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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2012 calendar year, or tax year beginning 10/1/2012 and ending 12/31/2012 Employer identification number C Name of organization ARIZONA FIRE DISTRICT ASSOCIATION Check if applicable Doing Business As Address change 86-0439018 E Telephone number Number and street (or PO box if mail is not delivered to street address) Room/suite Name change Initial return (480) 496-4331 7225 W OAKLAND ST City, town or post office, state, and ZIP code Terminated 85226 G Gross receipts \$ 157.357 CHANDLER Amended return Yes X No Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? ROB BISCOE 7225 W OAKLAND ST, CHANDLER, AZ 85226 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c)) < (insert no) 4947(a)(1) or 527 Tax-exempt status Website: ► WWW AZFIREDISTRICTS ORG H(c) Group exemption number İΧİ Corporation Other > L Year of formation M State of legal domicile K Form of organization Association 1983 ΑZ Part I Summary TO PROVIDE FIRE DISTRICTS OPPORTUNITIES Briefly describe the organization's mission or most significant activities. THAT PROMOTE EFFICIENT AND EFFECTIVE SERVICE THROUGH EDUCATION AND ADVOCACY OF LEGISLATION Activities & Governance WHICH IMPROVES THE PROTECTION OR LIVES AND PROPERTY OF THOSE WE SERVE 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b). 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 17 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,900 Net unrelated business taxable income from Form 990-Taline 34 0 Prior Year **Current Year** 116.042 139.869 Contributions and grants (Part VIII, line 1h) SO Program service revenue (Part VIII, line 2g)
Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9 96,756 32.268 281 10 87 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12,146 8,960 Total revenue—add lines 8 through 11 (must equal Flart VIII-columnical lines 12) 249.052 157.357 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,500 0 **L**E 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 NEC JUN () Expenses 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 234,440 33.692 235,940 33,692 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Revenue less expenses Subtract line 18 from line 12 123,665 13,112 Beginning of Current Year End of Year 312,094 188,429 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 312.094 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Date Here ROB BISCOE Type or print name and title Preparer's signature Print/Type preparer's name Date PTIN Paid Carolyn Sechler 4/29/2013 self-employed P00008030 Preparer ► SECHLER CPA Firm's EIN > 86-0859647 Firm's name **Use Only** Firm's address ▶ 921 E. Orange Drive, Phoenix, AZ 85014-3236 602-230-2700 Phone no

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

No

Yes

| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 1 | | |
|-----|--|--------------|--------|-----------------|
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Χ_ |
| 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 | | İ | |
| • | 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 | | Х |
| 40 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 1 | v |
| | | 1 2 | 28.542 | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | 50.4 | |
| | VII, VIII, IX, or X as applicable. | 298 | 2011 | LEGGE |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | 1 | | ١., |
| | Schedule D, Part VI | 11a | | <u>X</u> |
| þ | 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 | | <u>X</u> |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 1 1 | i | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1 1 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | _ X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | [|
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | I |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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 (see instructions) | 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 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ^ |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20- | The state of the s | 20a | | x |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | ^ |
| D | ii res to line zoa, did the organization attach a copy of its addited financial statements to this return? | ∠ ∪IJ | | (2012) |

86-0439018

| Par | 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 | 1 | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | X_ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ļ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | İ | [|
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | İ |
| | employees? If "Yes," complete Schedule J | _23 | | X_ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | Į. | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K If "No," go to line 25 | 24a | <u> </u> | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. | 24b | <u> </u> | <u> </u> |
| C | 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 | | 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | 1 | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 500 | | 837 |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | *** | Ť | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 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 contributions? If "Yes," complete Schedule M | 30 | | Х |
| 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 | | X |
| 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 | ļ | 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 | L | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | T |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | L | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | T |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | 1 |
| | VI | _37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | L |
| | | | | |

Form 990 (2012) ARIZONA FIRE DISTRICT ASSOCIATION 86-0439018 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 . . . 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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

| b | If "Yes," enter the name of the foreign country: | | Ī |
|----|--|----|--------|
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | l_ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | İ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | Π |

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

organization solicit any contributions that were not tax deductible as charitable contributions?

