECTOR	1.00	x						0.	0.	0.	
(3) JACK DEAN											
DIRECTOR	1.00	X						0.	0.	0.	
(4) GLEN GALSTER											
DIRECTOR	1.00	X						0.	0.	0 ,	
(5) WILLIAM GARTNER											
DIRECTOR	1.00	X	ļ					0.	0.	0.	
(6) JOAN KOEBLER-WALKER											
PRESIDENT & CEO	40.00	X		X			_	98,708.	0.	<u> 12,267.</u>	
(7) GARY GREENBURG								_	_		
DIRECTOR	1.00	X	_			_		0.	0.	<u> </u>	
(8) PHIL HOWARD	1 00									_	
TREASURER	1.00	X		X				0.	0.	0.	
(9) JIM HARRIS	1 00	7.									
DIRECTOR	1.00	X						0.	0.	0.	
(10) ROBERT E. KENNEDY	2 00	٠,								•	
DIRECTOR	3.00	^						0.	0.	0.	
(11) PETE MANSPEAKER	1.00	x		i				0.	0.	0	
DIRECTOR (12) RALPH MARTEL	1.00	^						0.		0.	
DIRECTOR	2.00	x						0.	0.	0.	
(13) CHRISTINE MEIS MCAULIFFE	2.00	1	-					0.	0.		
DIRECTOR	1.00	x						0.	0.	0.	
(14) JON MCGARITY											
DIRECTOR	1.00	\mathbf{x}						0.		0.	
(15) CATHY MCGONIGLE											
DIRECTOR	1.00	x						0.	0.	0.	
(16) MICHAEL MOBLEY											
DIRECTOR	1.00	X						0.	0.	0.	
(17) JACQUELINE M. NICOL											
DIRECTOR	1.00	X						0.	0.	0.	

132007 01-23-12

Part VII Section A. Officers, Directors,		mpi 	oyee			Higi	nest			1	
(A) Name and title	(B) Average			•	C) sitioi	n		(D)	(E)	_	(F)
Name and title	hours per	(do not chec			heck more than one ss person is both an			Reportable compensation	Reportable compensation		stimated mount of
	week	off	icer au						from related	~	other
	(describe hours for	or director						the	organizations		npensation
	related	- Ford	ge			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the
	organizations		al trus		æ	m be	1	(W-2/1099-WISC)			ganization nd related
	ın Schedule O)	Individual	nstitutional trustee	Officer	Key employee	Highest compensated	iller.			1	anizations
(18) RANDAL SCHULHAUSER			=	5	3	主	1 2			-	
DIRECTOR	1.00	X	<u> </u>	ļ	ļ	<u> </u>		0.	0.	<u></u>	0
(19) MICHAEL SEMBER							İ		_		
DIRECTOR	1.00	X	-			-		0.	0.		0
(20) JANET SPEAR	1 00	37							•	İ	•
DIRECTOR	1.00	X	┢╌	-	-	-		0.	0.	-	0
(21) SANDRA WATSON	1.00	$ _{\mathbf{X}}$					}	0.	0.		^
DIRECTOR (22) RUSS YELTON	1.00	^			1	├─		0.	U.		0
DIRECTOR	1.00	x						0.	0.		0
(23) BOB DAVIS					ļ	† ·				-	
DIRECTOR	1.00	X						0.	0.		0
(24) JAY ENNESSER											
DIRECTOR	1.00	X						0.	0.		0.
(25) GREG GARCIA					1						
DIRECTOR	1.00	X	-		ļ	ļ	<u> </u>	0.	0.	_	0.
(26) HALINA JANUS	1 00				ŀ				•		
DIRECTOR	1.00	X	<u> </u>			_	_	98,708.	0.	1	0.
1b Sub-total c Total from continuation sheets to Part	VII Cootion A							98,708.	0.	1	2,267.
d Total (add lines 1b and 1c)	VII, Section A							98,708.		1	0. 2,267.
Total number of individuals (including but	t not limited to th	nose	liste	ed al	hov	e) w/	ho r				4,407
compensation from the organization						-,			occ or roportubio		(
											Yes No
3 Did the organization list any former office	er, director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J fo										3_	X
4 For any individual listed on line 1a, is the									he organization		
and related organizations greater than \$										4	X
5 Did any person listed on line 1a receive of							elat	ed organization or individ	dual for services	_	,-
rendered to the organization? If "Yes," co Section B. Independent Contractors	impiete Scriedur	<u>e J 1</u>	OF St	JCII ,	pers	son				5	X
Complete this table for your five highest.	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than 9	\$100,000 of compens	ation	from
the organization Report compensation for									•	allon	
(A)								(B)		((C)
Name and busine	ss address	N	INC	3			_	Description of se	ervices (nsation
							\dashv				· <u></u>
							_				
2 Total number of independent contractors	-	ot lu	mite	d to	tho	se lis	sted	above) who received mo	ore than		
\$100,000 of compensation from the orga					(<u> </u>			l		
SEE PART VII, SECTION	ON A CON	וויו	NUZ	(TA	101	V 2	HI	EETS		Form	990 (2011)

