

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



Form

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

OMB No 1545-0047 2011

Open to Public Inspection

| <u>A_</u> | For th | m 1e~2011~calendar year, or tax year beginning $ m ~07/01/11~$, a | <u>nd ending 06/30/1</u> | 2 | | |
|--------------------------------|-------------------|--------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------|-------------------|-----------------------------------------|
| В | Check if a | applicable C Name of organization | | | D Employ | yer identification number |
| | Address o | change ARIZONA WESTERN COLLE | GE FOUNDATION | |] | |
| \Box | Name cha | Doing Business As | | | 86- | 6051919 |
| \equiv | | Number and street (or P O box if mail is not delivered to street address) | SICIVIVI | Room/suite | E Telepho | one number |
| | Initial retu | P.O. BOX 929 | MOUNT | | 928 | 3-344-1720 |
| | Teminate | ed City or town, state or country, and ZIP + 4 | • | | | |
| \Box | Amended | retum YUMA AZ 85366 | | | G Gross rece | ipts \$ 2,060,624 |
| \equiv | | F Name and address of principal officer | | 1 | 0 010331000 | |
| | Applicatio | CHRISTINA HAWKEY | | H(a) Is this a g | roup return for a | nffiliates? Yes X No |
| | | P.O. BOX 929 | | H(b) Are all at | filiates included | 12 Yes No |
| | | | 366 | 1 | | (see instructions) |
| _ | | | | 1 | -, | (************************************** |
| | | · IIMMD //DOMEDIMINI TON | 147(a)(1) or 527 | ł | | • |
| | Website | | | H(c) Group ex | | |
| ****** | | organization X Corporation Trust Association Other ▶ | L_ Ye | ear of formation 1 | .963 | M State of legal domicile AZ |
| | art i | Summary | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | | | | |
| မွ | | THE MISSION OF THE ARIZONA WESTERN COLLEG | E FOUNDATION IS | TO EMPOWE | R PEOP | LE |
| aŭ | | TO REACH THEIR EDUCATIONAL AND CAREER ASS | PIRATIONS BY ENHA | NCING ACC | ESS TO | |
| ern | | LEARNING OPPORTUNITIES. | | | | |
| & Governance | 2 (| Check this box ▶ 🔲 if the organization discontinued its operations or | disposed of more than 25% of | of its net asset | S | |
| ජ | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | 10 |
| S | ₂₉ 4 1 | Number of independent voting members of the governing body (Part VI, | line 1b) | | 4 | 10 |
| * | 5 5 | Total number of individuals employed in calendar year 2011 (Part V, line | · 2a) | | 5 | 0 |
| Activities | u | Total number of volunteers (estimate if necessary) | / | | 6 | 3 |
| 4 | 14 | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| € EE | ii | Net unrelated business taxable income from Form 990-T, line 34 | | | 7b | 0 |
| _ |) | Net differenced business taxable income from Form 990-1, life 34 | | Prior Yea | | Current Year |
| Ë | р 8 с | Contributions and grants (Part VIII, line 1h) | <u> </u> | | 1,344 | 1,660,576 |
| SCANNERWOLL | 9 1 | Program service revenue (Part VIII, line 2g) | | - | 0 | |
| 81 | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | - | 20 | 2,041 | -13,467 |
| 2 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 6,266 | 29,472 |
| Æ | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) | - line 13\ | | 9,651 | 1,676,581 |
| 3 | 12 | | , line 12) | | | |
| S | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | - | | 0,433 | 92,343 |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | | - - · · · · · · · · · · · · · · · · · · · | 0 | 0 |
| penses | l | Salaries, other compensation, employee benefits (Part IX, column (A), lii | nes 5–10) | | 0 | 0 225 |
| ens | | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0,768 | 8,935 |
| Exp | i . | Total fundraising expenses (Part IX, column (D), line 25) | 8,935 | | | |
| ш | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | CEIVED - | | 9,667 | 132,085 |
| | | Total expenses. Add lines 13–17 (must equal Part IX, column (A); line-2 | 5) - JS - | | 0,868 | 233,363 |
| | 19 F | Revenue less expenses. Subtract line 18 from line 12 | | | 8,783 | 1,443,218 |
| s or | | Revenue less expenses. Subtract line 18 from line 12 | V 2 1 2012 ⊖ | Beginning of Cur | | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | | 4,823 | 4,663,190 |
| at As | 21 | Total liabilities (Part X, line 26) | DEN, UT 🗍 📙 | | 7,789 | 24,264 |
| | | tot dosoto of faile balances. Cabalact into 21 from into 20 | DLIA, OI | 3,19 | 7,034 | 4,638,926 |
| _ P | art II | Signature Block | | | | |
| | | nalties of perjury, I declare that I have examined this return, including accompany | | | f my knowled | ge and belief, it is |
| tru | ie, corre | ect, and complete Declaration of preparer (other than officer) is based on all infor | mation of which preparer has ar | ny knowledge | | |
| | | | | | | |
| Sig | n | Signature of officer | | • | Date | |
| Hei | re | I Chrostina tawken | / | | 1(-1 | 3-12 |
| | | Type or print name and title Christina Hawkey | Executive Direct | CTOY | | · |
| | | Print/Type preparer's name Preparer's signature | 771 | Date | Check | of PTIN |
| Paid | t | STEVEN L. TAIT | To lait | | /12 self-emp | LJ"] |
| | parer | THE WITH C A PROGRAM OF THE | - L- Juwi | | | 86-0257194 |
| | Only | 3838 N CENTRAL AVE STE 1 | 700 | F | irm's EIN ▶ | 00-045/194 |
| | , | | . 7 0 0 | | | 602-220 1040 |
| | the ID | | | | hone no | 602-230-1040 |
| | | S discuss this return with the preparer shown above? (see instructions) | | | | X Yes No |
| DAA | raper | work Reduction Act Notice, see the separate instructions. | | | | Form 990 (2011) |

Part IV Checklist of Required Schedules

| | • | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | v | |
| 2 | complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2_ | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | ١, | | • |
| | 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_ | | _X |
| 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, Part III | _ | | x |
| e | | 5 | | |
| 6 | 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 | | | v |
| 7 | "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | - | X |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | - | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | v |
| ^ | complete Schedule D, Part III | 8 | | 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | | x |
| 10 | · | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 40 | v | |
| 11 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | X | |
| | VII, VIII, IX, or X 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 | 44 | x | |
| ь. | | 11a | | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 446 | | x |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 11b | | |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | | 110 | | -12 |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 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 | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 12.0 | | |
| _ | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| | 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 | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization 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 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 (see instructions) | 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 | ŀ | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | | |

