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FOR STATE FILING PURPOSES

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012

Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning and e	ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre chan				
-]chang]Initial	Doing Business As	Room/suite		798976
	return Termi ated	POST OFFICE BOX 64583	Hoom/suite	E Telephone numbe (520)615-6430
F	Amer return Appli tion	City, town, or post office, state, and ZIP code		G Gross receipts \$	530,051.
<u> </u>	tiòn pend	TUCSON, AZ 85728-4583 F Name and address of principal officer.ROB ARONOFF		H(a) Is this a group re for affiliates?	eturn Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1	Tax-ex	empt status X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	r 527	1 ' '	list (see instructions)
		te: WWW.STEVENMGOOTTERFOUNDATION.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2005 N	State of legal domicile: AZ
P	art I	Summary	TTITE	DV DEFERME	NO CHODEN
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SAVE CARDIAC DEATH	TIAES	BY DEFEATI.	NG SUDDEN
Ę	2	Check this box	ed of more	e than 25% of its net as	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	16 16
مة س	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
iţi	5 6	Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary)		5	100
ξį	1 -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		295,607.	493,587.
/JĒ	9	Program service revenue (Part VIII, line 2g)		0.	0.
@	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		358. 0.	159. -15,457.
5	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	295,965.	478,289.
Track of Revenue	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- -	255,000.	420,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
30	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Sesuedxa	- 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)	73.	45.056	22.406
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	45,256.	33,196.
6.5	η, 10	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		300,256. -4,291.	453,196. 25,093.
- S	ار ا	Revenue less expenses Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
ets (-20	Total assets (Part X, line 16)	1 30	146,988.	172,081.
ASS d Ba	21	Total liabilities (Part X, line 26)		0.	0.
\$ 5	20 21 22	Net assets or fund balances Subtract line 21 from line 20		146,988.	172,081.
P	art II	Signature Block			
•		alties of perjury, Libecare that I have examined this return, including accompanying schedules of, and complete. Deparation of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is
⊃ √ Şig				1 3	0113
		Signature of officer		Date	, -
Hei	e	ROB ARONOFF, TREASURER Type or print name and title			···-
2 2 7		Print/Type preparer's name Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date Check	PTIN
Ş Palı	d	EVAN C. FELDHAUSEN, CPA		1/26/13 If self-employ	
_	parer	Firm's name BEACHFLEISCHMAN PC		Firm's EIN	86-0683059
	Only	Firm's address P.O. BOX 64130			
_		RECEIVED TUCSON, AZ 85728-4130		Phone no (520) 321-4600
		AS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	199 101 100 100 100 100 100 100 100 100		ns.	914	Form 990 (2012)
	ලට	U & U y 2013		, N	$\boldsymbol{\alpha}$

Form	990 (2012) STEVEN M. GOOTTER FOUNDATION	20-3798976	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission.		
	THE MISSION OF THE FOUNDATION IS TO SAVE LIVES BY DEFER		
	CARDIAC DEATH THROUGH INCREASED AWARENESS, EDUCATION, A	ND SCIENTIFC	
	RESEARCH.	·	
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? . LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 420,000. including grants of \$ 420,000.) (Reve)
	GIFTS TO THE STEVEN M. GOOTTER FOUNDATION FUND RESEARCH		TOMO
	UNIVERSITY OF ARIZONA SARVER HEART CENTER, WHERE DOCTOR		
		PREVENT SUD	DEN_
	CARDIAC DEATH.		
	IN MARCH 2012, AFTER SEVEN YEARS OF FUNDRAISING, THE GO	OTTER FOUNDA	TTON.
	MET ONE OF ITS GOALS OF RAISING \$2 MILLION TO ESTABLISH		
	GOOTTER ENDOWED CHAIR FOR THE PREVENTION AND TREATMENT		<u> </u>
	CARDIAC DEATH AT THE UNIVERSITY OF ARIZONA SARVER HEART		
	CIRDING DURIN MI IND ONIVERSEIT OF ARTHOUGH DERVER HERE	. CDIVIDICE	
			