								rion, inc.	<u>86-093</u>	<u>8465</u>
		mplo	oyee			ligh	est		I .	
(A) Name and title	(B) Average hours	(cl		Pos all			oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) MARGO LUNSFORD DIRECTOR	1.00	x						0.	0.	
28) DAVID MCCALEB								•		
DIRECTOR	1.00	X						0.	0.	(
29) PHIL MILLER DIRECTOR	1.00	X						0.	0.	C
TABOTON								<u> </u>	0.	
 								Vac		
										·
										
								<u></u>		
										_

		Otatement of Hevel			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	_	Membership dues Fundraising events	nts, and ove 1f	155,475.	155,475.			
Program Service Revenue	2 a b c d e f	PURCHASING PROC RELATED ADVERTI	GRAMS ISING COME ARS	Business Code 900099 900099 900099 900099 900099 ▶	69,142. 12,384. 9,500. 2,600. 689. 250. 94,565.	69,142. 12,384. 9,500. 2,600. 689. 250.		
Other Revenue	3 4 5			•				
	7 a	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of e1c) See	•				
Other	c 9 a b	Less direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less direct expenses Net income or (loss) from gam	ctivities See a b	>				
	10 a b c	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	returns a bes of inventory	Business Code				
13200	12			>	250,040.	94,565.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u> </u>	Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the United States. See Part IV, line 21]	
,	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22			İ	
2	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
ļ :	Compensation of current officers, directors,				
5	trustees, and key employees	98,708.			
	Compensation not included above, to disqualified	30,700.			
3	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	28,795.	· · · · · · · · · · · · · · · · · · ·	-	
7 3	Pension plan accruals and contributions (include	20,1930		 	
•	·				
	section 401(k) and section 403(b) employer contributions) Other employee benefits	12,357.			
9	Payroll taxes	10,256.			
)	Fees for services (non-employees)	10,230.		 	
1	` ' ' '	18,525.			
a	Management	120.			
b	Legal	2,203.			
c	Accounting	2,203.	·····		
d	Lobbying Professional fundraising services. See Part IV, line 17			1	
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees	2,245.			
g	Other	4,567.			
2	Advertising and promotion	4,304.	-		
3	Office expenses	5,397.			 -
4	Information technology				
5	Royalties	E 050	·		
6	Occupancy	5,850. 6,798.		-	·
7	Travel	0,790.		-	
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	115 004	_		
9	Conferences, conventions, and meetings	115,894.			
0	Interest			 	
1	Payments to affiliates	050			
2	Depreciation, depletion, and amortization	958.		-	
3	Insurance	2,441.			
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ACCRUED VACATION EXPENS	9,616.			-
b	FEES AND LICENSE	2,522.			
c	MISCELLANEOUS	970.			
d	BAD DEBT RECOVERY	<3,025.	>		
e	All II	, , , , , ,			
5	Total functional expenses. Add lines 1 through 24e	329,501.			
<u>ح</u> 6	Joint costs. Complete this line only if the organization	,			
_	reported in column (B) joint costs from a combined			[
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,000.	1	2,695.
	2	Savings and temporary cash investments	70,568.	2	1,701.
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net	166,298.	4	3,552.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	693.	9	1,500.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 4,572			•
	ь	Less accumulated depreciation 10b 3,695	1,791.	10c	877.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	433.	14	390.
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	240,783.	16	10,715.
	17	Accounts payable and accrued expenses	16,895.	17	12,538.
	18	Grants payable		18	
	19	Deferred revenue	170,090.	19	6,945.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			· · · · · · · · · · · · · · · · · · ·
abi		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	0.	25	16,895.
	26	Total liabilities. Add lines 17 through 25	186,985.	26	36,378.
	1	Organizations that follow SFAS 117, check here and complete			
es		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
3ale	28	Temporarily restricted net assets		28	
둳	29	Permanently restricted net assets		29	
풀		Organizations that do not follow SFAS 117, check here X and		ļ	
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	53,798.	32	<25,663.>
Š	33	Total net assets or fund balances	53,798.	33	<25,663.>
	34	Total liabilities and net assets/fund balances	240,783.	34	10,715.