Organizations that may receive deductible contributions under section 170(c). 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

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was

If "Yes," indicate the number of Forms 8282 filed during the year . . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9

Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?

Initiation fees and capital contributions included on Part VIII, line 12. а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .

а 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) . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F

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.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter

f

10

11

Is the organization licensed to issue qualified health plans in more than one state? . . Note. See the instructions for additional information the organization must report on Schedule C Enter the amount of reserves the organization is required to maintain by the states in which

Enter the amount of reserves on hand . . . С

Did the organization receive any payments for indoor tanning services during the tax year?. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| 7¢ | |
|----|--|
| | |
| 7e | |
| 76 | |

6a

6b

Χ

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7g 7h

9b

| ı | 10b | | | |
|-----|-------|-----|-----|-------|
| | | | | |
| - | 11a | | | |
| I | | | | |
| ١ | 11b | | l | L |
| O | rm 10 | 417 | 12a | |
| - 1 | 12h | | | Γ |

| • | | | | 1 oa | | |
|---|-----|----------|--|------|---|--|
|) | | | | | | |
| | 13b | <u> </u> | | | | |
| | 13c | | | | | |
| | | | | 14a | Х | |

14b

| Form 9 | 90 (2012) ARIZONA FIRE DISTRICT ASSOCIATION 86-043 | 9018 | Р | age 6 |
|----------|--|--------------|----------|--|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se | | | |
| | Check if Schedule O contains a response to any question in this Part VI | <u> </u> | | X |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | | | • | |
| | If there are material differences in voting rights among members of the governing body, or | / / | | |
| | if the governing body delegated broad authority to an executive committee or similar | ì | ., | |
| | committee, explain in Schedule O | 1 | 4^ | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 |] | | |
| 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 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 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 | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | ' u | | <u> </u> |
| ~ | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | " | | <u> </u> |
| Ü | the year by the following | | | |
| а | The governing body? | 00 | ~ | |
| b | Each committee with authority to act on behalf of the governing body? | 8a 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | 60 | ^ | |
| 3 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | x |
| Sect | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | | 1 | |
| <u> </u> | ton B. I oncies (This occitor B requests information about policies not required by the internal Nevende C | <i>700e.</i> | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | ^ |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | I I a | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13. | 420 | v | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | ^ | |
| · | describe in Schedule O how this was done | 422 | ~ | |
| 13 | Did the organization have a written whistleblower policy? | 12c | X | |
| 14 | - · · · · · · · · · · · · · · · · · · · | - | | |
| | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | | X . | 3 | 2 |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | <u> </u> |
| b | Other officers or key employees of the organization | 15b | Х | ļ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 7 %jà. | | ļ ' |
| 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 | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1 | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | | | ļ |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3 | s only | /) | |
| | available for public inspection. Indicate how you made these available Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest | | | |
| 20 | policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| 411 | - Marchine Davis and Johnson and Telephone Humber of the Derson With Dossesses the books and focosts of the | | | |

SOUTHWEST ASSOCIATION MGMNT 7225 W OAKLAND ST #1, CHANDLER, AZ 85226

organization:

(480) 496-4331

| | _ |
|------------------|--------|
|) 4 39018 | Page 7 |

| Form 990 (2012) | ARIZONA F | IRE DISTRI | CT ASSOCIAT |
|-----------------|-----------|------------|-------------|
| | | | |

Section A.

Part VII Compensation of Officers. Directors.