4b	(Code) (Expenses \$) (Reve	onue \$)
	IN AN UNPARALLELED MOVE TO PREVENT AVOIDABLE DEATHS FRO		DIAC
	ARREST, THE STEVEN M. GOOTTER FOUNDATION HAS PROVIDED A		
	EXTERNAL DEFIBRILLATORS (AEDS) TO OVER 45 SOUTHERN ARIZ		
	PLACES OF WORSHIP AND RECREATIONAL CENTERS THAT DID NOT		LIFE
	SAVING DEVICES. THE LONG RANGE GOAL OF THE FOUNDATION A	ND THE SARVE	R
	HEART CENTER IS TO MAKE SURE THAT ALL THE PLACES WHERE	PEOPLE LEARN	,
	WORK, WORSHIP AND PLAY WILL HAVE AN AED IN CASE IT IS I	EVER NEEDED.	
	THE FOUNDATION IS NOW PARTNERING WITH THE UNIVERSITY OF		
	SARVER HEART CENTER AND KAIMAS FOUNDATION TO PROMOTE TH		
	LIFESAVER TUCSON" PROGRAM. THE PROGRAM IS A MONTH-LONG		
	EVENTS THAT TOGETHER WILL TRAIN OVER 500,000 TUCSONANS	ON THE	
4c	(Code) (Expenses \$) (Reve)
	A NEWSLETTER IS PUBLISHED AND DISTRIBUTED TO PROVIDE IN	FORMATION AB	<u>OUT</u>
	THE ORGANIZATION'S MISSION AND ACCOMPLISHMENTS.		
			
4d	Other program services (Describe in Schedule O)		
4 -	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 420,650.	F 0	90 (2012)
232002	SEE SCHEDILE O FOR CONTINUATION		JU (2012)

Form 990 (2012) STEVEN M. GO Part IV Checklist of Required Schedules STEVEN M. GOOTTER FOUNDATION

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		
	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	ŀ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
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 V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	١		.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40.		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Х
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	170		
-	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		х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 ((2012)

Pa	rt 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	х	
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		Х
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	1		
	Schedule J	23		Х
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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
·	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		
	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	-		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	,	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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, Part IV	7	`	
	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 IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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	ŀ	Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī -	
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11h and 19?			

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	*	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:	.3.		~ 3
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		2.0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 05		<u> </u>
a	District the second of the sec	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	« ;		N.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	٧.,	*,	
	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.			1.
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:		1 / 3	,
а	Initiation fees and capital contributions included on Part VIII, line 12		<i>\$</i> , `	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		, .	Ľ-,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	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.			
	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 the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			aan	(2012)

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

				T
	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
Sec	tion A. Governing Body and Management	- 1	V	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	1		
	If there are material differences in voting rights among members of the governing body, or if the governing	4.	. 3.	27.75 A. 10.17
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 16	, ,		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		X	
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u>x</u> _
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	 		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
_	persons other than the governing body?	7.5	77'x - 1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X	~ ·
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body? In these arm officers directors trustee, or key employed listed in Part VII. Section A, who cannot be reached at the	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion B. I onotes (This Section B requests information about poincies not required by the internal nevertae sease)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.22	X
	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	the state of the s	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ž.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Ĭ <u>.</u>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		378	,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- %+%	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		n A	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		793	
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	*		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ	overlet	alo.	
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)	avallal	νic	
	for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)			
40	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
19		iu iiidi	.viai	
20	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.	ation •	>	
20	ROB ARONOFF - (520)615-6430			
	P.O. BOX 64583, TUCSON, AZ 85728-4583			
23200 12-10	6	Forn	n 990	(2012)

Form 990 (2012) 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.