Part IV Checklist of Required Schedules (continued)

| | | | 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, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | L |
| 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> </u> |
| 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 | | | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | <u>X</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 | - 1 | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | 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 | | _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? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 26 | 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 | 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 | | | 7.7 |
| •• | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | - | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | 1 | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | ŧ | 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 | 201 | ĺ | v |
| | Schedule L, Part IV | 28b | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | x |
| 20 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | х | |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ^ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | |
| 31 | Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | |
| <i>.</i> | complete Schedule N, Part II | 32 | 1 | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | $\neg \neg$ | |
| | 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? If "Yes," complete Schedule R, Parts II, III, | | \neg | |
| - | IV, and V, line 1 | 34 | | X |
| 35a | _ ` ` ` ` | 35a | | X |
| b | 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 | | 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, | | | |
| | Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | \neg | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| | | Eon | _ aan | (2011) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------|----------|--------|-------------|----------|---------------|----------|
| | • | 1 | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 8 | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | _1b | 0 | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | İ |
| | reportable gaming (gambling) winnings to prize winners? | | _ | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | į |
| | Statements, filed for the calendar year ending with or within the year covered by this return | _2a | 0 | | 4 | | Í |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | ? | | | 2b | | <u> </u> |
| | 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? | | | | 3a | \vdash | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auti | • | | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financiaccount)? | ciai | | | 4. | | x |
| _ b | If "Yes," enter the name of the foreign country. ▶ | | | | 4a | | |
| • | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acid | counte | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | Journs. | | | 5a | i | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | n? | | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | •• | | | 5c | \Box | |
| 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 | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | 1 | | |
| | gifts were not tax deductible? | | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo | ds | | | | I | |
| | and services provided to the payor? | | | | 7a | <u>ш.</u> І | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | |
| | required to file Form 8282? | | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri | | | | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | | | 7g | \rightarrow | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | n file a | Form 1 | 1098-C? | 7h | | |
| 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 | | | | | ŧ | |
| 9 | organization, have excess business holdings at any time during the year? | | | | 8 | | |
| a | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | | | | | . † | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | | 9a 9b | | _ |
| 10 | Section 501(c)(7) organizations.Enter: | | | | 30 | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | 1 1 | I | |
| 11 | Section 501(c)(12) organizations.Enter: | | | | 1 1 | | |
| а | Gross income from members or shareholders | 11a | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | 1 1 | | |
| | against amounts due or received from them.) | 11b | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 10 | 041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | [| |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | | 13a | | |
| | 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 | | | | | 1 | |
| | the organization is licensed to issue qualified health plans | 13b | | | [] | 1 | |
| С | Enter the amount of reserves on hand | 13c | | | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | <u> </u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | _ | | 14b | | |

86-6051919 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 Section A. Governing Body and Management Yes No 10 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 10 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X Section 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 X 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? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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 X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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? X 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 made these available. Check all that apply. Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ THE ORGANIZATION 2000 S. Me DE AZ 85366

YUMA

20

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.

| Check this box if neither the orgai (A) Name and Title | (B) Average | (C) Position | | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|----------------------------------------------------------|------------------------------------------------------------|--------------------------------------|--------|---------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------|-----------------------------------------|----------------------------------------------------------|
| | hours per week (describe | bo | x, unl | ess p | erson | | an | compensation from the | compensation from related organizations | amount of other compensation |
| | hours for related organizations in Schedule O) | related organizations in Schedule O) | | Officer | | Highest compensated employee | • | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) DENISE SWEET-MCG | REGOR | <u> </u> | | | | | | | | · |
| EXEC. DIRECTOR | 40.00 | X. | | x | | | | O | 49,969 | 0 |
| (2) MIKEL J. SMITH | | | | | | | | · | | |
| MEMBER | 1.00 | x | | Ì | | | | 0 | o | 0 |
| (3) DAN FAUTH | | | | | | | | | | ····· |
| PRESIDENT | 1.00 | x | | x | | | | 0 | 0 | 0 |
| (4) OLIVIA E. ZEPEDA | | | | | | | | | | " |
| MEMBER | 1.00 | x | | | | 1 | | 0 | 0 | 0 |
| (5) VIVIAN HARTLESS | | | | | | | | | | |
| MEMBER | 2.00 | X | | İ | | | | 0 | 0 | 0 |
| (6) LUIS BARAJAS | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | | 0 | 0 |
| (7) KYLE HAWS | | | | | | | | | - | |
| PRESIDENT-ELECT | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (8) CHRISTINA HAWKEY | | | | | İ | | | | | |
| MEMBER | 1.00 | X | | | | Ш | | 0 | 0 | 0 |
| (9) BRANDON KINSEY | | | | | | | | | | |
| TREASURER | 1.00 | X | | X | | $ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}}}}$ | | 0 | 0 | 0 |
| (10) CYNTHIA JONES | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) SONNET NELSON | | | | | | | | | | |
| MEMBER | 1.00 | X | | | | Ш | | 0 | 0 | 0 |
| (12) DENNIS BOOTH | | | | | | 1 1 | | | | |
| EX-OFFICIO | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) JUDITH WATKINSON | | | | | | | | | | |
| EX-OFFICIO | 1.00 | X | | | | \sqcup | | 0 | 0 | 0 |
| (14)LOREN CRADIC | | | | | | | | | | |
| EX-OFFICIO | 1.00 | X | | | | | | 0 | 0 | 0 |