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | | | (0 | C) | | | | | |
|---------------------|--|---|-----------------------|---------|-------------------------------|---------------------------------|--------|--|----------------------------------|--|
| (A) | (B) | | | | Position eck more than one | | | (D) | (E) | (F) |
| Name and Title | Average | box, unless person is both an officer and a director/trustee) | | | | | an | Reportable | Reportable | Estimated |
| | hours per week (list any | | | | _ | | | compensation from | compensation from related | amount of other |
| | hours for related organizations below dotted line) | individual fole ee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) SIMON DAVIS | 5 00 | | | | | | | | | |
| PRESIDENT | 0.00 | Х | | X | | | | | | |
| (2) MARY DALTON | 5 00 | | | | | | | | | |
| VICE PRES | 0 00 | Х | | Х | | | | | | |
| (3) RICK SOUTHEY | 5 00 | | | | | | | | | |
| SECRETARY/PAST PRES | 0 00 | Х | | Х | | | | | | |
| (4) ROB BISCOE | 5.00 | | | | | | | | | |
| TREASURER | 0 00 | Х | | Х | | l I | | | | |
| (5) JERRY DOERKSEN | 2.00 | | | | | | | | | - |
| DIRECTOR | 0 00 | Х | | | | | | | | |
| (6) BRIAN SAVAGE | 2.00 | | | | | | | | | |
| DIRECTOR | 0 00 | _X_ | _ | | | | | | | |
| (7) BILL MILLER | 2 00 | | | | | | | | | |
| DIRECTOR | 0.00 | _X_ | | | | | | | | |
| (8) CHUCK BUDDLE | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | | | |
| (9) CHAD DRAGOS | 2 00 | | | | | | | | _ | |
| DIRECTOR | 0.00 | Х | | | | l I | | | | |
| (10) MEL SORENSON | 2 00 | | | | | | | | | |
| DIRECTOR | 0.00 | Χ_ | l | | | | | | | |
| (11) KATIE SAYRE | 2 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Page 8

| | (A) Name and title | (C) Position (B) (do not check more than on box, unless person is both a officer and a director/trustee | | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--------|--|---|-----------------------------------|-----------------------|-----------|--------------|---------------------------------|----------------|--|--|---|
| | | week (list any hours for related organizations below dotted line) | Indical all has ee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (15) | | | | | | | | | | | 12 |
| (16) | | | | | - | T | | | | | |
| (17) | | | | | | - | | _ | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | - | _ | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | - | | | | | | | | |
| (22) | | | | | | | | ļ | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | - | ļ | _ | | | |
| (25) | | | | | | | | | | | |
| 1b | Sub-total | | | | <u> </u> | L | <u> </u> | <u> </u> | 0 | 0 | 0 |
| c d | Total from continuation sheets to Part VII, Se | ection A | | | | | | > | 0 | 0 | 0 |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization | | ted a | | e) v 0 | vho | recei | ved | | | 0 |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | | | | oye | e, c | r higi | nest | compensated | | Yes No |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great andividual. | of reportable con | npens | satio | | | | | • | | A X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye | - | | | - | | | _ | | ridual | 5 X |
| | tion B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compecompensation from the organization Report coyear. | | | | | | | | | | ax |
| | (A) Name and business addr | ress | | | | | | | (B) Description of serv | vices (| (C) Compensation |
| | | | | | | | | | | | 0 |
| | | | | | | | | - | | | <u>0</u> 0 |
| | | | | | | | | | | | 0 |
| | Takel musels of a land date. | | | | | | | L | | ************************************** | 0 |
| 2 | Total number of independent contractors (include more than \$100,000 of compensation from the | _ | ed to ► | tno | se I | iste | d abd O | | who received | | |

Form 990 (2012) ARIZONA FIRE DISTRICT ASSOCIATION 86-0439018 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512, 513, or 514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b 99,192 **c** Fundraising events 1c 0 0 d Related organizations 1d 0 e Government grants (contributions) . . . 1e f All other contributions, gifts, grants, and similar amounts not included above. 1f 16,850 g Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f 116,042 **Business Code** Program Service Revenue 2a CONFERENCE INCOME 900099 29,765 29,765 OTHER FEES b 900099 2,503 2,503 0 ------0 0 All other program service revenue . 0 Total. Add lines 2a-2f 32,268 3 Investment income (including dividends, interest, and other similar amounts). 87 Income from investment of tax-exempt bond proceeds . . . 0 5 Royalties 0 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses 0 c Rental income or (loss) . **d** Net rental income or (loss). 0 (i) Secunties (II) Other 7a Gross amount from sales of 0 assets other than inventory 0 **b** Less: cost or other basis and sales expenses 0 0 0 0 c Gain or (loss). Net gain or (loss) . . 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 2,450 **b** Less direct expenses. 0 c Net income or (loss) from fundraising events . 2,450 9a Gross income from gaming activities See Part IV, line 19 0 **b** Less direct expenses . 0 b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances . 1,610 **b** Less: cost of goods sold . 0 b Net income or (loss) from sales of inventory 1,610 Miscellaneous Revenue **Business Code** 11a ADVERTISING INCOME 900099 4,900 4,900 0 0

