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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

		The organization may have to use a copy of this return to s			115	rispection	
Α	For the	e 2011 calendar year, or tax year beginning 07-01	1, <mark>2011, and e</mark> i	nding	06-30, 2	0 12	
В	Check if a	applicable C Name of organization DUNBAR COALITION INC			D Employs	r identification no.	
\Box	Address c	change Doing Business As	-		86-07	76891	
\equiv	Name cha		Room/suite	E Telephor	ne number		
=	Initial retu	· · · · · · · · · · · · · · · · · · ·	1.00		623-7424		
금				L			
	Terminate	,,				338,500	
닏 ′	Amended			=	G Gross re	ceipts \$	
□ ′	Applicatio	n pending F Name and address of principal officer		H(a) is this a gro	oup return for		
				H(a) Is this a gro affiliates?	.,	Yes X No	
<u>. </u>	Tax-exem	pt status		H(b) Are all affiliates included? Yes If "No," attach a list (see instructions)			
J	Website.	▶ N/A		H(c) Group exer	nption number	octions)	
K	Form of or	rganization X Corporation Trust Association Other L Yes	ar of formation 1	994 M State	of legal domicile	AZ	
Pa	rt I	Summary					
		Briefly describe the organization's mission or most significant activities CULTUR	AL CENTER	MUSEUM			
	'	Energy describe the organization's mission of most signmount detrates					
A c G	. [-		
c G t o	·						
iv	_						
v e		Check this box ▶ ☐ if the organization discontinued its operations or disposed of		1	1		
t n	3	Number of voting members of the governing body (Part VI, line 1a)		[3	4	
e n	4	Number of independent voting members of the governing body (Part VI, line 1b) $. $		[4	4	
s c	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	0	
8. E	6	Total number of volunteers (estimate if necessary)		[6	22	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0	
		Net unrelated business taxable income from Form 990-T, line 34年のこれに			7b		
	+	The differences to action to the control of the con		Pnor Year		rrent Year	
R		Contributions and grants (Part VIII June 1h)	18. H		, 355	338,460	
e v	8	Contributions and grants (Part VIII, line 1h)	Ģ ' · · · ⊢	- ','	, 333		
e			·‰ · · · · −			0	
n u		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-≌`}···⊢		56	40	
е		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Die) J.T.				0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		77,	,411	338,500	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	
E	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	
x	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
р e	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	
n		Total fundraising expenses (Part IX, column (D), line 25) ▶	0				
s e	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		99	,870	336,205	
s		Total expenses Add lines 13-17 (must equal Part iX, column (A), line 25)	<u> </u>	99	,870	336,205	
	1	Revenue less expenses Subtract line 18 from line 12	_		,459)	2,295	
Alot	+ 13	Nevertue less expenses Subtract line to norm line 12,		Beginning of Current Ye		nd of Year	
Net Assets	20	Total consts (Part V. line 46)	-	1.73		176,265	
or Fund		Total assets (Part X, line 16)	· · · · · ·	1/3,		170,203	
Bal-		Total liabilities (Part X, line 26)		450	070	170.005	
ances		Net assets or fund balances Subtract line 21 from line 20	• • • • • •	173,	, 970	176,265	
Pai		Signature Block					
		of penury, I declare that I have examined this return, including accompanying schedules and statements, and d complete. Declaration of preparer (other than officer) is based on all information of which preparer has any k		lowledge and beliet, it i	s		
	1.	MI MI			1.1.1		
		(resserve to fande			1///4/3	10/2	
Sigr	ו וי	Signature of officer			Date /		
Here	e	CRESSWORTH C. LANGER					
	- 19	Type or print name and title					
		Print/Type preparer's name Preparets signature ROBERT A ELLITOTT	, ,	Check	if PTIN		
Paid ROBERT A ELLIOTT (Concluded 1/1/3// self-employed POO.							
	- parer	Firm's name	 	G-0445327			
-	Only			Phone no	-0440321		
Joe	Unity	TUCSON AZ 85718		, none no	520-326-	-1850	
NA	L . 100	<u></u>		L			
		discuss this return with the preparer shown above? (see instructions)				Yes X No	
For F	anerw	ork Reduction Act Notice, see the separate instructions.		E	EA F	orm 990 (2011)	