| Part VII | (A) Name and title | (B) Average hours per week (describe hours for | (d bo | lo not ox, uni | Pos check less po | C) sition more erson directo | than is both or/trus | one n an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | cos | (F) Estimated amount of other mpensation from the | |
|----------|-----------------------------------------------------------------------|------------------------------------------------|-----------------------------------|-----------------------|-------------------------|------------------------------------------|------------------------------|---------------------|-----------------------------------------------------------------|------------------------------------------------------------------------|-------------------|---------------------------------------------------|-------------|
| | | related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | a | rganization ind related ganizations | |
| EX-OFF | OLE COLEMAN ICIO | 0.00 | х | | | | | | 0 | 0 | | | 0 |
| (16) | | | | | | | | | | | | | _ |
| (17) | | | | | | | | | | | | _ | |
| (18) | | | | | | - | | _ | | | | | - |
| (19) | | | | _ | | - | | _ | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | - | | | - |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | - | | | | | | | | | • | | | |
| | -total | | | | | | | > | | 49,969 | | | |
| | al from continuation she al (add lines 1b and 1c) | ets to Part VII, | Sect | ion / | A. | | | > | | 49,969 | | | |
| 2 Tota | | - | | | ose | liste | d abo | ove) | who received more than \$10 | n 000,000 | - | | |
| | - | | | | ueto | s ka | v em | nlov | ee, or highest compensated | 1 | Г | Yes | No |
| emp | loyee on line 1a? If "Yes," of any individual listed on line | complete Schedu 1a, is the sum o | ıle J f rep | for s ortat | uch ole co | indiv ompe | idual ensat | tion a | and other compensation from | | | 3 | X |
| 5 Did a | ridual any person listed on line 1a ervices rendered to the org | | | | | | | | unrelated organization or inc | dividual | | 5 | X |
| | B. Independent Contract | | , c | OITID | icic . | JOH | June | 3 10 | 1 such person | | | | |
| 1 Com | pensation from the organiz | ation Report coi | nsate mper | ed in | depe | nder r the | nt co | ntrac | ctors that received more that r year ending with or within t | he organization's tax year. | | | |
| | Name and | (A) business address | | | | | | <u> </u> | Descrip | (B) tion of services | \longrightarrow | (C) Compens | ation |
| | | | | | | | | _ | | | | | |
| | | | | _ | | | | | | | | | |
| | | | | | | | | igspace | | | | | |
| | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | |
| | al number of independent of vived more than \$100,000 of | | | | | | | | listed above) who | 0 | | | |
| DAA | | | | | | | | | | | | Form 99 | (2011 |

| Pic | IT V | iii Staten | tent of Reve | nue | | | | | | |
|--------------------------------------------------------------------------------|------|-----------------------------------------|---------------------------|----------|-------------|--------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| | | * | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts ts | 1a | Federated carr | npaigns | 1a | | | | | | |
| E | Ь | Membership di | · - | 1b | | - | | | | |
| Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts | ء ا | Fundraising ev | | 1c | | | | | | |
| FA F | 4 | • | | 1d | | | | | | |
| Ω≅ | a | Related organi | | | | | | | | |
| S.E | е | Government grants (| | 1e | | | | | | |
| ë, ë | f | All other contribution | | | | | | | | |
| 혈 | | and similar amounts | not included above | _1f | 1 | ,660,576 | | | | |
| | g | Noncash contribution | ns included in lines 1a-1 | f | \$ | 80,000 | | | | |
| <u> </u> | h | Total. Add line | s 1a-1f | | | | 1,660,576 | | | |
| ne | | | | | | Busn. Code | | | | |
| le/ | 2a | | | | | | | | · · | |
| æ | ь | | | | | | | | | |
| <u>8</u> | c | | | | | | · | | - | - |
| ē | ď | - | | | | | - | | | - |
| S | _ | | | | | - | | | | |
| gra | | All other progra | am service reven | | | | | | | |
| 5 | _ | | | ue | | | | | | <i>m</i> -r |
| _ | 9 | Total. Add line | | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | |
| | 3 | | ome (including d | viaeno | is, interes | ε ι , | 40.006 | | | 40.006 |
| | | and other simil | • | | | | 48,906 | | | 48,906 |
| | 4 | | vestment of tax- | exemp | t bond pr | oceeds - | | | | |
| | 5 | Royalties | | | | | | | | |
| | | | (ı) Real | | (n) | Personal | | | | |
| | 6a | Gross rents | 170, | 270 | | | | | | |
| | b | Less rental exps | 140, | 798 | | | | | | |
| | С | Rental inc or (loss) | 29, | 472 | | | | | | |
| | d | Net rental inco | me or (loss) | | | > | 29,472 | | | 29,472 |
| | 7a | Gross amount from | (i) Securities | | (1 | i) Other | | | | |
| | | sales of assets other than inventory | 180, | 872 | | | | | | |
| | b | Less cost or other | | | | | | | | |
| | | basis & sales exps | 243, | 245 | | | | | | |
| | _ | Gain or (loss) | -62, | | | | | | | |
| | | , ,, | | 373 | L | • | -62,373 | -62,373 | | |
| | d | Net gain or (los | • | ۱ | | | -02,3/3 | -02,373 | | |
| nue | Вa | | m fundraising even | ts | | | | | | |
| eni | | (not including \$ | | | | | | | | |
| ě | | | eported on line 1c) | | | | ì i | | | |
| Other Reve | | See Part IV, line | 18 | а | | | | | | |
| ţ | b | Less. direct ex | | b | | | | | | |
| 0 | С | Net income or | (loss) from fundr | aising | events | <u> </u> | | | | |
| | 9a | Gross income fro | m gaming activities | | | | | | | |
| | | See Part IV, line | 19 | а | | | | | | |
| | ь | Less direct ex | penses | ь | | | | | | |
| | | | (loss) from gamıı | ng acti | /ities | • | | | | |
| | | Gross sales of | | | | | | | | |
| | | returns and allo | - | а | | | | | | |
| | h | Less cost of g | | ь | | | | | | |
| | | _ | | | nton. | | | | | |
| | ٠ | | (loss) from sales | OI IIIVE | entory | Busn. Code | | | | |
| | 44- | | Delianeous Revenue | | | Busii. Code | | | | |
| | 11a | | | | | | | | | |
| | b | | | | | | | | | |
| | C | A.II | | | | <u> </u> | | | | |
| | d | All other reven | | | | L | | | | |
| | е | Total. Add line | | | | • | | | _ | |
| | 12 | Total revenue | . See instruction: | 3 | | | 1,676,581 | -62,373 | 0 | 78,378 |

Part IX Statement of Functional Expenses

Form 990 (2011)