0

32.268

4,900

157,357

All other revenue .

Total. Add lines 11a-11d.

Total revenue. See instructions .

4,900

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

| 0000 | Check if Schedule O contains a response to any contains a response to any contains a response to any contains a response to any contains a response to any contains a response to any contains and the response to any contains a response to a resp | | | · · | . 🗆 |
|------|--|-----------------------|------------------------------|---|--------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) 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 | 0 | | | |
| 2 | Grants and other assistance to individuals in the | | | | |
| | United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | | | · |
| | trustees, and key employees . | o | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions). | l ol | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 11,194 | 8,955 | 1,679 | 560 |
| b | Legal | 83 | | 83 | |
| С | Accounting | 0 | ··· | | |
| d | Lobbying | 7,500 | 7,500 | | |
| e | Professional fundraising services. See Part IV, line 17. | 0 | 1,000 | ¥å; | |
| f | Investment management fees | 0 | 3 22 791 11 | Y 133 / | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A) amount, list line 11g expenses on Schedule O) | l ol | | | |
| 12 | Advertising and promotion | ő | | | |
| 13 | Office expenses | 2,219 | 1,776 | 333 | 110 |
| 14 | Information technology | 4,640 | 3,712 | 696 | 232 |
| 15 | Royalties | 0 | - 0,7 12 | 030 | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | - 0 | - | | |
| 18 | Payments of travel or entertainment expenses | | - · | | |
| | for any federal, state, or local public officials | l ol | | | |
| 19 | Conferences, conventions, and meetings. | 8,056 | 9.050 | | - |
| 20 | Interest | | 8,056 | | |
| 21 | Developed to affiliate | 0 | | | |
| 22 | | 0 | | | |
| 23 | Depreciation, depletion, and amortization . Insurance | 0 | 0 | 0 | |
| 24 | | 0 | | 711 | |
| 24 | Other expenses. Itemize expenses not covered | · '\ | * | | |
| | above (List miscellaneous expenses in line 24e If | 4 2 | | | |
| | line 24e amount exceeds 10% of line 25, column | * * | ` | | |
| _ | (A) amount, list line 24e expenses on Schedule O) | , ^ | | | |
| a | DISTRICT MAP PROJECT | 0 | | | · . |
| b | NEWSLETTER | 0 | | | |
| C | AFDA HANDBOOK | 0 | | | |
| đ | TAXES | 0 | | | |
| е | All other expenses MISCELLANEOUS | 0 | - | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 33,692 | 29,999 | 2,791 | 902 |
| 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 | | | | |
| | following SOP 98-2 (ASC 958-720) | | | I . | |

Balance Sheet

Check if Schedule O contains a response to any question in this Part X. (B) (A) Beginning of year End of year Cash—non-interest-bearing 176.846 5,830 2 2 302,781 Savings and temporary cash investments . 3 Pledges and grants receivable, net 3 4 3,483 4 Accounts receivable, net 3,483 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 0 7 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges . . . 8,100 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation 10b b 0 10c 0 Investments—publicly traded securities 11 0 0 11 12 0 Investments—other securities See Part IV, line 11. 0 12 13 0 Investments—program-related See Part IV, line 11 0 13 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 188,429 16 312,094 17 Accounts payable and accrued expenses 17 18 Grants payable . . 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, 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 . . . 0 23 Unsecured notes and loans payable to unrelated third parties . . 24 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 25 0 Total liabilities. Add lines 17 through 25. 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 27 188,429 27 312,094 Temporarily restricted net assets . . . 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances. . 188,429 33 312,094 Total liabilities and net assets/fund balances. 188,429 312,094

