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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

# **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.

and ending

OMB No 1545-0047

Open to Public Inspection

В	Check i	C Name of organization		D Employer identific	ation number											
Г	Addı	ARIZONA BIOINDUSTRY ASSOCIATION, INC.														
ř	Nam Chan	e S		86-09	938465											
Ĭ	Initia		Room/suite	E Telephone number												
Ī	Term		1100mb3ditc	· ·	779-8101											
Ī		nded Cara Assault and TID and	_	G Gross receipts \$	435,140.											
Ī	Appl	CHANDLER, AZ 85226-3222		H(a) Is this a group re												
	pend	F Name and address of principal officer: JOAN KOERBER-WALKE	R	for affiliates?	Yes X No											
			226	H(b) Are all affiliates incl												
ī	Tax-e:	xempt status: 501(c)(3)		* *	list (see instructions)											
J		ite: ► WWW.AZBIO.ORG	<u> ,</u>	H(c) Group exemption												
_		of organization; X Corporation Trust Association Other	L Year		State of legal domicile; AZ											
_	Part I	Summary	1=	7. TOTTHILLION. 2330 [W	Oldic Of logal doffilolic, 222											
	. 1	Briefly describe the organization's mission or most significant activities: ATTR	ACTING	AND GROWING	3											
	<u> </u>	BIOSCIENCE COMPANIES IN ARIZONA THROUGH ADVOCACY, COMMUNICATIONS,														
2	2															
֓֞֜֜֜֜֜֝֓֓֓֓֓֜֜֜֜֓֓֓֓֓֓֓֓֓֜֜֜֡֓֓֓֓֡֓֜֜֜֡֡֓֓֡֡֡֡֡֡	3	Number of voting members of the governing body (Part VI, line 1a)		3	23											
		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	22											
WAI I	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	• •	5												
_ :	6	Total number of volunteers (estimate if necessary)	•	6	54											
MA	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.											
=		Net unrelated business taxable income from Form 990-T, line 34	• ••	. 7a	0.											
<u>:</u> -		THO CHINOLOGO DEGINESO TEXASIO INCOMO NOM TOMO 550 T, INTO 54	<u></u>	Prior Year	Current Year											
Ĕ.	, 8	Contributions and grants (Part VIII, line 1h)	-	155,475.	116,428.											
SCANNED	2	Program service revenue (Part VIII, line 2g)	• • —	94,565.	318,712.											
•	9 10	Investment income (Part VIII) 66 (Part VIII) (A), lines 3, 4, and 7d)														
<b>8</b>	11	Other revenue (Part VIII, column-(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · ·	0.	0.											
	12	Total revenue - add lines,8 through 11 (must equal Part VIII, column (A), line 12)	· ·													
_	13	Grants and similar amounts paid (Part X-column (A), lines 1-3)		250,040.	435,140.											
			• • —	0.	0.											
	14	Benefits paid to or for-members (Part IX Column (A), line 4)		0.	151 014											
g	3   15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>⊢</b>	150,116.	151,914.											
Fynonege	i loa	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.											
ù	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total fundraising expenses (Part IX, column (D), line 25)	204 200													
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	179,385.	284,308.											
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· ·	329,501.	436,222.											
ō	<u>  19</u>	Revenue less expenses Subtract line 18 from line 12	<del> *:-   _</del> -	<79,461.												
ts		T. 1 (D	Beg	inning of Current Year	End of Year											
t Assets	B 20	Total assets (Part X, line 16)		10,715.	45,479.											
		Total liabilities (Part X, line 26)		36,378.	72,224.											
Ž	리 22 Part II	Net assets or fund balances Subtract line 21 from line 20		<25,663.⊳	<26,745.											
		<del></del>														
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is											
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.												
		Signature of officer		4/29/13	<u> </u>											
	gn			Date												
He	ere	JOAN KOERBER-WALKER, PRESIDENT & CEO														
_		Type or print name and title		-A	71 200											
_		Print/Type preparer's name  Preparer's signature	0	ate Check	PTIN											
Pa		KARI KIDD / NOO		1/23/13 self-employed	<del></del>											
	eparer	Firm's name LOHMAN COMPANY, PLEC		Firm's EIN	86-0985325											
Us	e Only	Firm's address 1630 S. STAPLEY DR., SUITE 108														
_		MESA, AZ 85204		Phone no. 48	30-355-1100											
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	····	X Yes No											
233	001 12-	10-12 LHA For Panerwork Reduction Act Notice see the congrete instruction			Form 990 (2012)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			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		<u> </u>
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	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₹.
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			21
•	Schedule D, Part III	8		х
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		Х
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, VII, VIII, IX, or X	,	٠	
	as applicable.	*, ` >		200
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		<u>X</u> _
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_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u> </u>
e	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	4.48		Х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	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
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 organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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_		<u>X</u>
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		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		X
20a		20a		<u> </u>
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	20121

Form 990 (2012) ARIZONA BIOINDUSTRY ASSOCIATION, INC.