Form	990 (2011) ARIZONA BIOINDUSTRY ASSOCIATION, INC.	_86-	0938465	Pa	ige 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	0,0	40.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	_ 3	<7	9,4	61.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<2	5,6	63.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	b Were the organization's financial statements audited by an independent accountant?				LX_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			:		
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit				
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	lıt İ İ				
	or guidite, explain why in Schedule O and describe any steps taken to undergo such guidite		25				

SCHEDULE D

(Form 990)

Part I

2

3

4

5

3

4

5

6

7

year -

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number ARIZONA BIOINDUSTRY ASSOCIATION, INC. 86-0938465 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

Yes

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

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 ARIZONA E									Page 2
Par	t III Organizations Maintaining Col	lections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession,	, and other record	ls, chec	k any of the	following that	at are a si	gnificant i	use of its	collection	n items
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other	_					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organızatı	ion's exer	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit or re	eceive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be maint								Yes	No
Par	t IV Escrow and Custodial Arrange	•	ete if the	e organizatio	n answered	"Yes" to	Form 990	Part IV,	line 9, or	
	reported an amount on Form 990, Part X	~ ~~~								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	ssets not	ıncluded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing	table [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	 .		
f	Ending balance						1f			
	Did the organization include an amount on Form	n 990, Part X, line	21?						Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	rt V Endowment Funds. Complete if the	ne organization an	swered	"Yes" to Fo	rm 990, Part					
	(:	a) Current year	(b) F	rior year	(c) Two yea	rs back ((d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	it year end baland	e (line 1	g, column (a	ı)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possessi	on of the organiz	ation tha	at are held a	nd administe	ered for th	ne organız	ation	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	n Sched	dule R?					_3b	
4	Describe in Part XIV the intended uses of the or									
Par	rt VI Land, Buildings, and Equipmer			, line 10						
	Description of property	(a) Cost or o			or other		cumulate:	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land	<u></u>		-, ,						
b	Buildings									
С	Leasehold improvements									
d	Equipment				4,572.		3,69	95.		<u>877.</u>
	Other	<u> </u>					<u> </u>			
Total	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part	X. colur.	nn (B), line 1	O(c))					877.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

ARIZONA

	dule D (Form 990) 2011 ARIZONA BIOINDUSTRY ASSOCIA			101		<u>0938465</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financia	State	ement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)						
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		_3	3			
4	Net unrealized gains (losses) on investments		4	<u> </u>			
5	Donated services and use of facilities			<u> </u>		_	
6	Investment expenses		L e	<u> </u>			
7	Prior period adjustments			,			
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net) Add lines 4 through 8		و	<u> </u>			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		\ - 4		
L.,	t XII Reconciliation of Revenue per Audited Financial Statemer	nts with	Revenue	per F	eturn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1					
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b			-		
С	Recoveries of prior year grants	2c			-		
d	Other (Describe in Part XIV)	2d			-		
е	Add lines 2a through 2d				2e		 .
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a			1 1		
b	Other (Describe in Part XIV)	_4b			-		
С	Add lines 4a and 4b				_4c		
5 D2:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme	nto Mith	Evnono	00 005	Dot:		
		SUITS AAITU	Expens	es per	T . T	<u></u>	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1					
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			4		
C	Other losses	2c					
d	Other (Describe in Part XIV.)	_2d			-		
_	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1				3		 -
4		4-					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-			
	Other (Describe in Part XIV)	4b			1 .		
C E	Add lines 4a and 4b Total expenses, Add lines 2 and 4a. (This must equal Form 900. Part I. line 19.)				4c		
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information				5		.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a an	d / Part IV	/ lines 1	h and 2	Ph. Part V. lino	1 Port
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple						4, 1 all
,	2, 1 art M, into 0, 1 art M, into 2a and 10, and 1 art M, into 2a and 45 7 100 comple	icte triis pai	t to provide	arry au	Jilionai	mormation	
						-	
		-					
	· · · · · · · · · · · · · · · · · · ·						
				<u>-</u> _	Schedi	ule D (Form 9	90) 2011

01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ARIZONA BIOINDUSTRY ASSOCIATION, INC.

Employer identification number 86-0938465

111111111111111111111111111111111111111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NETWORKING, PURCHASING POWER AND WORKFORCE DEVELOPMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A PLACE WERE BIOSCIENCE COMPANIES CAN GROW AND SUCCEED.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE RETURN WAS E-MAILED
TO THE BOARD OF DIRECTORS FOR OVERVIEW AND THEN DISCUSSED AT A BOD MEETING
BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12: THE ORGANIZATION IMPLEMENTED A
FORMAL POLICY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST USING ANNUAL
DISCLOSURE AND SELF IDENTIFICATION WITH REVIEW BY CEO AND TREASURER OF ANY
POSSIBLE CONFLICTING BUSINESS TRANSACTIONS THROUGHOUT THE YEAR. RESOLUTION
OF POSSIBLE OR DISCLOSED CONFLICT IS REFERRED TO THE NOMINATING AND
GOVERNANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A: THE SEARCH COMMITTEE MADE UP OF
SELECT BOARD MEMBERS NEGOTIATED THE SALARY WITH THE CEO. THE SALARY IS
LESS THAN COMPARABLE STATE BIOSCIENCE SALARIES AND LESS THAN LOCAL
ASSOCIATIONS OF OTHER INDUSTRIES.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.