| roim 9 | 90 (2012) ARIZONA FIRE DISTRICT ASSOCIATION | 86-043 | <u>9018</u> | Pag | <u>e 12</u> |
|--------|--|--------|-------------|-----|-------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | . | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 157 | ,357 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 33 | ,692 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 123 | ,665 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 188 | ,429 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | | 10 | | 312 | ,094 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | <u> </u> | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | , | | |
| | Schedule 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 | | | 4 | Ì |
| | Separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | li | , | |
| • | 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 | • | 20 | | |
| | Schedule O | | | | ! |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | i |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | Ja | | |
| _ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

20**12**

Open to Public Inspection

Department of the Treasury internal Revenue Service 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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign 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
- 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, Part V, line 35c (Proxy Tax), then

| • 8 | Section 501(c)(4), (5), or (6) o | rganizations: Complete Part III | | | | | _ | |
|---------|--|---|----------------------|---------------------------------------|-------------------------|---------------------------------------|--------------|--|
| | | | | | r identification number | | | |
| ARIZ | ARIZONA FIRE DISTRICT ASSOCIATION 86-0439018 | | | | | | | |
| Pa | | he organization is exempt und | | | | organization. | | |
| 1 | • | he organization's direct and indirect p | olitical campaign | activities in Part I\ | | | | |
| 2 | Political expenditures | | | | . ▶ \$ | | | |
| 3 | Volunteer hours | | | | | | | |
| Pa | rt I-B Complete if t | he organization is exempt und | ler section 501 | (c)(3). | | | - | |
| 1 | Enter the amount of any | excise tax incurred by the organizatio | n under section 49 | 955 | . ▶ \$ | | | |
| 2 | Enter the amount of any | excise tax incurred by organization m | anagers under sec | ction 4955 . | ▶ \$ | | | |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Form | 4720 for this year? | ? | | Yes | ☐ No | |
| 4a | Was a correction made? | | | | | Yes | ☐ No | |
| b | If "Yes," describe in Part I | IV. | | | | <u> </u> | | |
| Pa | rt I-C Complete if t | he organization is exempt und | er section 501 | (c), except sec | tion 501 | (c)(3). | | |
| 1 | Enter the amount directly | expended by the filing organization f | or section 527 exe | empt function | | | | |
| | activities | | | | ▶ \$ | | | |
| 2 | | iling organization's funds contributed | to other organizati | ons | | | | |
| | for section 527 exempt fu | | | | . ▶ \$ | | | |
| 3 | Total exempt function expline 17b | penditures Add lines 1 and 2. Enter h | ere and on Form | 1120-POL, | . > \$ | | c | |
| 4 | Did the filing organization | ifile Form 1120-POL for this year?. | | | | Yes | No | |
| 5 | | ses and employer identification numb | er (EIN) of all sect | tion 527 political o | rganizatio | <u></u> | ina | |
| | organization made payme | ents. For each organization listed, en | ter the amount pai | d from the filing o | rganızatio | n's funds Also en | ter | |
| | | ntributions received that were prompt | | | | | | |
| | as a separate segregated | fund or a political action committee | (PAC) If additiona | I space is needed | , provide i | information in Part | : IV. | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount pak | | (e) Amount of p | | |
| | | | | filing organizat funds If none, er | | contributions rece promptly and di | | |
| | | | | | | delivered to a se | | |
| | | | | | | none, enter- | | |
| | | | | | | | | |
| (1) | | | | | | } | | |
| <u></u> | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| | | | | | | | | |
| (4) | ·-·· | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | - | | |

