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DLN: 93493014012143

# Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

2011

OMB No 1545-0047

Open to Public

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

ntemal	Revenue	Service	► The orga	inization may have	e to use a copy	of this return to	satisfy st	ate reporting	requirem	ents	Inspection
A Fo	r the 2	2011 cal		ortax year beginn	ing 09-01-2011	and ending 0	8-31-2012				
_		pplicable	C Name of orga ARIZONA TEC	anization CHNOLOGY COUNCIL						•	ntification number
Add	ress ch	nange	Doing Busine					_	86-06 E Teleph		
Nar	me cha	nge	Doing busines	55 A5					-		
_ Init	ıal retu	rn	Number and	street (or P O box if	mail is not delivere	ed to street address)	) Room/suit	te	(602)		
– Ter	mınate	d	2 N CENTRAL	L AVE NO 750					<b>G</b> Gross re	eceipts	\$ 1,387,546 
– Am	ended i	return		state or country, and	I ZIP + 4		l	_			
– App	olication	n pending	PHOENIX, AZ	85004							
		ľ	F Name	and address of pr	incipal officer			<b>H(a)</b> Is thi	le a group	return	for
			STEVEN	G ZYLSTRA				affilia		return	⊤Yes ▼No
				ΓRAL AVE NO 75 K,AZ 85004	0						
				,,,,,				H(b) Are al			·
Ta	x-exem	npt status	501(c)(3)	501(c)(6)	(insert no )	4947(a)(1) or	527	H(c) Grou			(see instructions) mber <b>&gt;</b>
w	ehsite	• <b>►</b> Δ7Τ	ECHCOUNC	`IL ORG				ii(c)			
								1			
				Trust Associat	ion Other 🟲			<b>L</b> Year of fo	mation 20	02 <b>M</b>	State of legal domicile AZ
Pa	rt I	Sumi	mary								
				rganization's miss ESENT AND SUP	_			INOLOGYIN	IDIISTBV		
2	-	TO COM	NECT, KEPK	ESENT AND SUP	PORT THE STA	ATE 3 EXPANDI	NG TECH	INOLOGI IN	IDUSTRI		
ACTIVITIES & GOVERNANCE											
<u> </u>	-										
5 2	2 (	Check th	ıs box 🛏 ıf	the organization o	discontinued its	operations or d	isposed of	f more than 2	5% of its	net as	sets
) *	3 1	Number o	of voting mem	nbers of the gover	ning body (Part	VI, line 1a) .		•		3	40
Ž.	4 1	Number o	of independen	nt voting members	of the governu	ng body (Part VI	, line 1b)		. [	4	40
į	5	Total nun	nber of indivi	duals employed ır	n calendar year	2011 (Part V, lı	ne 2a) .			5	7
§	6	Total nun	nber of volun	teers (estimate if	necessary) .					6	100
₹	7a 7	Total unr	elated busine	ess revenue from	Part VIII, colu	mn (C ), line 12				7a	3,254
	ь	Net unrel	ated busines	s taxable income	from Form 990	-T, line 34 .				7b	-7,610
								Prio	r Year		Current Year
Revenue	8	Contrib	outions and g	ırants (Part VIII,	line 1h)					0	0
	9	9 Program service revenue (Part VIII, line 2g)						1,126,187			1,337,960
9.Ke	10	Invest	ment income	(Part VIII, colum	nn (A), lines 3,	4, and 7d ) .				18	28
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							136,8		49,558
	12			1 (must equal F			1 262 6		1 207 516		
						1,263,0			1,387,546		
	13			amounts paid (Pai						0	0
	14		•	or members (Part			0	0			
82	15	Salarie 5-10)	s, other com	pensation, employ	yee benefits (Pa	art IX, column (A	(), lines		627,6	524	665,655
Expenses	16a	,	sional fundrai	ısıng fees (Part IX	(. column (A.). lı	0					
<del>.</del>	ь			ses (Part IX, column (							
Ð	17			art IX, column (A)		1 11f_24e\		609,490 600,735			
	18		-	d lines 13-17 (m		•			1,237,1		1,266,390
	19		•	nses Subtract line	•		-				121,156
er (h		11010110	ie iess exper	- July Guberace IIII	2 2 0 11 0 11 11 11 1			Beginning	g of Curre		
net Assets of Fund Bafances									ear		End of Year
9 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20	Total a	ssets (Part X	K, line 16)					91,4	196	211,803
Z Z	21	Total lı	abılıtıes (Par	rt X, line 26) .					2,4	195	1,646
z II	22	Net ass	sets or fund b	balances Subtrac	t line 21 from li	ne 20			89,0	001	210,157
Pai	rt II	Signa	ature Bloc	k							
now	ledge a			e that I have exami rrect, and complete							the best of my which preparer has any
OW	ledge.										
		****						20	13-01-11		
Sign		Signat	ture of officer					Da	ate		
dere	e			RESIDENT/CEO			_		_		
		Type	or print name a	nd title							
		Preparer's Date Chec									er identification number
Paid		signature PHIL MCCOLLUM self-						elf- mployed 🕨 🦳	(see instr P001297:		
<sup>o</sup> repa	arer's	Firm's na	me (or yours	CLIFTONLARSONALI	LEN LLP	1		•			
Jse (		ıf self-em		20 E THOMAS RD S					EIN ▶ 41	-074674	<b>1</b> 9
		aduless,	unu ZIF + 4	20 E THOMAS RD S	TE 2300				Phone no	• (60	02) 266-2248