X Check this box if neither the organization n	or any related	orga	nıza	tion	cor	npei	nsat	ted any current officer, o	irector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week	-	CG AI			7,003	1	from	from related	other
	(list any hours for	direct					ŀ	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	o a	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 100)	organization
	organizations	Individual trustee or director	Institutional trustee		e A	Highest compensated employee		1		and related
	below	nq na	tutor	, 55	Key employee	loyee	亨	}		organizations
	line)	ğ	ıst	Officer	ş	皇皇	Former		<u>.</u> .	
(1) JOYCE N. BARKLEY	1.00				ŀ					_
DIRECTOR		X					_	0.	0.	0.
(2) ANN CHARLES	1.00									
DIRECTOR		X	_					0.	0.	0.
(3) GORDON A. EWY, MD	1.00								_	
DIRECTOR		X	ļ			<u> </u>		0.	0.	0.
(4) DEBRA GOOTTER	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(5) JOE GOOTTER	1.00					1				
DIRECTOR		X			┞	<u> </u>	ļ	0.	0.	0.
(6) PAULETTE GOOTTER	1.00						ļ		_	
DIRECTOR		X	_		L	ļ	ļ	0.	0.	0.
(7) SHARI GOOTTER	1.00	ļ	-							
DIRECTOR		X			ļ	ļ	<u> </u>	0.	0.	0.
(8) TOM POTHOFF	1.00	┨								
DIRECTOR	1	X	_		_	<u> </u>		0.	0.	0.
(9) BOBBY PRESENT	1.00	 	1							_
DIRECTOR - IMMEDIATE PAST PRESIDENT	1	X	_	_		 	_	0.	0.	0.
(10) STEVE ROSENBERG	1.00		-							
DIRECTOR	1 00	X	-				_	0.	0.	0.
(11) LEIGH ANN WATERFALL	1.00									
DIRECTOR	1 00	X	-	\vdash		<u> </u>	_	0.	0.	0.
(12) ARIANNE WEINER, PHD	1.00	٠,							_	_
DIRECTOR	3.00	X	┢			-	-	0.	0.	0.
(13) ANDREW MESSING	3.00	٠,		٦,					0.	^
PRESIDENT	3 00	X	-	X	_	⊢		0.		0.
(14) CLAUDINE MESSING	3.00	₹.		Į.,					_	0
VICE PRESIDENT	3.00	X	\vdash	Х	\vdash	\vdash	 	0.	0.	0.
(15) ROB ARONOFF	3.00	₩.		v				0.	0.	0.
TREASURER	1.00	X		Х		\vdash	\vdash	1		- 0.
(16) STEVE WEINTRAUB	1.00	x		х				0.	0.	0.
SECRETARY		┢┻		Λ		\vdash	-	 	<u> </u>	<u> </u>
		1			l					
	<u>.</u>	1	L						L	- 000

Form 990 (2012)

	990 (2012) STEVEN M	. GOOTTI	ER	F	<u>IUC</u>	VD.	AT.	[0]	N	20-37	<u>98976</u>	5 Pa	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do box offic	not c	(C Posi heck i ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	ı a	(F) Estimate imount o other	of
		(list any hours for related organizations below line)	[organizations (W-2/1099-MISC			e ion ed					
											_		
							ļ						
											_		
								<u> </u>					
	Sub-total Total from continuation sheets to Part VI	 I. Section A		-			>		0.		0.		$\frac{0}{0}$
	Total (add lines 1b and 1c)						<u></u>		0.		0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer,			e, ke	y en	nplo	yee,	, or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		-	ompo	ensa	ation	n and	1 otl	her compensation from	the organization	3		<u> </u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule) <i>J f</i>	for such individual		4		<u>X</u>
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	<u>plete Schedule</u>	J fo	or su	ıch j	pers	on		· · · · · · · · · · · · · · · · · · ·		5		<u> </u>
1	Complete this table for your five highest co									-	ensation	from	
	the organization. Report compensation for (A) Name and business			ONE		/ILTI	or w	ILTIII	(B) Description of s			(C) ensatior	—— n
			110	<i>7</i> .11.	_				·		·		
		,,,,,,											
								_					
2	Total number of independent contractors (ii	-	ot lir	nite	d to		_	sted	l above) who received m	nore than			
	\$100,000 of compensation from the organiz	zation 🕨				(<u>J</u>				Form	990 (2	2012)