Part IV | Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		<u> X</u>
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		\$	, [>-
_	instructions for applicable filing thresholds, conditions, and exceptions).			
a	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		_X_
C	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	00-		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_29		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	,		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2012)

# Form 990 (2012) ARIZONA BIOINDUSTRY ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	<u> </u>						
С	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 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X					
	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				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other 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:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		h					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u>7a</u>		ļ				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	>>						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_						
8	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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?	9a						
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1				
11	Section 501(c)(12) organizations. Enter:			;				
	Gross income from members or shareholders			1				
h	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	Note. See the instructions for additional information the organization must report on Schedule O							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
			990	(2012)				

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2.	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	2		li
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Ì		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec <sup>-</sup>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37
40	In Schedule O how this was done	12c	77	<u>X</u>
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		45-		
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a	Х	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	_15b		
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		<b>X</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	, va		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			į
	exempt status with respect to such arrangements?	16b		,
Sect	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►AZ			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	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 policy, ar	d finar	icial	
	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	tion:	•	
	THE ORGANIZATION - 480-779-8101			
	107 S. SOUTHGATE DRIVE, CHANDLER, AZ 85226			
232008 12-10-1		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

(A)	(B)			(( Pos	C)	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation	compensation from related	amount of other
	(list any	to	cto					the	organizations	compensation
	hours for	rdire				20		organization	(W-2/1099-MISC)	from the
	related	ste o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	al fa	onal t		Joyee	E S				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GLEN GALSTER	4.00	르	트	5	3	로등	5			
CHAIRMAN	4.00	x		X			ŀ	0.	0.	0.
(2) PHIL HOWARD	1.00	1	$\vdash$		$\vdash$					<u></u>
TREASURER		x		x				0.	0.	0.
(3) MARIO MARTINEZ II	1.00									0,
VICE CHAIRMAN		$\mathbf{x}$		x				0.	0.	0.
(4) JOAN KOEBLER-WALKER	40.00									
PRESIDENT & CEO_		X		x				131,000.	0.	11,500.
(5) PETER ALLISON	1.00									· · · · · · · · · · · · · · · · · · ·
DIRECTOR		X						0.	0.	0.
(6) MARA ASPINALL	1.00									
DIRECTOR		X						0.	0.	0.
(7) JENNIFER BARTON	1.00									
DIRECTOR		X						0.	0.	0.
(8) BOB BOSSERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(9) LEE CHEATHAM	1.00								_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
(10) JAY ENNESSER	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(11) GREG GARCIA	1.00	٠,							0	0
DIRECTOR	1.00	X	$\vdash$			-		0.	0.	0.
(12) WILLIAM GARTNER	1.00	X						0.	0.	0
DIRECTOR	1.00	^	Н					0.	0.	0.
(13) BILL GRABE DIRECTOR	1.00	x						0.	0.	0.
(14) JIM HARRIS	1.00	^		-						
DIRECTOR	1.00	Х						0.	0.	0.
(15) DON ISAACS	1.00	1		$\dashv$		Н		0.		
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(16) HALINA JANUS	1.00									
DIRECTOR		x						0.	0.	0.
(17) ROBERT KENNEDY	1.00			7						
		Х	1 1	- 1		1		0.	0.	0.

232007 12-10-12

Form 990 (2012)