PHOENIX, AZ 85012

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Form	990 (2011)				Page
Par		nt of Program Service A hedule O contains a response	Accomplishments to any question in this Part II.	ı	
1	Briefly describe t	he organization's mission			
тос	CONNECT, REPRES	SENT AND SUPPORT THE ST	ATE'S EXPANDING TECHNOL	OGY INDUSTRY	
2	_	, -	rogram services during the yea		┌ Yes ┌ No
	If "Yes," describe	these new services on Schedu	ıle O		
3		on cease conducting, or make	significant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule O			
4	expenses Section	n 501(c)(3) and 501(c)(4) org	complishments for each of its th anizations and section 4947(a ises, and revenue, if any, for ea	)(1) trusts are required to rep	
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	GOVERNOR'S CELEBR	RATION OF INNOVATION		, ,	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	AEROSPACE, AVIATIO	ON AND DEFENSE REQUIREMENTS CO	ONFERENCE		
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	CEO RETREAT				
4d	Other program s	ervices (Describe in Schedule	e O )		
	(Expenses \$	•	grants of \$	) (Revenue \$	)
4e	Total program se	rvice expenses►\$			

Part TV	Checklist o	f Required	Schedules
4:11.4	CHECKHISLU	ı Regulleu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	163	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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 "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠١	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> 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	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		N o
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Introduce fore and control control to produce on Port VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
U	facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans  Enter the aggregate amount of reserves on hand			
•	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax									
	year									
Ь	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3										
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	<b>4</b> 5		No No						
6	Did the organization have members or stockholders?	6	Yes							
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		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
ь	Each committee with authority to act on behalf of the governing body?	8b		No						
9	,									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal									
Re	venue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		No						
b	<b>b</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?									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Yes							
13	In Schedule O how this was done	13	1 62	No						
14	Did the organization have a written document retention and destruction policy?	14		No						
15	Did the process for determining compensation of the following persons include a review and approval by	14		140						
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Yes							
a h	Other officers or key employees of the organization	15a	165	No						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	130		NO						
	11 163, to fine 130 of 130, describe the process in schedule O (see histiactions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ection C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶AZ									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)									

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANNE RODY
  2 N CENTRAL AVE 750

PHOENIX,AZ 85004 (602) 343-8324

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

#### 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, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from organizat	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
See A	dditional Data Table											
1b	Sub-Total				•	•	ı					
c d	Total (add lines 1b and 1c) .							<b>•</b>	222,115	0		11,912
2	Total number of individuals (incl \$100,000 of reportable compen-	udıng but not lım	nited to	thos	e lıs			) who	received more tha	ın		
											Yes	No
3	On line 1a? If "Yes," complete Sch				e, k • •	ey e •	mploy •	ee, c	or highest compens		3	No
4	For any individual listed on line 1 organization and related organization and related organization.									ch	4 Yes	_
5	Did any person listed on line 1a services rendered to the organiz										5	No
Se	ection B. Independent Con	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio										
	Nan	<b>(A)</b> ne and business add	dress						Descr	(B) ription of services	(C Comper	
	Total number of independent cont \$100,000 of compensation from t			ot lır	nıted	to	those	liste	d above) who receiv	ved more than		