		Check if Schedule O con-	tains a response	to any question				
<u> </u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			··		
Gra Sol	b	Membership dues	1b					i
A,ts		Fundraising events .	1c	462,766.	,	*		
اقاق		Related organizations	1d		ν . ,		* 3 ***.	
Sin,		Government grants (contribut	·		[, , ,	
e E	f	All other contributions, gifts, gran						" "·
들 된		similar amounts not included abo		30,821.	ļ	, ·		. 1.
E B		Noncash contributions included in lines	s 1a-1f \$		- ioo Foff			
0 8	n	Total. Add lines 1a-1f .		B	493,587.		10-90,94,00%	San Property
0	۰.			Business Code	}	and a some wife is supply them to the source of		
Program Service Revenue	2 a b				_			
Ser	C							
S S	d							
ğæ	e							
<u>r</u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f				r 4.8	\$1. A.	* F
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	159.			159.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		> _				
			(i) Real	(ii) Personal				13,
	6 a	• •	·				· * * ; * ; * ; & ;	3° ;
	b	•			* <u>*</u>			32 .
		Rental income or (loss)		<u> </u>	À	<u> </u>	خنفنت ـــــــــــــــــــــــــــــــــــ	
		Net rental income or (loss)		<u> </u>	. 7 %.			. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	7 a	Gross amount from sales of	(i) Securities	(II) Other			-	
		assets other than inventory			****			
	D	Less: cost or other basis						
	_	and sales expenses Gain or (loss)						
		Net gain or (loss)		<u> </u>		4× 4	(120, 120, 120, 120, 120, 120, 120, 120,	<u> </u>
	8 a		 a events (not		,	· · · · · · · · · · · · · · · · · · ·		~
nue	0 4		66 • of			1 5.		, ,
Other Revenu		contributions reported on line			<i>"</i>		*	
۳		Part IV, line 18	а	36,305.	P			
the l	b	Less. direct expenses	. ь					
0	С	Net income or (loss) from fund	draising events		-15,457.			-15,457.
	9 a	Gross income from gaming ac	ctivities. See					
i		Part IV, line 19	а					
İ		Less. direct expenses	b				X	
		Net income or (loss) from gam	~					
	10 a	Gross sales of inventory, less	returns				, **	
İ		and allowances	а					
ŀ		Less. cost of goods sold	b	<u> </u>				~
-	С	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu	e	Business Code				
	11 a							
	b			<u> </u>				
	ت C	All other revenue						
	a	Total. Add lines 11a-11d						
	12	Total revenue See instructions.			478,289.	0.	0.	-15,298.
232009 12-10-1				-	,205.			Form 990 (2012)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				,
	organizations in the United States. See Part IV, line 21	420,000.	420,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				0.40
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the			· / /	· •
	United States. See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,800.		1,800.	<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	12,405.		12,405.	
13	Office expenses	13,099.	592.	12,157.	350.
14	Information technology	4,249.		626.	3,623.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,585.		1,585.	
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	100 0000011	58.	58.		
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	453,196.	420,650.	28,573.	3,973.
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 to the following SOR 08-2 (ASC 068-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,795.	1	10,281.
	2	Savings and temporary cash investments	145,193.	2	161,800.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	* , ,,	. %	i i
		trustees, key employees, and highest compensated employees. Complete			\ \frac{1}{4}
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	İ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	g .	_E,#-=	HESTA COLLEGE
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L	Secretaria de la composició de la compos	6	130.15.00.00.00.00.00.00.00.00.00.00.00.00.00
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventones for sale or use	-	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	Section the fine	,	And the second second
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	146,988.	16	172,081.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			2 45 4
jab		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	***		
Ses		complete lines 27 through 29, and lines 33 and 34.		-	
anc	27	Unrestricted net assets	131,988.	27	157,081.
Bai	28	Temporarily restricted net assets	15,000.	28	15,000.
pu	29	Permanently restricted net assets	,,,,	29	
Ī.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ∟	′		i i
ğ		and complete lines 30 through 34.	N to differentiable		_ ^ _
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	446.55	32	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-	33	Total net assets or fund balances	146,988.	33	172,081.
	34	Total liabilities and net assets/fund balances	146,988.	34	172,081.