Form 990 (2012) ARIZONA	BIOINDU.	ST:	<u>RY</u>	<u> A</u> S	<u> </u>	<u> </u>	<u> IA'</u>	TION, INC.	86-09	<u>938</u> 4	465 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	<u>ees</u>	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		<u> </u>
(A)	(B) (C)				(D)	(E)		(F)			
Name and title	Average	/40	Position (do not check more ti				222	Reportable	Reportable	,	Estimated
	hours per	box	c, unle	ss pe	rson	ıs bo	th an	compensation	compensation	n	amount of
	week	$\vdash$	icerar	nd a d	Irecto	or/trus	stee)	from	from related	1	other
	(list any	흥						the	organization	- 1	compensation
	hours for related	9	23			ated		organization	(W-2/1099-MIS	3C)	from the
	organizations	l se	ī		يوا	pens		(W-2/1099-MISC)			organization
	below	혈	lona		g à	ខ្លួ					and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(18) STACIE MALLEN	1.00	-	-	۲	×		Ħ			$\neg$	
DIRECTOR		x						0.		0.	0.
(19) JOAN RANKIN SHAPIRO	1.00	<u> </u>				$\vdash$			-		
DIRECTOR	1.00	$\mathbf{x}$						0.		0.	0.
(20) VIRGINIA RYBSKI	1.00	<u> </u>	T	-	$\vdash$	$\vdash$	┢═				
DIRECTOR	100	$\mathbf{x}$						0.		0.	0.
(21) RANDAL SCHULHAUSER	1.00	122	t	-	-		m	· · ·		<del>- ' '</del>	
DIRECTOR	2.00	$\mathbf{x}$				ļ		0.		0.	0.
(22) SANDRA WATSON	1.00	<u> </u>	T			<del>                                     </del>	一			<del></del>	<u> </u>
DIRECTOR		х		į		i		0.		0.	0.
(23) RUSS YELTON	1.00										
DIRECTOR		x						0.	,	0.	0.
(24) LAURA HUENNEKE	1.00		Ī								
DIRECTOR		X						0.		0.	0.
(25) MARGO LUNSFORD	1.00										
DIRECTOR		X						0.		0.	0.
(26) JON MCGARITY	1.00				Γ						
DIRECTOR		X						0.		0.	0.
1b Sub-total						▶		131,000.		0.	11,500.
c Total from continuation sheets to Part V	II, Section A			•		•		0.	-	0.	0.
d Total (add lines 1b and 1c)								131,000.		0.	11,500.
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	bove	e) wl	no re		0,000 of reportabl	le	•
compensation from the organization											1
										_	Yes No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee	, or I	highest compensated e	employee on	ءِ ا	
line 1a? If "Yes," complete Schedule J for	such individual									L	3 X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization	]_	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual .		L	4 X
5 Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	.	
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch j	pers	on				<u> </u>	5 X
Section B. Independent Contractors											
Complete this table for your five highest co	•									ipensa	ition from
the organization Report compensation for	the calendar y	ear	endı	ng w	<u>vith</u>	or w	ithir		year.		
(A) Name and business	address	NT/	ONE	7			-	(B) Description of s	services	Cc	(C) ompensation
		14/	)IAT	<u> </u>			$\dashv$				
							$\dashv$	·			
							$\neg$				
							$\perp$				

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2012)

08160423 797571 1134

Part VIII O A OVI Distance T	BIOINDUS				<del>,,,</del>		<u> </u>	rion, inc.	86-093	0403
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	<b></b>
(A) Name and title	(B) Average hours	(ci		Pos	C) ition that		ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee 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
27) MICHAEL MOBLEY	1.00	x						0.	0.	0
28) JANET SPEAR	1.00									
IRECTOR		X						0.	0.	0
		_								
					_					
							_			
<u> </u>									<u> </u>	<del></del>
										<u> </u>
							_			
	-						_			
<u></u>										
	<u> </u>		L							

		Check if Schedule O con	tains a response	to any question i	n this Part VIII			
		3.130.K.II 33.1333.13 C 36.1	tame a response	to any quodion	(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	b c d	<ul> <li>Federated campaigns</li> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contributed all other contributions, gifts, grand similar amounts not included about the properties of the properties of</li></ul>	nts, and	116,428.				
d dri	g	Noncash contributions included in lines	s 1a-1f \$					
<u>a C</u>	h	Total. Add lines 1a-1f		. ▶	116,428.			
			Business Code					
ice	2 a		-	900099	222,205.	222,205.		
e ë		REGISTRATION FE		900099	78,219.	78,219.		
Sev		PURCHASING PROC		900099	14,688.	14,688.		
gra Re	d	RELATED ADVERT	LSING	900099	3,600.	3,600.		
Program Service Revenue	e	All other program service reve		-		<u>-</u>		
	,	Total. Add lines 2a-2f	siide	<b>•</b>	318,712.			<del>                                     </del>
	3	Investment income (including	dividends, intere	· · · · · · · · · · · · · · · · · · ·	31377121			
i		other similar amounts)		<b>&gt;</b>		;		
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(ii) Personal				
	6 a	• •			* (		3 A. ye	*
	b	Less. rental expenses				÷.		
	c	` '	L					
		Net rental income or (loss)	(2) Community	•				
ł	/ a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other		<i>'</i> 3 ,		
	h	Less: cost or other basis			•			
		and sales expenses						
i	С	Gain or (loss)						
		Net gain or (loss)		<b></b>				
anue	8 a	Gross income from fundraisin including \$	g events (not of					
ě		contributions reported on line	1c). See	[				i
Other Reven		Part IV, line 18	а					
동	b	Less: direct expenses	b		•			
		Net income or (loss) from fund	-	. ▶				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
- 1		Less direct expenses	. b	<b>•</b>				
1		Net income or (loss) from garr Gross sales of inventory, less	-					
	ių a	and allowed as				,		
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale		. ▶				
[	_	Miscellaneous Revenu		Business Code				
	11 a		-					
	b							
	C							
	d	All other revenue						
		Total. Add lines 11a-11d			405 510	242 542		
232008	12	Total revenue See instructions.	<u></u>	<u> </u>	435,140.	318,712.	0	0 .