Part \	7444	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>£</b> £	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership dues 1b					
ಕ್ಷ	c	Fundraising events 1c					
क्र च							
ਰੂਵ	d	Related organizations 1d					
ĕ.Ē	e	Government grants (contributions) <b>1e</b>					
ੂ≅ੂ	f	All other contributions, gifts, grants, and <b>1f</b>					
22 24	g	similar amounts not included above  Noncash contributions included in					
<u> </u>	"	lines 1a-1f \$					
ŠΕ̈́	h	Total. Add lines 1a-1f	▶				
٠.٠	ļ						
<u> </u>			Business Code				
ĭ.	2a	MEMBERSHIP DUES	900099	521,253	521,253		
<u>\$</u>	ь	EVENT REVENUE	900099	440,248	440,248		
<u>a</u>	l c	PROGRAM SERVICES	900099	376,459	376,459		
Š	d		300033	3, 0, 103	2, 0, 103		
ð							
Program Service Revenue	e						
춫	f	All other program service revenue					
<u>~</u>	_	Total. Add lines 2a-2f		1,337,960			
	g 3			1,337,300			<del>                                     </del>
	3	Investment income (including dividend		28			28
		and other similar amounts)	-	20			26
	4	Income from investment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	*				
		(ı) Real	(II) Personal				
	6a	Gross rents 4,400					
	b	Less rental 0 expenses					
	l c	Rental income 4,400					
	ـ ا	or (loss)	<u> </u>	4,400			4,400
	d	Net rental income or (loss)		4,400			4,400
		(ı) Securities	(п) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	Ь	Less cost or					
	-	other basis and sales expenses					
	<sub>c</sub>	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				
Φ	"	events (not including					
<u> </u>		\$					
<b>⊕</b>		of contributions reported on line 1c)					
æ		See Part IV, line 18					
Other Revenue	.	a					
£	b	Less direct expenses b				1	
0	C	Net income or (loss) from fundraising	events 🟲				
	9a	Gross income from gaming activities					
		See Part IV, line 19 a					
	_						
	b	Less direct expenses b	utios <b>L</b>				
	C 100	Net income or (loss) from gaming activ	vicies				
	10a	Gross sales of inventory, less returns and allowances . <b>a</b>					
	b	Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of inve	entory 🕨				
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a		900099	41,904	41,904		
	1 _	MISC REVENUE	511120	3,254	. 2,551	3,254	
	b	ADVERTISING	311120	3,234		3,234	
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		45,158			
	12	Total revenue. See Instructions	▶	1,387,546	1,379,864	3,254	4,428
	1			1,507,570	+,5,5,004	J, Z J4	, 7,720

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 234,027 key employees . . . 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 361,002 Pension plan contributions (include section 401(k) and section 10,909 403(b) employer contributions) . . . . Other employee benefits . . . . . . 18,928 40,789 10 Fees for services (non-employees) 11 Management . . . . . Accounting . . . . . . . . . . . . 12,560 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Advertising and promotion . . . 12 Office expenses . . . . 13 21,456 Information technology . . . . . 5,872 14 15 Royalties . . 16 47,685 47,635 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 19 Conferences, conventions, and meetings . . . . 246,866 Interest . . . . . . . . . . . . 2,207 20 Payments to affiliates . . . . Depreciation, depletion, and amortization . . . . . 1,471

		г
а	MAGAZINE EXPENSE	L
	line 25, column (A) amount, list line 24f expenses on Schedule O)	L
	miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of	

e	
f	All other expenses

Total functional expenses. Add lines 1 through 24f

PROGRAMS BAD DEBT

d MARKETING

25

6	<b>Joint costs.</b> Check here ▶ ┌ If following
	SOP 98-2 (ASC 958-720) Complete this line only if the
	organization reported in column (B) joint costs from a
	combined educational campaign and fundraising solicitation

Form 990 (2011) Part X **Balance Sheet** (A) (B) Beginning of year End of year 68,989 176,700 1 20.004 33.320 2 2 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges . . . . . . 58.451 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 56,668 b Less accumulated depreciation . . . . 2,503 10c 1,783 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets . . . . . . . . . 14 15 15 91,496 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 211,803 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,495 25 1,646 D . . . . . 26 2,495 26 1,646 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 0 30 0 30 Capital stock or trust principal, or current funds . . . . . Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 89,001 210,157 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 89.001 33 210.157 34 Total liabilities and net assets/fund balances . . . . . 91.496 211.803 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	387,54
2	Total expenses (must equal Part IX, column (A), line 25)	2			266,39
3	Revenue less expenses Subtract line 2 from line 1	3		1	121,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			89,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	210,15
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	Supd	20		
u	on a separate basis, consolidated basis, or both	sueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