Form 990 (2011) 🕠

SCANNED DEC 1 8 2012

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? If "Yes," describe these changes on Schedule O Describe the organization sporgram service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 3,840 including grants of \$) (Revenue \$ COLLABORATION WITH THE CITY OF TUCSON WEED AND SEED 4b (Code) (Expenses \$ 250,000 including grants of \$ 250,000) (Revenue \$ COMMUNITY CULTURAL CENTER AND AFRICAN-AMERICAN MUSEUM 4c (Code) (Expenses \$ including grants of \$ 250,000) (Revenue \$ 100) (Revenu	ce Accomplishments	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27	onse to any question in this Part III	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		•
pnor Form 990 or 990-EZ?		COLITICAL
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·	including grants of \$) (Revenue \$)	c (Code
		
	eO)	d Other progra
· 		
4e Total program service expenses ▶ 253,840		

Ferm 990 (2011)

DUNBAR COALITION INC

86-0776891

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Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 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 X X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 20a X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

Checklist of Required Schedules (continued)

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 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? X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 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) 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. 🛮
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u>X</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u>X</u> _
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	_{4a}		Х
b	If "Yes," enter the name of the foreign country			
U	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		.,
	required to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
а	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	l i		l
11	Section 501(c)(12) organizations. Enter			i
a	Gross income from members or shareholders	ł i		l
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
40-	against amounts due or received from them)	12a		
12a		124		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	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			
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	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			
	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	ļ		3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following]
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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 conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u>X</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 arrangement		,	
	with a taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website 💢 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CHARLES LAND, TREASURER (520)622-5569 1233 SOUTH WRIGHT RD TUCSON, AZ 8573	.3		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

		(0044)	
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DUNBAR COALITION INC

86-0776891

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated 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

X Check this box if neither the organization nor any relat	ed organizat	ion co	mpe	nsat	ed a	any cu	rren	t officer, director, o	r trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week	1				an one		from	related	other
	(describe	box, ι	ınless	pers	อก เร	both an		the	organizations	compensation
	hours for related		1			rustee)	т	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations in Schedule O)	ltd nr! dur se vtc let deo ur	nr su ts it e ue	f f c e	Key emp-o	H c e m g m p l e e n s e e t a e	١ ٥			and related organizations
		u r a o l r	o n a		y e e	t e d				
SEE ATTACHED LIST				Х				0	0	
(2)										
(3)										
(4)										
(5)										
(6)							-			
(7)										
(8)										
(9)										
(10)										
(11)			_							
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe	Average hours per week (describe (do not check more than one box, unless person is both an officer and director/trustee)							(E) Reportable compensation from related organizations	n ar	Estimated amount of other compensation	
	hours for related organizations in Schedule O)	I t d nrı duse v e t de or a r	nr su ts it	f c e	Key employee	H c e m g p p e s s s e t e d	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	from the ganization nd related anization	d
(15)							-	-				
(16)												
(17)												
(18)								-				
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total	Section A	• • •	 	• • •	• •	• • •	>	0		0		0
Total number of individuals (including but not	limited to those listed						оге	than \$100,000 in				
reportable compensation from the organization	on >									0	Yes	No
 Did the organization list any former officer, demployee on line 1a? If "Yes," complete School For any individual listed on line 1a, is the sun 	edule J for such indiv	idual							• • • • • • • •	3	18	X
organization and related organizations greate individual	er than \$150,000? If "	Yes,"	com	plete	e Sc	hedule	Jfo	or such		4		X
5 Did any person listed on line 1a receive or action for services rendered to the organization? If "			-					on or individual		5		X
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report year.												
(A)								(B)	20,000		(C)	
Name and busines KITTLE DESIGN & CONSTRUCTION 2539		125	TU	cso	N,	AZ 8	570	Description of so		Compe	250	,000
							•					
Total number of independent contractors (increceived more than \$100,000 of compensation)	_			sted	abo	ove) w	ho	1	1		-	