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 question in this Part | IX | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------------|-----------------------------------------------|
| Do | not include amounts reported on lines 6b, | (A) Total expenses | (B) | (C) | (D) |
| 7b. | , 8b, 9b, and 10b of Part VIII. | l otal expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | n-, // , |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | 92,343 | 92,343 | | |
| 3 | Grants and other assistance to governments, | | - | | |
| | organizations, and individuals outside the | | ii | | |
| | U.S. 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). | | | | . <u>. </u> |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | , ., | | , |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | 8,935 | | | 8,935 |
| f | Investment management fees | 19,629 | 19,629 | | |
| g | Other | 63,734 | | 63,734 | |
| 12 | Advertising and promotion | 6,649 | | 6,649 | |
| 13 | Office expenses | 19,394 | | 19,394 | |
| 14 | Information technology | · | | | |
| 15 | Royalties | · | | | |
| 16 | Occupancy | 2,186 | | 2,186 | |
| 17 | Travel | 4,735 | | 4,735 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 613 | | 613 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 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 | UNCOLLECTIBLE PLEDGE EXP | 10,475 | | 10,475 | |
| b | BOARD EXPENSES | 1,612 | | 1,612 | |
| С | DUES & SUBSCRIPTIONS | 1,125 | | 1,125 | |
| d | BANK CHARGES | 946 | | 946 | |
| е | All other expenses | 987 | | 987 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 233,363 | 111,972 | 112,456 | 8,935 |
| 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) | | | | |
| | | | | | |

Form 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 71,332 1 1,282,704 Cash-non-interest bearing 325,012 413,786 Savings and temporary cash investments 2 18,975 91,740 3 3 Pledges and grants receivable, net 5,138 2,585 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 7 50,158 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,468,461 other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 547,237 886,528 10c 921,224 1,947,838 Investments—publicly traded securities 11 1,900,993 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 3,254,823 4,663,190 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 57,789 24,264 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 57,789 26 Total liabilities. Add lines 17 through 25 26 24,264 Organizations that follow SFAS 117, check here X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,155,403 2,309,643 27 27 Unrestricted net assets 750,251 711,780 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 1,291,380 1,617,503 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 3,197,034 4,638,926 Total net assets or fund balances 33 3,254,823 4,663,190 Total liabilities and net assets/fund balances

| Part X | Reconciliation of Net Assets | | | | ge 12 |
|-------------|----------------------------------------------------------------------------------------------------------|---|-----|-------------|----------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| 1 Tota | 、 il revenue (must equal Part VIII, column (A), line 12) | 1 | 1,6 | 76, | 581 |
| 2 Tota | ll expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 33, | 363 |
| 3 Rev | enue less expenses. Subtract line 2 from line 1 | 3 | 1,4 | 43, | 218 |
| 4 Net | assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,1 | 97, | 034 |
| 5 Oth | er changes in net assets or fund balances (explain in Schedule O) | 5 | | -1, | 326 |
| 6 Net | assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| colu | mn (B)) | 6 | 4,6 | 38 <u>,</u> | 926 |
| Part X | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 Acc | ounting method used to prepare the Form 990: | | [| | I |
| If th | e organization changed its method of accounting from a prior year or checked "Other," explain in | | | | I |
| Sch | edule O | | | | 1 |
| 2a We | e the organization's financial statements compiled or reviewed by an independent accountant? | - | 2a | | X- |
| b We | e the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| c If "Y | es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| of t | ne audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| If th | e organization changed either its oversight process or selection process during the tax year, explain in | | | | I |
| Sch | edule O. | | | | I |
| d If "Y | es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | | 1 |
| ISSU | ed on a separate basis, consolidated basis, or both: | | | | 1 |
| X | Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 |
| 3a Asa | 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 | | X |
| b If "Y | es," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | ired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3ь | | 1 |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ARIZONA WESTERN COLLEGE FOUNDATION