## Software ID: Software Version:

**EIN:** 86-0684848

Name: ARIZONA TECHNOLOGY COUNCIL

#### Form 990, Special Condition Description:

#### **Special Condition Description**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	age Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation		
	per week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CHUCK VERMILLION CHAIRMAN	1 00	Х		х				0	0	0
JAMES POWERS VICE-CHAIRMAN	1 00	Х		х				0	0	0
ROGER VOGEL VICE-CHAIRMAN	1 00	Х		Х				0	0	0
RAY HARRIS SECRETARY	1 00	Х		Х				0	0	0
KEVIN MCHOLLAND TREASURER	1 00	Х		Х				0	0	0
ED AARONSON DIRECTOR	1 00	X						0	0	0
DAVID AIRES DIRECTOR	1 00	Х						0	0	0
DAVID BEAUCHAMP DIRECTOR	1 00	Х						0	0	0
FREDRICK BELLAMY DIRECTOR	1 00	Х						0	0	0
TYLER BRYSON DIRECTOR	1 00	Х						0	0	0
KATHY COLLINS DIRECTOR	1 00	Х						0	0	0
DAVID CROWE DIRECTOR	1 00	Х						0	0	0
JOHN CUMMERFORD DIRECTOR	1 00	Х						0	0	0
HANA DEITER DIRECTOR	1 00	Х						0	0	0
JOE DRAZEK DIRECTOR	1 00	Х						0	0	0
ROBERT DUBBERLY DIRECTOR	1 00	X						0	0	0
CHAD ECKES DIRECTOR	1 00	Х						0	0	0
ED ESCOBEDO DIRECTOR	1 00	X						0	0	0
JERRY FUENTES DIRECTOR	1 00	Х						0	0	0
HARRY GEORGE DIRECTOR	1 00	Х						0	0	0
MICHAEL GUGGEMOS DIRECTOR	1 00	Х						0	0	0
MICHAEL HAWKSWORTH DIRECTOR	1 00	Х						0	0	0
RICH HLAVKA DIRECTOR	1 00	Х						0	0	0
WILLIAM KOENIG DIRECTOR	1 00	Х						0	0	0
CHARLES LAYNE DIRECTOR	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and	Independ	ent C	ontr	act	ors	•			yees, ingliest	
(A) Name and Title	(B) (C) A verage Position (check all hours that apply)					(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARIO MARTINEZ II DIRECTOR	1 00	Х						0	0	0
CLATE MASK DIRECTOR	1 00	Х						0	0	0
TOM MAXWELL DIRECTOR	1 00	Х						0	0	0
GAVIN MILLER DIRECTOR	1 00	Х						0	0	0
SETHURAMAN PANCHANATHAN DIRECTOR	1 00	Х						0	0	0
CLARK PETERSON DIRECTOR	1 00	Х						0	0	0
TONY PORTELA DIRECTOR	1 00	Х						0	0	0
MELISSA RAY DIRECTOR	1 00	Х						0	0	0
STEVE REINHART DIRECTOR	1 00	Х						0	0	0
SUSAN SHULTZ DIRECTOR	1 00	Х						0	0	0
LESLIE TOLBERT DIRECTOR	1 00	Х						0	0	0
JEFF UNRUH DIRECTOR	1 00	Х						0	0	0
SANGY VATSA DIRECTOR	1 00	Х						0	0	0
ANTHONY WANGER DIRECTOR	1 00	Х						0	0	0
BOB WITWER DIRECTOR	1 00	Х						0	0	0
STEVEN G ZYLSTRA PRESIDENT/CEO	40 00			х				222,115	0	11,912

DLN: 93493014012143

OMB No 1545-0047

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campa	ign Activities),
then	

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

#### If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organia	zatıon
ARIZON	A TECH	NOLOGY	COUNCI

Employer identification number

86-0684848

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	<sup>7</sup> organization.

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

#### Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. So of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Fig. So of the excess over \$1,000,000  Fig. So			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768	
	(election under section 501(h)).			