Schedule C (Form 990 or 990-EZ) 2012

| Ρ | art II-A Complete if the organizati under section 501(h)). | on is exemp | t under section 5 | 01(c)(3) and filed | d Form 5768 (ele | ction |
|----------|--|---|---|--------------------|----------------------------------|-----------------------------|
| _ | Check ► if the filing organization to name, address, EIN, exp | penses, and s | hare of excess lol | obying expenditur | es). | up member's |
| <u>B</u> | | bying Expend | litures | | (a) Filing organization's totals | (b) Affiliated group totals |
| 4- | | | <u> </u> | | organization o totalo | |
| 1a | Total lebbying expenditures to influence pu | | | | | 0 |
| b | Total lobbying expenditures to influence a | _ | | | 0 | 0 |
| c d | Total lobbying expenditures (add lines 1a a Other exempt purpose expenditures | and ID) . | | • • | - 0 | 0 |
| e | Total exempt purpose expenditures (add li | noc 1c and 1d) | | | 0 | 0 |
| f | Lobbying nontaxable amount Enter the an | • | | h | <u>U</u> | 0 |
| • | columns | nount from the | lollowing table in bol | .[1] | 0 | o |
| ı | If the amount on line 1e, column (a) or (b) is | The John | ing pontavable amou | unt iou | <u>U</u> | U |
| | Not over \$500,000 | | ing nontaxable amou amount on line 1e | unt is: | | |
| l | Over \$500,000 but not over \$1,000,000 | | olus 15% of the excess | over \$500,000 | | |
| Ì | Over \$1,000,000 but not over \$1,500,000 | | olus 10% of the excess | | | |
| - 1 | Over \$1,500,000 but not over \$17,000,000 | | olus 5% of the excess | | | |
| ı | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% | Grassroots nontaxable amount (enter 25% of line 1f) | | | | 0 |
| h | Subtract line 1g from line 1a If zero or less | s, enter -0- | | | 0 | 0 |
| i | | | | | 0 | 0 |
| j | If there is an amount other than zero on ensection 4911 tax for this year? | ther line 1h or li | ine 1i, did the organi | | 0 reporting | Yes No |
| | (Some organizations that | made a sectio | ng Period Under Se n 501(h) election do tructions for lines 2 | not have to comp | | |
| | Lobby | ing Expenditu | res During 4-Year A | veraging Period | | <u> </u> |
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a | Lobbying nontaxable amount | | | 0 | 0 | 0 |
| <u>b</u> | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 0 |
| | Total lobbying expenditures | | | 0 | 0 | 0 |
| d | Grassroots nontaxable amount | <u> </u> | | 0 | 0 | 0 |
| _e | Grassroots ceiling amount (150% of line 2d, column (e)) | | , | | | 0 |
| f | Grassroots lobbying expenditures | | | 0 | 0 | 0 |