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 86-6051919

| 1 | | A church, cor | nvention of churches | s, or asso | ciation of churches described in | section 1 | 70(b)(1)(| A)(i). | | | | | | | |
|----------|-----|-----------------|-----------------------------|--------------------|----------------------------------------------|---------------------------------------------------|------------------------|--------------|------------------------|--------------------------------------------------|---------------------------|------------|-----------|---------------|--------|
| 2 | | A school des | cribed in section 17 | 70(b)(1)(<i>A</i> | A)(ii).(Attach Schedule E) | | | | | | | | | | |
| 3 | | A hospital or | a cooperative hospi | tal servici | e organization described in sect | ion 170(b |)(1)(A)(iii |). | | | | | | | |
| 4 | П | A medical res | search organization | operated | in conjunction with a hospital de | scribed in | section | 170(b)(1 |)(A)(iii). | .Enter tl | he hosp | ıtal's naı | me, | | |
| | | city, and state | Э | | | | | | | | | | | | |
| 5 | X | An organizati | on operated for the | benefit of | a college or university owned or | r operated | by a gove | emmenta | al unit de | escribed | l ın | | | | |
| | | section 170 | (b)(1)(A)(iv).(Comp | lete Part I | II) | | | | | | | | | | |
| 6 | | A federal, sta | te, or local governm | ent or go | vemmental unit described in sec | ction 170(| b)(1)(A)(| v). | | | | | | | |
| 7 | | An organizati | on that normally rec | eives a s | ubstantial part of its support from | n a govern | mental ur | ut or fron | n the ge | neral pu | ıblıc | - | | - | |
| | | described in | section 170(b)(1)(<i>A</i> | 4)(vi). (Co | omplete Part II.) | | | | | | - | | | _ | |
| 8 | | A community | trust described in s | ection 1 | 70(b)(1)(A)(vi) .(Complete Part I | l.) | | | | | | | | | |
| 9 | | An organizati | on that normally rec | eives: (1) | more than 33 1/3% of its suppo | rt from cor | ntributions | , membe | ership fe | es, and | gross | | | | |
| | | receipts from | activities related to | its exemp | ot functions—subject to certain e | xceptions, | , and (2) r | o more | than 33 | 1/3% of | ıts | | | | |
| | | support from | gross investment in | come and | d unrelated business taxable inc | ome (less | section 5° | l1 tax) fr | om busi | nesses | | | | | |
| | | acquired by t | he organization aftei | r June 30 | , 1975. See section 509(a)(2) . (| Complete | Part III) | | | | | | | | |
| 10 | | An organizatı | on organized and or | perated e | xclusively to test for public safety | y. See sec | tion 509(| a)(4). | | | | | | | |
| 11 | | An organizati | on organized and op | perated e | xclusively for the benefit of, to pe | erform the | functions | of, or to | carry ou | ut the | | | | | |
| | | purposes of o | one or more publicly | supporte | d organizations described in sec | tion 509(a |)(1) or se | ction 509 | 9(a)(2). \$ | See se c | tion | | | | |
| | | 509(a)(3). Ch | eck the box that des | scribes th | e type of supporting organization | n and com | plete line: | s 11e thr | ough 11 | h | | | | | |
| | | a Type | ı b 🗌 Ty | ype II | c Type III–Function | ally integra | ited | đ | Тур | e III–Ot | her | | | | |
| е | | By checking t | his box, I certify that | t the orga | nization is not controlled directly | or indirec | tly by one | or more | disqual | ıfied peı | rsons | | | | |
| | | other than for | undation managers a | and other | than one or more publicly support | orted organ | nizations (| describe | d in sect | tion 509 | (a)(1) | | | | |
| | | or section 50 | 9(a)(2). | | | | | | | | | | | | |
| f | | If the organiz | ation received a writ | ten deten | mination from the IRS that it is a | Type I, Ty | /pe II, or T | ype III s | upportin | ıg | | | | | |
| | | organization, | check this box | | | | | | | | | | | | |
| g | | Since August | 17, 2006, has the o | organizatı | on accepted any gift or contribut | ion from ai | ny of the | | | | | | | | |
| | | following per | sons? | | | | | | | | | | | | |
| | | (i) A persor | n who directly or indi | rectly cor | ntrols, either alone or together w | ith persons | s describe | ed in (ii) a | and | | | | | Yes | No |
| | | (III) belov | w, the governing boo | dy of the s | supported organization? | | | | | | | | 11g(i) | | |
| | | (ii) A family | member of a persor | n describe | ed in (ı) above? | | | | | | | | 11g(iı) | | |
| | | (iii) A 35% c | ontrolled entity of a | person de | escribed in (i) or (ii) above? | | | | | | | | 11g(iii) | | |
| <u>h</u> | | Provide the f | ollowing information | about the | e supported organization(s) | ., | | • | | . | | | | | |
| (| | e of supported | (II) EIN | | (iii) Type of organization | 1 ' ' | organization | . , , . | ou notify | | ls the | (| (vii) Amo | | |
| | org | ganization | | | (described on lines 1-9 above or IRC section | | sted in your document? | | nization in of your | organizat (i) organi | ion in col ized in the | | supp | ort | |
| | | | į | | (see instructions) | governing | T T | sup | port? | | S? | | | | |
| | | | | | | Yes | No | Yes | No | Yes | No | | | | |
| (A) | | | | | | | 1 | | | | | | | | |
| | | | | | | - | ļ | | ļ | <u> </u> | | | | | |
| (B) | | | | | | | | | : | | | | | | |
| · · · · | | | <u> </u> | | | 1 | | | | | | | | | |
| (C) | | | i | | | | | | İ | | | | | | |
| (5) | | | | | | <u> </u> | - | | | | - | | | | |
| (D) | | | | | | | | | | | | | | | |
| (E) | | | | | | 1 | 1 | | | | | | | | |
| (E) | | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | | | |
| Tota | al | | | | | 1 | | | | | | | | | |
| | | rwork Reduc | tion Act Notice, se | ee the In | structions for | ·· ··································· | 1 | | I | Sched | ule A (F | Form 99 | 0 or 9 | 90-F <i>7</i> | 3 2011 |

Form 990 or 990-EZ.

Page 2

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.)

| Sec | tion A. Public Support | | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|------------------------|----------------------------------|----------------|--------|-------------|
| Cale | ndar year (or fiscal year beginning in)▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 20 | 11 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 116,742 | 88,207 | 49,323 | 171,344 | 1,66 | 50,576 | 2,086,192 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 116,742 | 88,207 | 49,323 | 171,344 | 1,66 | 0,576 | 2,086,192 |
| 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) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 2,086,192 |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in)▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 20 | 11 | (f) Total |
| 7 | Amounts from line 4 | 116,742 | 88,207 | 49,323 | 171,344 | 1,66 | 0,576 | 2,086,192 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 121,611 | -198,914 | 161,292 | 208,652 | 21 | 19,176 | 511,817 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned 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 | | | | | | L | 2,598,009 |
| 12 | Gross receipts from related activities, etc (s | see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the o | organization's first, s | econd, third, fourtl | n, or fifth tax year a | s a section 501(c)(| 3) | | |
| | organization, check this box and stop here | | | | | | | > |
| Sec | tion C. Computation of Public Su | pport Percenta | ge | | | | | |
| 14 | Public support percentage for 2011 (line 6, | column (f) dıvıded b | y line 11, column (| f)) | | | 14 | 80.30% |
| 15 | Public support percentage from 2010 Scheo | | | | | | 15 | 46.32% |
| 16a | 33 1/3% support test—2011. If the organiz | | | | 1/3% or more, chec | k this | | . == |
| | box and stop here. The organization qualifi | , , , | · • | | | | | ▶ X |
| b | 33 1/3% support test—2010. If the organiz | | | | s 33 1/3% or more, | | | |
| | check this box and stop here. The organization | • | • • | - | | | | ▶ _ |
| 17a | 10%-facts-and-circumstances test—201 | • | | | * | | | |
| | 10% or more, and if the organization meets | | | | - | | | |
| | Part IV how the organization meets the "fac | ts-and-circumstanc | es" test. The organ | ization qualifies as | a publicly supporte | ed | | . ┌ |
| _ | organization | 10 1646 | | | 16h oz 17a and k | | | |
| b | 10%-facts-and-circumstances test—201 | | | | | n e | | |
| | 15 is 10% or more, and if the organization me | | | | • | lv. | | |
| | Explain in Part IV how the organization mee | ets trie Tacts-and-Cl | cumstances test. | me organization q | _l uailles as a public | ıy | | ▶ □ |
| 18 | supported organization Private foundation. If the organization did | not check a hov on | line 13 162 16h | 17a or 17h check | this hoy and see | | | |
| 10 | instructions | HOL CHECK & DOX OH | mie 10, 10a, 10b, | tra, or trb, check | una box and ace | | | ▶ [|
| | | | | | | | | |

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.)