Form **990** (2012)

Forn	n 990 (2012) STEVEN M. GOOTTER FOUNDATION 20-	3798976	Page 12
Pa	art XI Reconciliation of Net Assets		-
	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	478	,289.
2	Total expenses (must equal Part IX, column (A), line 25)	453	<u>,196.</u>
3	Revenue less expenses. Subtract line 2 from line 1	25	,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	146	,988.
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities 6		
7	Investment expenses		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain in Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	172	,081.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII.		
		Y	es No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		ádbiði
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		-
	consolidated basis, or both:	** -, **	
	Separate basis Consolidated basis Both consolidated and separate basis	'	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	dit tit	
	Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	iit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

232012 12-10-1 Form **990** (2012)

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(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.

OMB No 1545-0047

2012

Inspection

Employer identification number

		STEVEN	M. GOOTTER F	'OUNDA	TION				2	<u>0-3798</u>	976	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🗔	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔	A hospital or	a cooperative hospi	tal service organization (described	In section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization (operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	s nam	e,
	city, and stat	te										
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governr	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🗔	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(I)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	rıbed ıı	n
	section 170((b)(1)(A)(vi). (Comple	te Part II)									
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross red	eipts f	from
	activities rela	ited to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975											
	See section	509(a)(2). (Complete	e Part III)									
10 🖳	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	1).				
11 🔲	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.						
	a Type I b Type II c Type III · Functionally integrated d Type III · Non-functionally integrated											
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III											
	supporting organization, check this box											
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (III) below	,	Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
						·						
(i) Name	of supported	(ii) EIN			organization			(vi) Is organization	the	(vii) Amount	of mor	netary
org	anization		(sted in your			(i) organiz	ed in the	sup		
			above or IRC section (see instructions))	governing document? (i) of your sup			U.S.7					
			(occ monadaono))	Yes	No	Yes	No	Yes	No			
						1						
				ļ	ļ							
		:						ļ				
				<u> </u>								
Total				<u></u>				}				
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (Fori	m 990 or 99	0-EZ)	2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 STEVEN M. GOOTTER FOUNDATION 20-3798976 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	321,588.	281,863.	294,439.	295,607.	502,080.	1,695,577.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	321,588.	281,863.	294,439.	295,607.	502,080.	1,695,577.
5	The portion of total contributions						
	by each person (other than a		, **			، پخي د د د	
	governmental unit or publicly			F-355			:
	supported organization) included		* 4				
	on line 1 that exceeds 2% of the	, 4	, , ,				
	amount shown on line 11,	, ·, ·, ','.'.	, , ,				440 005
_	column (f)	(2, 20), (* **		religion to		419,925.
500	Public support. Subtract line 5 from line 4 ction B. Total Support		*,"	5%%,	reight facus	* **."	1,275,652.
	ndar year (or fiscal year beginning in)	(a) 2008	/b) 2000	(=) 2010	(4) 0011	(-) 0010	(O Total
	Amounts from line 4	321,588.	(b) 2009 281, 863.	(c) 2010 294, 439.	(d) 2011 295, 607.	(e) 2012 502,080.	(f) Total
8	Gross income from interest,	321,300.	201,005.	234,433.	293,007.	302,000.	1,695,577.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,191.	951.	948.	358.	159.	5,607.
9	Net income from unrelated business	3,131.	231.	740.	330.	137.	3,007.
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		*	3 4 . C . ?	,	· · ; % ` } `	1,701,184.
	Gross receipts from related activities,	etc. (see instruction	ons)	1.23		12	178,859.
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	here				(0)(0)	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	74.99 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14	•		15	81.92 %
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ X
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	t - 2012. If the org	anızatıon dıd not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	•	t IV how the orgar	nization
	meets the "facts-and-circumstances"						▶
b	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or
	more, and if the organization meets the				•		•
	organization meets the "facts-and-circ		•	•			▶Щ
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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