Schedule C (Form 990 or 990-EZ) 2012

| Par | t II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT | 「 filed | l For | m 576 | 3 | |
|-------------|----------|--|-----------------|-----------------|--------------------|--------|-------|
| | | (election under section 501(h)). | 1 | a) | | (b) | |
| | | es," response to lines 1a through 1i below, provide in Part IV a detailed description ag activity. | Yes | No | A | mount | t |
| 1 | During | he year, did the filing organization attempt to influence foreign, national, state or local | | | | | |
| | _ | on, including any attempt to influence public opinion on a legislative matter or | | | * | | |
| | | lum, through the use of | | | | * | |
| а | Volunte | · | | | | | |
| b | | ff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| C | | dvertisements? | | | | | |
| d | | to members, legislators, or the public? | | ļ | | | |
| e | | ions, or published or broadcast statements? | | | | | |
| f | | o other organizations for lobbying purposes? | | <u> </u> | | | |
| g | | ontact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | | demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| ! | | ctivities? | | | | | |
| J | | dd lines 1c through 1i | | · | | | 0 |
| 2a | | activities in line 1 cause the organization to be not described in section 501(c)(3)? | | - | | | |
| b | | enter the amount of any tax incurred under section 4912 | : [*] | ٠ ١ | | | |
| C | | enter the amount of any tax incurred by organization managers under section 4912 | · · · · · | <u></u> | | | |
| d Por | i ili-A | ng organization incurred a section 4912 tax, did it file Form 4720 for this year? | | <u> </u> | | | |
| Ган | III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | (C)(5) | , or s | ection | | |
| | | | | | | Yes | No |
| 1 | Were su | bstantially all (90% or more) dues received nondeductible by members? | | | 1 | | Х |
| 2 | | organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | Х |
| 3 | | organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | Х | |
| | III-B | Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." | (c)(5) OR (b | , or s o) Pa | ection rt III-A | , line | |
| 1 | | ssessments and similar amounts from members | | 1_ | | 9 | 9,192 |
| 2 | politica | 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). | | | | | |
| a | Current | | • | 2a | | | 7,500 |
| b | - | er from last year | 1 | 2b | | | |
| C | Total . | | | 2c | | | 7,500 |
| 3 | | te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | ; | 3 | | | 0 |
| 4 | | s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | İ | | | | |
| | | does the organization agree to carryover to the reasonable estimate of nondeductible | ļ | أحسيا | | | |
| - | | and political expenditure next year? | | 4 | | | |
| 5 | | amount of lobbying and political expenditures (see instructions) | • | 5 | | | 7,500 |
| Part Com | | upplemental Information part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Par | † II-A (| affiliat | ed arou | | |
| | | ine 2, and Part II-B, line 1 Also, complete this part for any additional information | | (4,,,,,, | g. o. | Ψ. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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ARIZONA FIRE DISTRICT ASSOCIATION 86-0439018 Schedule C (Form 990 or 990-EZ) 2012 Page 4 Part IV Supplemental Information (continued)

SCHEDULE 0 (Form 990 or 9,90-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Employer identification number Name of the organization ARIZONA FIRE DISTRICT ASSOCIATION 86-0439018

| Form 990 Part VI Section A Line 11b THE TREASURER OF THE ORGANIZATION DISTRIBUTES A PDF COPY |
|---|
| OF THE 990 TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO THE RETURN BEING FILED |
| Form 990 Part VI Section A Line 12c AT EACH BOARD AND COMMITTEE MEETING, IF THERE IS A |
| DISCUSSION OF SELECTING OR ENGAGING A VENDOR OR SERVICE PROVIDER, ALL IN ATTENDANCE ARE ASKED |
| TO RECUSE THEMSELVES FROM THIS DISCUSSION IF THERE COULD BE A PERCEIVED CONFLICT ANNUALLY, |
| THE ORGANIZATION REVIEWS AND DISCUSSES THE CONFLICT OF INTEREST POLICY AND REQUESTS THAT EACH |
| BOARD MEMBER LIST AND ACKNOWLEDGE ANY KNOWN CONFLICTS. |
| Form 990 Part VI Section B Line 15 THE EXECUTIVE COMMITEE REVIEWS THE COMPENSATION FOR ALL |
| OFFICERS AND KEY EMPLOYEES BY COMPARING THEIR COMPENSATION TO THE COMPENSATION OF INDIVIDUALS |
| IN LIKE POSITIONS IN COMPARABLE ORGANIZATIONS THE COMMITTEE THEN APPROVES ANY CHANGES IN |
| COMPENSATION BASED ON THIS INFORMATION. |
| Form 990 Part VI Section C Line 19 REQUESTS FOR COPIES OF THE ORGANIZATIONS GOVERNING |
| DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS MAY BE MADE IN WRITING OR IN |
| PERSON AT THE ORGANIZATION'S MAIN BUSINESS LOCATION ALL SUCH REQUESTS ARE FULFILLED IN A |
| TIMELY MANNER |
| Form 990 THIS RETURN IS FOR THE SHORT YEAR 10/01/2012 TO 12/31/2012. SINCE AFDA IS CHANGING |
| ITS YEAR END TO A CALENDAR YEAR END, NO FORM 3115 IS REQUIRED. |
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| Schedule O (Form 990 or 990-EZ) (2012) | | Page ∠ |
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| Name of the organization | Employer identification number | |
| ARIZONA FIRE DISTRICT ASSOCIATION | 86-0439018 | |
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