| Sec | tion A. Public Support | quality diluci ti | to toolo lioted b | ciow, picaco oc | mpioto i art m | <u> </u> | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|------------------------|---------------------|----------|---------------|
| | 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") | | | | | | |
| 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 business under section 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 | | <u></u> | | | | |
| 8 | Public support (Subtract line 7c from | | • | | | | |
| | line 6.) | <u> </u> | <u> </u> | <u> </u> | | | |
| | tion B. Total Support | 1 1 1 2 2 2 2 | 43,000 | () 2000 | 1 (1) 0040 | (-) 0044 | (D.T.) |
| | ndar 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 | | | | | | |
| С | 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) | | annual Abian found | th or 6th tox year. | | (2) | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | - | , secona, mira, ioun | in, or nith tax year a | as a section 501(c) | (3) | |
| Sec | tion C. Computation of Public Su | | ane | | | | |
| 15 | Public support percentage for 2011 (line 8, | | | (f)) | | 15 | % |
| 16 | Public support percentage from 2010 Sche | | - | (')) | | 16 | % |
| | tion D. Computation of Investmen | | | | | <u> </u> | |
| 17 | Investment income percentage for 2011 (lin | | | column (f)) | | 17 | % |
| 18 | Investment income percentage from 2010 | | | (,,, | | 18 | % |
| 19a | 33 1/3% support tests—2011. If the organ | | | 14, and line 15 is m | ore than 33 1/3%. | | |
| | 17 is not more than 33 1/3%, check this bo | | | | | | ▶ [|
| b | 33 1/3% support tests—2010. If the organ | = = = = = = = = = = = = = = = = = = = | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | ▶ [|
| 20 | Private foundation. If the organization did | not check a box o | n line 14, 19a, or 19 | 9b, check this box a | and see instruction | s | ▶ |

instructions).

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

Name of the organization Employer identification number ARIZONA WESTERN COLLEGE FOUNDATION 86-6051919 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 (dunng 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 Yes conferring impermissible private benefit? 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 c Number of conservation easements on a certified historic structure included in (a) 2c d 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 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? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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) and section 170(h)(4)(B)(ii)? Yes 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 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 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 2 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 Assets included in Form 990, Part X

3,266

921,224

16,516

19,782

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

e Other

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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)

| | dule D (Form 990) 2011 ARIZONA WESTERN COLLEGE F | | 86-605191 | | Page 4 |
|--------|--------------------------------------------------------------------------------------------|-----------------------|--------------------------|------|---------------------------------------|
| | Reconciliation of Change in Net Assets from Form | 990 to Audited Fi | nancial Stateme | | 1 676 501 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | 1,676,581 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 233,363 |
| 3 4 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 4 | 1,443,218 -1,326 |
| 5 | Net unrealized gains (losses) on investments Donated services and use of facilities | | | 5 | -1,320 |
| 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 | -1,326 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines | 3 and 9 | | 10 | 1,441,892 |
| | rt XII Reconciliation of Revenue per Audited Financial St | | evenue per Retui | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | • | 1 | 1,952,529 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | • |
| а | Net unrealized gains on investments | 2a | -1,326 | | |
| b | Donated services and use of facilities | 2b | 156,105 | | |
| С | Recovenes of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 121,169 | | _ |
| е | Add lines 2a through 2d | | | 2e | 275,948 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,676,581 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | · · · · · · · · · · · · · · · · · · · |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | 1,676,581 |
| _Pa | rt XIII Reconciliation of Expenses per Audited Financial S | tatements With E | xpenses per Re | turn | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 510,637 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | | | |
| а | Donated services and use of facilities | 2a | 156,105 | - 1 | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 121,169 | 1 | |
| е | Add lines 2a through 2d | | | 2e | 277,274 |
| 3 | Subtract line 2e from line 1 | f 1 | | 3 | 233,363 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIV) | 4b | | | |
| _ | Add lines 4a and 4b | | | 4c | 022 262 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 |) | | 5 | 233,363 |
| | rt XIV Supplemental Information | | | | |
| - | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa | | · | | |
| | /, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line | s 2d and 4b. Also com | plete this part to provi | de | |
| • | dditional information. | SES - OTHER | | | |
| E | ART XI, LINE 8 - RECONCILIATION OF CHANG | JES - CIRER | | | |
| R | ENTAL EXPENSES | | \$ | 1 | 40,798 |

MANAGEMENT FEES -19,629 RENTAL EXPENSES \$ -140,798 MANAGEMENT FEES 19,629

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

| Schedule D (Form 990) 2011 | ARIZONA | WESTERN | COLLEGE | FOUNDATI | ON 86-60519 | 19 | Page |
|----------------------------|----------------|---------------|-----------|----------|----------------|---------|------|
| Part XIV Suppleme | ntal Informati | on (continued | d) | | | | |
| RENTAL EXPENSI | 3S | | | | \$ | 140,798 | |
| MANAGEMENT FE | €S | | | | \$ | -19,629 | |
| PART XIII, LI | NE 2D - EX | KPENSE AN | MOUNTS IN | CLUDED I | N FINANCIALS - | OTHER | |
| RENTAL EXPENSE | s | | | | \$ | 140,798 | |
| MANAGEMENT FEI | 3S | | | | \$ | -19,629 | |

SCHEDULE I (Form 990)

OMB No 1545-0047

| 1 | | Grants a | | er Assistance | Grants and Other Assistance to Organizations. | ons. | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------|
| (Form 990) | | Governme | nts, an | d Individuals | nts, and Individuals in the United States | States | | 2011 |
| Department of the Treasury Internal Revenue Service | sury | Complete if the o | rganizatioı | n answered "Yes" to Fo ► Attach to Form 990. | Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.¹ ▶ Attach to Form 990. | ne 21 or 22.' | | Open to Public |
| Name of the organization | | | | | | Employer lde | Employer identification number | |
| | ARIZONA WESTERN COL | COLLEGE FOUN | FOUNDATION | | | 86-6051919 | 51919 | |
| Part | General Information on Grants and Assistance | Assistance | | | | | | |
| 1 Does the org the selection 2 Describe in | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ie amount of the gince? | rants or ass grant funds | istance, the grantees' in the United States | eligibility for the grant | s or assistance, and | T. | X Yes |
| art II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed | vernments an ecipient that re space is neede | d Organi ceived m d | zations in the Ur ore than \$5,000. (| nited States. Corr Check this box if n | iplete if the orga to one recipient | nization answe received more t | red "Yes" .han \$5,000. ▶ |
| 1 (a) N | (a) Name and address of organization or government | (a) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | | | | | |
| (7) | | | | | 1 | - | | |
| (8) | | | | | | | | |
| (6) | | | | | | - | | |
| 2 Enter total n 3 Enter total n | Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table | organizations listec 1 table | in the line 1 table | 1 table | | | | |
| For Paperwork R | For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA | or Form 990. | | | | - | | Schedule I (Form 990) (2011) |