Section A. Public Support	ow, picase com	oicte i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 organ- ization'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						
c Add lines 7a and 7b	-					
8 Public support (Subtract line 7c from line 6) Section B. Total Support	, %			, ' &	-	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c 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)14 First five years. If the Form 990 is for the form 10 is for	he organization's	s first second the	rd fourth or fifth t	ay year as a section	n 501(c)(3) organiz	ation
check this box and stop here	o organization :	o mat, accond, tri	ia, iourai, or murt	un year as a section	n oo nono organiza	uσ.,
Section C. Computation of Public	Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·	•	
15 Public support percentage for 2012 (lin			column (f))		15	9/
16 Public support percentage from 2011 S	chedule A, Part	III, line 15			16	9
Section D. Computation of Invest	ment Incom	e Percentage)			
17 Investment income percentage for 201:	2 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 20	11 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2012. If the o	rganization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶
b 33 1/3% support tests - 2011. If the o						and
line 18 is not more than 33 1/3%, check	this box and s	t op here. The org	anızatıon qualıfıes	as a publicly supp	orted organization	▶ <u></u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟_

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2012

Open To Public Inspection

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Employer identification number

STEVEN	M. GOOTTER FOUNDAT	TON			20-3798	976		
	- Complete if the organization answe		es" to	Form 990, Part IV, I				
Indicate whether the organization rais A	sed funds through any of the following and seed funds through any of the following and solicitates are solicitated and seed funds and seed funds and seed funds and seed funds are seed funds and seed funds are seed funds and seed funds are seed funds and seed funds are seed funds and seed funds are seed funds and seed funds are seed fu	tion of r tion of g fundrai (includ rofessio	non-grover govern sing of ing of	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or conti contribu	roi oi	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
			•					
Total 3 List all states in which the organization or licensing.	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
								

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

_ Yes

Schedule G (Form 990 or 990-EZ) 2012

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

232082 01-07-13

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 STEVEN M. GOOTTER FOUNDATION	20-3	798976	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		13a	%
	An outside facility	_	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds [.]		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ount		
	of gaming revenue retained by the third party ▶\$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (III)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation	ı (see ınstrud	ctions).
				
_				

22

232083 01-07-13

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

2012	Open to Public Inspection
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization		1001					Employer identification number
Part General Information on Grants and Assistance	GOOT"I'E'R	FOUNDATION					20-3/989/6
1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part 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	Governments an	d Organizations in the	e United States. O	omplete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d)	\$5,000 Part II can	be duplicated if addit	ional space is need (d) Amount of	led (e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
UNIVERSITY OF ARIZONA FOUNDATION 1111 NORTH CHERRY AVENUE							SUPPORT RESEARCH FOR PREVENTION OF SUDDEN
TUCSON, AZ 85721	86-6050388	501(C)(3)	420,000.	0			CARDIAC DEATH.
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	listed in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the inf	de the information	n required in Part I,	line 2, Part III, colum	formation required in Part I, line 2, Part III, column (b), and any other additional information	ormation
SCHEDULE I, PART I, LINE 2: GIFTS	TO THE S'	STEVEN M. G	GOOTTER FOU	FOUNDATION FUND	
RESEARCH AT THE UNIVERSITY OF ARIZONA		SARVER HEART CENTER,		WHERE DOCTORS	
AND SCIENTISTS ARE WORKING TO FIND BETTER WAYS	BETTER		TO DIAGNOSE, TR	TREAT, AND	
PREVENT SUDDEN CARDIAC DEATH. THE	FOUNDATION,	H	PARTNERSHIP	WITH THE	
UNIVERSITY OF ARIZONA SARVER HEART	CENTER,	HAS CREATED	THE	STEVEN M.	
GOOTTER INVESTIGATOR AWARD TO FOSTER	Æ	GREATER UNDER	UNDERSTANDING O	OF THE CAUSES	
AND PREVENTION OF SUDDEN CARDIAC DEATH.		THE FOUNDAT	FOUNDATION ATTENDS	S	
PRESENTATIONS OF RESEARCH RESULTS AND		FINDINGS, AND	IS INVOLVED WITH THE	D WITH THE	
SELECTION OF INVESTIGATORS FOR THE	AWARD.				•