Part \	VIII	Statement of Revenue								
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
	1a	Federated campaigns 1a	Ī							
	b	Membership dues	<u> </u>							
Contri-		Fundraising events 1c					!			
butions, Gifts,	٦						'			
Grants	a	The latest organization of the latest of the	250,000							
and	e		230,000				,			
Other Smilar	1	All other contributions, gifts, grants,	00.460							
Amounts		and similar amounts not included above 1f	88,460							
	g	Noncash contributions included in lines 1a-1f \$					i			
	h	Total. Add lines 1a-1f		338,460						
	_		Business Code							
	2a						-			
Program	b									
Service	С									
Revenue	d			_						
	е									
		All other program service revenue								
	g	Total. Add lines 2a-2f		_						
	3	Investment income (including dividends, interest		40	40					
		and other similar amounts)		40	40					
	4	Income from investment of tax-exempt bond pro			<u> </u>					
	5	Royalties		<u> </u>		1				
		(ı) Real	(ii) Personal				;			
	1	Gross rents					į			
	l	Less rental expenses					· ·			
		Rental income or (loss)					ز ـــــن			
	d	Net rental income or (loss)	T			***	<u> </u>			
	7a	Gross amount from sales of assets other than inventory	(ii) Other							
	١,	Less cost or other basis					ļ			
	"	and sales expenses					į			
0	c	Gain or (loss)					,			
h		Net gain or (loss)	>			417 117 117				
e	I	Gross income from fundraising								
r		events (not including \$					į			
R		of contributions reported on line 1c)								
e v		See Part IV, line 18 a	ļ				Ì			
ė	Ь	Less direct expenses b								
n u		Net income or (loss) from fundraising events .	-							
e	I	Gross income from gaming activities								
		See Part IV, line 19 a					'			
	b	Less direct expenses b								
	l	Net income or (loss) from gaming activities								
		Gross sales of inventory, less					i			
		returns and allowances a								
	b	Less cost of goods sold b								
	L c	Net income or (loss) from sales of inventory	. •		<u> </u>					
		Miscellaneous Revenue	Business Code							
	11a									
	b									
	С									
	d	All other revenue								
	e	Total. Add lines 11a-11d								
)	Total revenue. See instructions	_	338,500	40	C	0			

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any que		(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22		ļ		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				····
е	Professional fundraising services See Part IV, line 17.			_	
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other				
12	Advertising and promotion				-
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	·			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,386		1,386	
23	Insurance				
24	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	SEE ATTACHED	334,819	253,840	80,979	
b					
¢				ļ	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	336,205	253,840	82,365	0
26	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)				

Par	t X	Balance Sheet			
			(A)		(B)
	•		Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	117,899	1	118,540
	2	Savings and temporary cash investments	52,603	2	55,643
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
A S		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net		7	
5	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	-		
	i	other basis Complete Part VI of Schedule D 10a 15,536			
	b	Less accumulated depreciation	3,468	10c	2,082
	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	 	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	173,970	16	176,265
	17	Accounts payable and accrued expenses	<u></u>	17	
	18	Grants payable		18	
L	19	Deferred revenue		19	
į	20	Tax-exempt bond liabilities		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
į	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified persons			
t		Complete Part II of Schedule L		22	
i e	23	Secured mortgages and notes payable to unrelated third parties		23	
s	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
N F e u		lines 27 through 29, and lines 33 and 34.			
t n	27	Unrestricted net assets		27	
A d	28	Temporarily restricted net assets		28	
s B	29	Permanently restricted net assets		29	
s a e l		Organizations that do not follow SFAS 117, check here ▶ 🔀 and			
t a		complete lines 30 through 34.			
s n	30	Capital stock or trust principal, or current funds		30	
o e	31	Paid-in or capital surplus, or land, building, or equipment fund	173,970	31	176,265
rs	32	Retained earnings, endowment, accumulated income, or other funds	173,970	33	176,265
	33 34	Total net assets or fund balances	173,970	34	176,265
	. 34	TOTAL HADRIUGS AND HEL ASSESSIBILIO DAIGHCES	1,3,310	, ט⊶ !	±,0,200