86-6051919 Schedule I (Form 990) (2011) ARIZONA WESTERN COLLEGE FOUNDATION

(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (d) Amount of non-cash assistance 92,343 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 92 (a) Type of grant or assistance SCHOLARSHIPS Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV

Schedule I (Form 990) (2011)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ARIZONA WESTERN COLLEGE FOUNDATION

Employer identification number 86-6051919

| Pa | rt I Types of Property | | | | | | | |
|-------------|------------------------------------------------------------------------------|--------------|------------------------------|---------------------------------------------|--------------------------|----------|-----|----------|
| | | (a) | (b) | (c) | (d) | | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of determinin | 9 | | |
| | | applicable | items contributed | Form 990, Part VIII, line 1g | noncash contribution amo | ounts | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures | | | | | | | |
| 3 | Art—Fractional interests | | ····· | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | <u></u> | ; , | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | <u>-</u> | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | | | | <u> </u> | | | |
| 10 | Securities—Closely held stock | | | | | | | |
| 11 | Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | <u> </u> | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution—Historic | | | | | | | |
| | structures | ļ | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution—Other | | | , | | | | |
| 15 | Real estate—Residential | | | | | | | |
| 16 | Real estate—Commercial | | - | 00.000 | | | | |
| 17 | Real estate—Other | X | 1 | 80,000 | FAIR MARKET VALUE | <u> </u> | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ►() | | | | | | | |
| 26 | Other ►(| | | | | | | |
| 27 | Other ►(| | | | | | | |
| 28 | Other ►(| ll | | | - | | _ | |
| 29 | Number of Forms 8283 received by the | _ | | | 20 | | | |
| | which the organization completed For | m 8283, Pa | art IV, Donee Acknowled | gement | 29 | | Yes | No |
| 200 | During the year did the ergonization r | raaaiya by | andribution only proporty | reported in Port Lines 1. 2 | 9 that | | 162 | NO |
| 30a | | • | | | | | 1 | |
| | it must hold for at least three years fro | | | , and which is not required t | О Бе | 200 | Ī | x |
| | used for exempt purposes for the entire | • | period / | | | 30a | | |
| ь 31 | If "Yes," describe the arrangement in Does the organization have a gift acce | | how that requires the rew | ow of any non standard | | | 1 | |
| 31 | • | epiance po | licy that requires the revi | ew or any non-standard | | 24 | ŧ | v |
| 322 | contributions? | d nartice or | related organizations to | solicit process or sell page | each | 31 | | <u> </u> |
| 32 8 | Does the organization hire or use third | u parues or | related organizations to | solicit, process, or sell none | asii | 322 | | x |
| h | contributions? | | | | | 32a | | Δ. |
| 33 | If "Yes," describe in Part II. If the organization did not report an ar | mount in co | lumn (c) for a type of pro | nerty for which column (a) | s checked | | 1 | |
| J J | describe in Part II. | nount in CO | numini (c) for a type of pro | perty for which column (a) I | s checkeu, | | 1 | |
| | GOOGIDO III I GILII. | | | | | | 1 | |

Schedule M (Form 990) (2011)

Part II Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

ARIZONA WESTERN COLLEGE FOUNDATION

Employer identification number 86-6051919

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD MEMBERS AND ARIZONA WESTERN COLLEGE ARE PROVIDED A COPY OF THE FORM 990 FOR REVIEW. THE FORM 990 WILL BE PLACED ON THE AGENDA FOR DISCUSSION AND REVIEW AT THE BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS WILL BE ASKED TO SIGN A CONFLICT OF INTEREST POLICY YEARLY. POTENTIAL CONFLICTS OF INTEREST WOULD BE BROUGHT UP AT BOARD MEETINGS AND THE BOARD MEMBER WITH ANY CONFLICT WOULD BE ASKED TO ABSTAIN FROM THE VOTE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE AVAILABLE AT THE FOUNDATION OFFICE UPON REQUEST.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

(99) ► See separate instructions.

► Attach to your tax return.