	(election under section 501(n)).			
		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912	,		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)	(5), o	r section

### 501(c)(6).

			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes		

#### Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes". 1

1	Dues, assessments and similar amounts from members	1	521,253
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	35,000
b	Carryover from last year	2b	51,486
С	Total	2c	86,486
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	44,307
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	42,179
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation DLN: 93493014012143

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

Open to Public

Interna	Inspection							
	me of the organ			Empl	loyer identification number			
AR.	IZONA TECHNOLOGY	COUNCIL		86-0	0684848			
Pa	art I Organ	nizations Maintaining Donor Ad	lvised Funds or Other Simi					
	organi	zation answered "Yes" to Form 99		1 .				
	T - t - l		(a) Donor advised funds	(	<b>b)</b> Funds and other accounts			
1	Total number a							
2 3	33 3	tributions to (during year) nts from (during year)						
4	55 5 5	ue at end of year						
5	funds are the c	zation inform all donors and donor advi organization's property, subject to the	organization's exclusive legal cont	rol?	☐ Yes ☐ No			
6	used only for c	zation inform all grantees, donors, and charitable purposes and not for the ben ermissible private benefit						
Pa	art II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part 1							
2	Preservat Protection Preservat Complete lines	conservation easements held by the or tion of land for public use (e g , recreating to of natural habitat tion of open space s 2a-2d if the organization held a qualithe last day of the tax year	on or pleasure)	on of a certified	cally importantly land area i historic structure nservation			
	easement on t	the last day of the tax year			Held at the End of the Year			
а	Total number o	of conservation easements		2a				
ь	Total acreage	restricted by conservation easements		2b				
С	Number of con	servation easements on a certified his	torıc structure ıncluded ın (a)	2c				
d	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d				
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or ter	mınated by th	e organization during			
	the taxable ye	ar <b>►</b>						
4	Number of stat	tes where property subject to conserva	ation easement is located 🕨					
5	Does the organ	nızatıon have a written policy regardıng f the conservation easements it holds?	the periodic monitoring, inspectio	on, handling of	violations, and <b>Yes No</b>			
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation	easements du	uring the year 🛌			
7		enses incurred in monitoring, inspectii			·			
•	<b>►</b> \$							
8		nservation easement reported on line 2 i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements	ofsection	┌ Yes			
9	balance sheet,	escribe how the organization reports co , and include, if applicable, the text of ton's accounting for conservation easen	he footnote to the organization's fir					
Pai	rt IIII Organ	nizations Maintaining Collection lete if the organization answered "	ns of Art, Historical Treası		ner Similar Assets.			
1a	If the organiza art, historical t	ition elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fin	116, not to report in its revenue s for public exhibition, education or	tatement and research in fui				
b	historical treas	ition elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items	public exhibition, education, or rese					
	(i) Revenues i	ıncluded ın Form 990, Part VIII, line 1			<b>►</b> \$			
	(ii) Assets inc	luded in Form 990, Part X			<b>▶</b> \$			
2	If the organiza	ition received or held works of art, historium sequired to be reported under SFA		sets for financ				
а	_	uded in Form 990, Part VIII, line 1	-		<b>▶</b> \$			

**b** Assets included in Form 990, Part X

Part	<b>IIII</b> Organizations Maintaining Co	llections of Art,	, His	tori	cal Tr	easur	es, or Ot	ther	Similar A	sset	<b>:S</b> (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	_		_		e of its collec	tion		
а	Public exhibition		d	Γ	Loan	or excha	ange progra	ams				
b	Scholarly research		e	$\Gamma$	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n hov	v the	/ furthe	er the or	ganızatıon'	sexe	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	<b>┌</b> ʏ	'es	┌ No
Par		<b>ements.</b> Comple	te ıf	the	organ	ızatıon			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for c	ontribu	itions or	other asse	ets n	ot	<b>┌</b> ¥	'es	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the t	follow	ng ta	able		_					
									Α	mour	ıt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	,										
Par	t V Endowment Funds. Complete	f the organization	ans	were	ed "Ye	s" to Fo	orm 990,	Part	IV, line 10			
		(a)Current Year	(b)	Prior \	⁄ear	<b>(c)</b> Two	Years Back	(d)⊺	hree Years Back	(e)	our Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
e	and programs											
f	•											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	S									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
C	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held	d and ad	mınıstered	for t	he	г	<b>V</b> 1	
	organization by (i) unrelated organizations								3.8	(i)	Yes	No
	(ii) related organizations			•		• •		•		(ii)	$\dashv$	
b	If "Yes" to 3a(II), are the related organization				ule R?				· · · -	3b	$\dashv$	
4	Describe in Part XIV the intended uses of th											
Par	VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	, line :	10.						
					a) Cost o		(b)Cost or	other	(c) Accumula	ted	(4) Pr	ook value
	Description of property			ba	sis (inve	estment)	basis (oth	er)	depreciatio	n	(u) bo	ok value
<b>1</b> a l	and											
b E	Buildings											
<b>c</b> l	easehold improvements											
d E	quipment						58	3,451	56	5,668		1,783
	 Other											
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>			, line	10(c).)							1,783
	, , , , , - , - , - , - , - , - , - , -	, , ,	• • •		. ,-,				Schedule	D (Fo	99	-