Form	990 (2011) DUNBAR COALITION INC 86-077689	1	P	age 12		
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		. 🛛		
				-00		
1	Total revenue (must equal Part VIII, column (A), line 12)		338,5 336,2			
2	, , , , , , , , , , , , , , , , , , , ,					
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		173,			
5	Other changes in net assets or fund balances (explain in Schedule O)					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))		176,2	265		
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		<u>. U</u>		
			Yes	No		
1	Accounting method used to prepare the Form 990 🕱 Cash 🗌 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			i i		
	issued on a separate basis, consolidated basis, or both	ĺ				
	Separate basis Consolidated basis Both consolidated and separate basis	·		i 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
	EEA	Form	990 (2011)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number Name of the organization 86-0776891 DUNBAR COALITION INC Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated d Type III-Other a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) Provide the following information about the supported organization(s) h (vi) Is the (v) Did you notify (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (w) Is the organization organization in col in col (i) fisted in your the organization in support organization (described on lines 1-9 (i) organized in the US? above or IRC section governing document? col (i) of your support? (see instructions)) Yes Yes Yes No No (A) (B) (C) (D) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	805,198	856,076	333,559	77,355	338,460	2,410,648			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u></u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	805,198	856,076	333,559	77,355	338,460	2,410,648			
5	The portion of total contributions by each									
	person (other than a governmental unit or									
	publicly supported organization) included									
	on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						201,787			
6	Public support. Subtract line 5 from In 4	``					2,208,861			
	tion B. Total Support		-							
Caler	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	805,198	856,076	333,559	77,355	338,460	2,410,648			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10 .						2,410,648			
12	Gross receipts from related activities, etc	(see instructions).				12				
13	First five years. If the Form 990 is for the organization, check this box and stop here	·	· · · · · · · · · · · · · · · · · · ·				▶□			
	tion C. Computation of Public Su				· -					
14	Public support percentage for 2011 (line 6,						91.63 %			
15	Public support percentage from 2010 Sche						00.00 %			
16a							▶ □			
	and stop here. The organization qualifies a		_				▶⊠			
b	33 1/3% support test - 2010. If the organiz						▶□			
	box and stop here. The organization qualit						▶⊔			
17a			If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
_	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
							~ —			
18	organization meets the "facts-and-circumst Private foundation. If the organization did									

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	٠.			,		
Sec	ction B. Total Support					•	•
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · · ·		irth, or fifth tax yea	ar as a section 501	(c)(3)	.,▶□
Sec	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2011 (line 8, c						%
16	Public support percentage from 2010 Sched			<u></u>	<u></u>	16	%
	ction D. Computation of Investmen					1 2= 1	
17	Investment income percentage for 2011 (line						<u>%</u>
18	Investment income percentage from 2010 S					<u> </u>	%
19a	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box	ration did not chec and stop here. T	ck the box on line he organization q	14, and line 15 is ualifies as a publi	more than 33 1/3% cly supported orga	6, and line nization	▶□
b	33 1/3% support tests - 2010. If the organize line 18 is not more than 33 1/3%, check this	ration did not chec box and stop her	ck a box on line 14 re. The organizati	4 or line 19a, and on qualifies as a p	line 16 is more tha publicly supported o	n 33 1/3%, and organization	▶□
20	Private foundation. If the organization did r						

SCHEDULE D (Form 990)