| Name(| (s) shown on return ARIZON | A WESTERN C | OLLEGE FO | UNDAT | ION | | | | ong num | _{ber} 1919 |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|------------------|---------------------|---------|------------------------|--------------|----------|----------------------------|
| Busine | ess or activity to which this form relates | | | | | | | | | |
| R. | ENTAL | - · | | | <u> </u> | | | | | |
| Pa | ert I Election To Expen | • | • | | | | | | | |
| | Note: If you have a | ny listed property | , complete Part | t V befo | re you co | mple | <u>te Part I.</u> | | 1 1 | |
| 1 | Maximum amount (see instructions | s) | | | | | | | 1 | 500,000 |
| 2 | Total cost of section 179 property p | placed in service (see | instructions) | | | | | | 2 | 0.000.000 |
| 3 | Threshold cost of section 179 prop | • | | structions |) | | | | 3 | 2,000,000 |
| 4 | Reduction in limitation. Subtract line | | | | | | | | 4 | |
| 5 | Dollar limitation for tax year Subtract lin | | less, enter -0- If man | | • | | | | 5 | |
| 6 | (a) Descriptio | n of property | | (b) Cost (b | usiness use onl | y) | (c) l | Elected cost | | |
| | - | | | | | - | - | | | |
| | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | | | | 7 | | | | |
| 7 | Listed property. Enter the amount f | | | 6 and 7 | 1 | | | | 8 | |
| 8 | Total elected cost of section 179 pr | , , | | so anu <i>r</i> | | | | | 9 | |
| 9 | Tentative deduction Enter the small | | | | | | | | 10 | |
| 10 | Carryover of disallowed deduction | - | | than zara |) or line 5 (c | 00 100 | ta ictions) | | 11 | |
| 11 | Business income limitation. Enter the | | • | | • | ee IIIS | iruciioris) | | 12 | |
| 12 | Section 179 expense deduction. Ac | • | | | '' ⊾ [| 13 | | | 1 12 | |
| 13 Note | Carryover of disallowed deduction : Do not use Part II or Part III below | | | · | | 13 | | | | |
| | art II Special Depreciati | | | ociation | /Do not | incl | ıda listar | d proper | tv) (9 | See instructions) |
| <u>га</u> 14 | Special depreciation allowance for | | | | | | ude listet | a proper | 19.7 | Dee matructions) |
| 14 | during the tax year (see instruction | | iei tilaii iisteu propi | city) piac | cu ili sci vice | • | | | 14 | |
| 15 | • • • | • | | | | | | | 15 | |
| | Property subject to section 168(f)(1 | | | | | | | | 16 | 44,145 |
| 16 Pa | Other depreciation (including ACR: art III MACRS Depreciat | | ide listed prope | rty 1/S | oo instruc | tions | ١ | | 1 10 1 | 11,113 |
| ГС | it iii iiiACNO Depreciat | IOII (DO NOT MOIO | | ion A | oc manuc | 10113 | <i></i> | | | |
| 17 | MACRS deductions for assets place | and in service in tay ve | | | | | ·· | | 17 | 0 |
| 18 | If you are electing to group any assets placed | • | | | counts chack t | h 🌬 | | | ! | |
| 10 | | Assets Placed in Se | | | | | neral Depr | eciation | Systen | n |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depre (business/investment only-see instruct | ciation t use | (d) Recovery period | | Convention | (f) Meth | | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | | | |
| b | 5-year property | | | | | | | | | |
| С | 7-year property | 1 | | | | | | | | |
| d | 10-year property | 1 | | | | | - | | | |
| е | 15-year property | | | | | | | | | |
| f | 20-year property |] | | | | | | | | |
| g | 25-year property | | | | 25 yrs | | | S/L | | |
| h | Residential rental | | | | 27 5 yrs. | | ММ | S/L | | |
| | property | | | | 27 5 yrs | | ММ | S/L | | |
| i | Nonresidential real | | | | 39 yrs | | MM | S/L | - | |
| | property | | | | | | MM | S/L | | |
| | Section C—A | ssets Placed in Ser | vice During 2011 | Tax Yea | r Using the | Alter | native De _l | preciatio | n Syste | em |
| 20a | Class life | | | | | | | S/Ł | _ | <u></u> |
| b | 12-year | | | | 12 yrs. | | | S/L | - | |
| С | 40-year | | <u></u> | | 40 yrs. | | ММ | S/L | | |
| Pŧ | art IV Summary (See ins | tructions.) | | | | | _ | | | |
| 21 | Listed property. Enter amount from | n line 28 | | | | | | | 21 | |
| 22 | Total. Add amounts from line 12, le | ines 14 through 17, lir | nes 19 and 20 in co | lumn (g), | and line 21. | Enter | here | | | |
| | and on the appropriate lines of you | ır return Partnerships | and S corporations | s—see in: | structions | | 1 | | 22 | 44,145 |
| 23 | For assets shown above and place | = | e current year, ente | er the | | | | | | |
| | portion of the basis attributable to | section 263A costs | | | | 23 | | | | |

| Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description | 86-6051919 | | | F | Federal St | ate | ments | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|----------|--------|---------------|-------|----------|--------------|----------------|------------|------|
| Description Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or INVESTMENT INCOME \$ 48,906 14 | • | | | Taxa | ble Dividends | s fro | m Secur | <u>ities</u> | | | |
| Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or INVESTMENT INCOME \$ 48,906 | , | Description | on. | | | | | | | | |
| INVESTMENT INCOME \$ 48,906 14 | | <u>Jegoripin</u> | <u> </u> | | Unrelated | l E | xclusion | Postal A | Acquired after | US | |
| \$ <u>48,906</u> | | | _ | Amount | Business Co | ode _ | Code | Code | 6/30/75 | Obs (\$ or | · %) |
| | INVESTMENT | INCOME | | 48.906 | 5 | | 14 | | | | |
| | TOTAL | | | | | | | | | | |
| | | | | | = | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | - | | | - | | - | | _ | | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Form 990. Part IX. Line 24e - All Other Expenses Description Total Total Expenses Part Description Total Expenses Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service | | | | | | | | | | • | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-------------------------|---|--|---|------|--|--|---|--|
| Form 990, Part IX, Line 24e - All Other Expenses Total Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Servic | | , | Fund' Raising | | | | | | | | |
| | | | Management & General | | | · | | | | | |
| | ements | - All Other Expenses | Program Service | v | | | | | | | |
| | Federal Stat | 1 990, Part IX, Line 24e | Total Expenses | | | | | | | | |
| | | Form | otion | | | | | | | | |

Federal Statements

Schedule A, Part II, Line 1(e)

| Amount | \$ 257,763 | 5,000 | CC - C | 000 | 10,000 | | 1,200,000 | | 40,000 | | 40,000 | | 8,810 | | 000,7 | | 5,000 | | 45,964 | | 2,000 | | 000'8 | | 8,000 | | 10,000 | \$ 1,660,576 |
|-------------|------------|-------------------------------------------|--------------------------------------|---------------|-------------------|-----------------------|-------------------|-------------------|--------|----------------|--------|--------------------|-------------------|---------------|-------------------|------------------------|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------------|-------------------|--------------------|-------------------|------------------------------------|-------------------|--------------|
| Description | OTHER | APS FOUNDATION, INC. CASH CONTRIBUTION | CHARLES ENNIS & EVELYN H. RICE TRUST | BETTY BORLAND | CASH CONTRIBUTION | NEDRA WILLIAMS ESTATE | CASH CONTRIBUTION | MAYBELLE WHITLOCK | LAND | PHYLLIS ATWELL | LAND | CABALLEROS DE YUMA | CASH CONTRIBUTION | RICHARD CLISE | CASH CONTRIBUTION | EARL & PENELOPE COOPER | CASH CONTRIBUTION | EVELYN L. MAURATT ESTATE | CASH CONTRIBUTION | TIME WARNER CABLE VISION | CASH CONTRIBUTION | TRAX INTERNATIONAL CORPORATION | CASH CONTRIBUTION | WALMART FOUNDATION | CASH CONTRIBUTION | YUMA COUNTY REPUBLICAN WOMENS CLUC | CASH CONTRIBUTION | TOTAL |

| • | , | | ù ù |
|--------------------|--------------------------------------------|---|-----|
| | Amount \$ 48,906 170,270 \$ 219,176 | · | |
| Federal Statements | Schedule A, Part II, Line 8(e) Description | | |
| 86-6051919 | INVESTMENT INCOME RENTAL TOTAL | | |