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection
Employer identification number

20-3798976

STEVEN M. GOOTTER FOUNDATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHEST-COMPRESSION-ONLY METHOD OF CPR, DEVELOPED BY THE UNIVERSITY OF

ARIZONA SARVER HEART CENTER RESUSCITATION TEAM.

JOE GOOTTER AND PAULETTE GOOTTER ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 2:

SHARI GOOTTER IS THE DAUGHTER OF JOE AND PAULETTE GOOTTER.

CLAUDINE MESSING IS THE DAUGHTER OF JOE AND PAULETTE GOOTTER.

DEBRA GOOTTER IS THE DAUGHTER-IN-LAW OF JOE AND PAULETTE GOOTTER.

ANDREW MESSING AND CLAUDINE MESSING ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY AN

INDEPENDENT CPA AND REVIEWED BY THE TREASURER. AFTER THE TREASURER

APPROVES THE FORM, A COPY IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION DOES NOT HAVE

EMPLOYEES OR PROVIDE COMPENSATION FOR ANY OF ITS OFFICERS OR DIRECTORS.

FOR THIS REASON, THE FOUNDATION HAS NOT ESTABLISHED A COMPENSATION POLICY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

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Schedule O (Form 990 or 990-EZ) (2012)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

(Rev January 2013)

Department of the Treasury

ENVE Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Rev	enue Service File a sepa	arate appl	ication for each return.			
● If you a	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box	his form)	▶	X
Do not c	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6 months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3 moi	nth extens	sion of time. You can electronically fil	e Form 8	868 to request an ex	tension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers .	Associated With Cei	taın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this f	orm,
visit www	urs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete		
Part I on	у		,		>	
	corporations (including 1120-C filers), partnerships, REM ome tax retums	ICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification numb	er (EIN) or
print	CONTRACTOR OF THE CONTRACTOR O	777			20 27000	
File by the STEVEN M. GOOTTER FOUNDATION 20-379897						
filing your return See POST OFFICE BOX 64583					curity number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85728-4583						
	1 1000011, 110 05, 20 1000					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01
Applicat	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		- 	11
Form 990)-T (trust other than above)	06	Form 8870			12
• Tho b	ROB ARONOFF books are in the care of P.O. BOX 64583	_ 11117	CCON NO 85728_458	2		
	none No ► (520)615-6430	10	FAX No ▶	J		
	organization does not have an office or place of business	e in the l lr				
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole group, o	hack this
	If it is for part of the group, check this box				• .	
	quest an automatic 3-month (6 months for a corporation	required		until		101
us f	or the organization's return for	t Organiza	morreturn for the organization name	u above	THE EXTERISION	
▶	X calendar year 2012 or					
		, an	nd ending			
	RECEIVED	,	a chang			
2 If ti	ne tax year entered in line 1 is for less than 12 months, c		on Initial return	inal retu	rın	
L_	Change in accounting period 08092013	<u>s</u>				
3a If th	nis application is for Form 990 BL, 990 PF, 990 T, 4720,	or 6069, e	inter the tentative tax, less any			
nor	nrefundable credits. See instruction FRESNO, CA			3a	\$	0.
	nis application is for Form 990 PF, 990-T, 4720, or 6069,		refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment a	llowed as a credit	3b	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System) See instructions

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev 1-2013)

0.