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

2011

Open to Public Inspection

Name	e of the organization	Employer identification number
DU:	NBAR COALITION INC	86-0776891
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	<u></u>
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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?	∏ Yes ☐ No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, P	
1	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 historic	ically important land area
	Protection of natural habitat Preservation of a certified	•
	Preservation of open space	a mistorio structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation
2	easement on the last day of the tax year	a conscivation
	easement on the last day of the tax year	Held at the End of the Tax Year
_	Total number of concentation ecoments	
a	Total persons restricted by consequence assemble.	·
b	Total acreage restricted by conservation easements	·
C		. 20
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	_ 2d
2	structure listed in the National Register	·
3		organization during
4	the tax year ►	
4	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5		Yes No
e	violations, and enforcement of the conservation easements it holds?	- -
6	Stall and volunteer hours devoted to monitoring, inspecting, and emorcing conservation easements during	ng the year
7	Amount of evaposes incurred in monitoring inspecting and enforcing concentration accompand during the	on voor
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	ic year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
٥	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	□ Vos □ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	the organization's accounting for conservation easements	to that describes
Dai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
rai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ther Olimiai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	ant and halance sheet works of
14	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	rance of public service,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and halance cheet works of art
b	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
		e or 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	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	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	> \$

çhed	dule D (Form 990) 2011 DUNBAR COALITIO	N INC			_		86-0776	891		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures, c	or Oth	er Similar Ass	ets (continu	ied)
3	Using the organization's acquisition, accession,									
	collection items (check all that apply)		•		-	_				
а	Public exhibition	d ☐ Loa	an or exchar	ge progr	ams					
b	Scholarly research	e 🗍 Oth								
c	Preservation for future generations				•					
4	Provide a description of the organization's colle	ctions and explain	how they fur	ther the	organization's	exempt	purpose in			
•	Part XIV	onone and onpiani	,				, p			
5	During the year, did the organization solicit or re	eceive donations of	art historic	al treasur	res or other su	mılar				
•	assets to be sold to raise funds rather than to b								Yes	□No
Pai	rt IV Escrow and Custodial Arrai							• [<u>٠</u>
	Part IV, line 9, or reported an amoun			a2a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,			
1a	Is the organization an agent, trustee, custodian			hutions o	r other assets	not				
ıa								П	Yes	∏No
	If "Yes," explain the arrangement in Part XIV an	d semplete the fell		• • • •	• • • • • •	• • • •		• ⊔	163	
D	if fes, explain the arrangement in Part XIV an	a complete the foil	owing table				1 Am	ount		
	December halones					10	And	Juni		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f	Ending balance								.,	
	Did the organization include an amount on Form	n 990, Part X, line 2	217	• • • •	• • • • • • •	• • • •		• 🗀	Yes	∐ No
	If "Yes," explain the arrangement in Part XIV			=						
Pa	rt V Endowment Funds. Complete		T					,		
	<u>_</u>	(a) Current year	(b) Prior	year	(c) Two years b	ack	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	· · · ·					•	<u> </u>		
b	Contributions									
С	Net investment earnings, gains, and losses							↓		
d	Grants or scholarships									
е	Other expenditures for facilities							1	- ×	
	and programs							<u> </u>		
f	Administrative expenses		<u> </u>					<u> </u>		·
g	End of year balance		<u> </u>					<u></u>		
2	Provide the estimated percentage of the current	t year end balance	(line 1g, col	umn (a))	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 possession	on of the organizat	on that are	held and	administered f	for the				
	organization by								Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list	sted as required on	Schedule F	۲۶				3b		
4	Describe in Part XIV the intended uses of the or	rganization's endov	vment funds							
Pai	rt VI Land, Buildings, and Equip	ment. See Form	990, Part X	(, line 10						
	Description of property	(a) Cost or oth	er basis	(b) Cos	t or other	(c) A	ccumulated	(d) Bo	ok value	
		(investm	ent)	basis	(other)	de _l	preciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other STMD.1	LE.			15,536		13,454		2	2,082

2,082

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (c) Method of valuation (c) Cost or end-of-year market	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests	•	· · · · · · · · · · · · · · · · · · ·	
(3) Other				
(A)		.		
(B)				
(C)		.		
(D)		·		
(E) (F)				
(G)		-		
(H)		-		
(l)				• •
	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
1	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			 -	
(9)				
(10)	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	o) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, lir			- ,
1 art ix		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)				
(9)				
(10)	n (b) must equal Form 990, Part X, col (B) line	45.)	•	
Part X	Other Liabilities. See Form 990, Part X.			
1.	(a) Description of liability	(b) Book value		
	income taxes		7	
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)			1	
(8)				
(9)			4	
(10)			4	
(11)			4	
Total (Column (o) must equal Form 990, Part X, col (B) line 25)	· 1		