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
SIMPLE IRA DEDUCTIONS PAYABLE	1,646	
· ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	1,646	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	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)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
3			
!	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

DLN: 93493014012143

OMB No 1545-0047

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ARIZONA TECHNOLOGY COUNCIL **Employer identification number** 

86-0684848

Pa	Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		у			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		
				8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ie rebutti	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation (iii) Bonus & (iii) Other reportable compensation (iii) Bonus & (iiii) Other reportable reportable compensation (iiii) Other reportable reportable reportable compensation (iiii) Other reportable reportabl			(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or
		compensation	compensation	compensation				Form 990-EZ
(1) STEVEN G ZYLSTRA	(I) (II)	212,373 0	9,7 <b>4</b> 2 0	0	6,690 0	5,222 0	234,027	0

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493014012143

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Name of the organization ARIZONA TECHNOLOGY COUNCIL

Employer identification number

86-0684848

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS - DUES PAYING
	FORM 990, PART VI, SECTION A, LINE 8B	ONLY THE GOVERNING BODY HAS AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION DECISIONS ARE REACHED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WILL BE REVIEWED BY THE PRESIDENT/CEO, BOARD TREASURER AND DIRECTOR OF FINANCE BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED ANNUALLY TO DISCLOSE ANY CONFLICTS OR ADVISE THERE ARE NONE.
	FORM 990, PART VI, SECTION B, LINE 15A	VARIOUS MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE CEO'S SALARY
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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DLN: 93493014012143

OMB No 1545-0047

**Employer identification number** 

2011

Open to Public Inspection

### Related Organizations and Unrelated Partnerships

(Form 990)

Name of the organization ARIZONA TECHNOLOGY COUNCIL

Department of the Treasury Internal Revenue Service • Complete if the organization answered "Yes" to Form 990. Part TV. line 33, 34, 35, 3

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

				86-068484	48		
Part I Identification of Disregarded Entities (Comp	lete if the organizati	on answered "Yes'	' on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organızatıor	n answered "Yes"	on Form 990, P	art IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	al domicile (state   Exempt Code sectio		s Direct controlling )) entity	Section 5: conti organi	rolled ization
(1) ARIZONA TECHNOLOGY COUNCIL FOUNDATION						Yes	No
2 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 20-1185167	PROVIDE ACADEMIA GRANTS AND AWARDS	AZ	501(C)(3)	LINE	: 7		No
For Privacy Act and Panerwork Reduction Act Notice, see the Instruct	ions for Form 990	Cat No. 50	0135Y		Schedule R (I	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Dispropitionate allocations?		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No					
												i				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership			

Part	<del></del>	s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No			
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO			
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	1a		No			
	b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan quarantees to or for related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
e L	oans or loan guarantees by related organization(s).			1e	+	No			
f S	sale of assets to related organization(s)			1f		No			
	ease of facilities, equipment, or other assets to related organization(s)			1i		No			
	substitution, equipment, or earlier absence to related organization(e)								
j L	Lease of facilities, equipment, or other assets from related organization(s)								
_									
	Performance of services or membership or fundraising solicitations by related organization(s)								
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
n S	n Sharing of paid employees with related organization(s)								
<b>o</b> F	Reimbursement paid to related organization(s) for expenses			10		No			
p F	Reimbursement paid by related organization(s) for expenses			<b>1</b> p		No			
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No			
r C	ther transfer of cash or property from related organization(s)			1r		No			
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds					
	(a) Name of other organization	(c) Amount involved	(d) Method of determining amount involved						
1) 2)									
2)									
3)									
4)									
5)									
6)		1		I					

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011