^{2.} FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sched	ule D (Form 990) 2011 DUNBAR COALITION INC	86-0776891	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
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		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	7	
c	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV)	-	
e	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:	,	
· a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	╡	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
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		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b	-
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		

.SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

86-0776891 DUNBAR COALITION INC 01. Governing body decisions (Part VI, line 7b) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS AND REVIEW CORPORATE GOVERNANCE ISSUES, FINANCIAL STATEMENTS, ETC. 02. Governing body meeting documentation (Part VI, line 8a) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS TO REVIEW CORPORATE GOVERNANCE ISSUES 03. Committee meeting documentation (Part VI, line 8b) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS TO REVIEW CORPORATE GOVERNANCE ISSUES. THE CONTENT OF THESE MEETINGS ARE DOCUMENTED. 04. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS PROVIDED TO THE CHAIRMAN OF THE BOARD WHO THEN REVIEWS AND SIGNS THE TAX RETURN. 05. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE AVAILABLE TO THE PUBLIC AS NECESSARY AND UPON REQUEST

Form' 4562

Department of the Treasury Internat Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

 OMB No 1545-0172

2011

Attachment Sequence No 179

Business or activity to which this form relates Name(s) shown on return identrivma number 86-0776891 FORM 990 - 1 DUNBAR COALITION INC **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (c) Elected cost (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8............... 9 9 10 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Property subject to section 168(f)(1) election 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 1,386 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property 27 5 yrs MM S/I Residential rental 27 5 yrs MM S/L property Nonresidential real 39 yrs MM S/L MM S/L property

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

c 40-year | Part IV | Summary (See instructions)

20a

Class life

12-year

S/L

S/L

MM

12 yrs

	ederal Supporting	g Statements		2011	PG01
Name(s) as shown on return DUNBAR COALITION INC				86-0	776891
FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER					
DESCRIPTION OF INVESTMENT FURNITURE & FIXTURES	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER) 15,536	DEP	R 3,454	BOOK VALUE 2,082
TOTAL	0	15,536	1	3,454	2,082

990 Overflow Statement Page 1 Name(s) as shown on return DUNBAR COALITION INC 86-0776891

FUNCTIONAL EXPENSES PROGRAM SERVICE

Description		Amount	
GRANT REHAB CONSTRUCTION		\$	250,000
WEED AND SEED LABOR			3,840
	Total:	\$	253,840

FUNCTIONAL EXPENSES MANAGEMENT AND GENERAL

Description		Amount	
ACCOUNTING		\$	1,800
ALARM			1,071
CLEANING SET UP			6,465
EQUIP FURN FIX SMALL			5,245
INSURANCE			5,761
INTERNS REFUNDS			3,155
PRINTING POSTAGE SHIPPING			1,528
REFUNDS USER COST			5,074
REPAIRS AND MAINTENANCE			8,139
SIGNS PLAQUES TROPHIES			4,038
SUPPLIES			4,517
TELEPHONE			1,747
TUL ARCHITECT			9,487
UTILITIES			22,952
	Total:	\$	80,979

CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMP. PLANS	EXPENSE	
CRESSWORTH C LANDER 5132 N CALLE BUJIA TUCSON AZ 85718	PRESIDENT	30	0		0	0
JOHN HUDSON 2784 W HIGHCLIFF DR TUCSON AZ 85745	VICE PRESIDEN	NT 5	0		0	0
CHARLES LAND 1233 S WRIGHT RD TUCSON AZ 85713	TREASURER	20	0		0	0
BARBARA LEWIS 2305 S PARK AVENUE TUCSON AZ 85713	SECRETARY	0	0		0	0