# Form 990 (2012) ARIZONA BIOIN Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			omplete column (A).	
	not include amounts reported on lines 6b,	(A)	S Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	-	<del></del>		
·	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,		· · · · · · · · · · · · · · · · · · ·		
-	trustees, and key employees	131,000.			
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		<u></u>		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,500.	_		
10	Payroll taxes .	9,414.			
11	Fees for services (non-employees):				
а	Management	42,943.			
b	Legal				
С	Accounting	1,406.			
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17		<u> </u>	, ,	_
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.)	340.			
12	Advertising and promotion	11,948.			
13	Office expenses	4,775.			
14	Information technology	1,194.			
15	Royalties	2,420.	<del> </del>		
16 17	Occupancy	11,841.			
17 18	Travel	11,041.	<del></del>		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,646.			
20	Interest				
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization	43.	_		
23	Insurance	1,195.			
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 0.)				
а	EVENT SPONSERSHIP	77,560.			
b	ACCRUED VACATION EXPENS	5,769.			
С	FEES AND LICENSE	2,657.			
d	LOSS ON ABANDONMENT	877.			
е	All other expenses	694.			
25	Total functional expenses. Add lines 1 through 24e	436,222.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 14,080. 2,695 1 Cash · non-interest-bearing 1,701. 1,501. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 3,552 28,951 4 Accounts receivable, net 4 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 inventories for sale or use 8 1,500. 600. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 0 basis Complete Part VI of Schedule D 10a 877. b Less. accumulated depreciation 10b 10c 0. 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 13 390. 347. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 10,715 45,479. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 <u>12,538.</u> 46,384. Accounts payable and accrued expenses 17 17 18 Grants payable 18 8,945. 6,945. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 <u> 16,895</u> <u>16,8</u>95 Schedule D 36.378 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds ... 0. 30 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund <25,663.>32 <26,745.> 32 Retained earnings, endowment, accumulated income, or other funds <26,745.> <25,663.>33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 10.715.

Form 990 (2012)

Forn	990 (2012) ARIZONA BIOINDUSTRY ASSOCIATION, INC.	86-093	8465	Pa	ge <b>12</b>
Pa	rt 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			40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	6,2	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	<	1,0	<u>82.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<2	<u>5,6</u>	<u>63.</u> >
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<2	6,7	<u>45.</u> >
Pa	rt 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	Э.		<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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 Sche	dule O.		*	ss ;
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		3ь		

Form **990** (2012)

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

RICINDUSTRY ASSOCIATION 86-0938465

Pa	art I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	no that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's excl	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor advis		· —
	for charitable purposes and not for the benefit of the donor or do	• •	•
	impermissible private benefit?	,	Yes No
Pa	art II Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization (c	<del></del>	
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic structu	re included in (a)	. 2c
d	1 Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hole	ds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	<u> </u>	<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and enfo	-	
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?	• •	L Yes No
9	In Part XIII, describe how the organization reports conservation e	·	
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes	the organization's accounting for
Do	conservation easements.	t Historical Transcript	Mar Cimilar Assats
Pai	Organizations Maintaining Collections of Ar		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990	<del></del>	
та	If the organization elected, as permitted under SFAS 116 (ASC 9)	•	
	historical treasures, or other similar assets held for public exhibiting		ance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes		t and balance about walks of out brotoned
b		·	•
	treasures, or other similar assets held for public exhibition, educa	ttion, or research in turtherance of pu	iblic service, provide the following amounts
	relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> ¢
		•	<u> </u>
2	<ul><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of art, historical treasur</li></ul>		slean provide
2	the following amounts required to be reported under SFAS 116 (A		a gam, provide
а		Too and relating to these terms.	▶ ¢
		• •	> \$ > \$
		•	· · · · · · · · · · · · · · · · · · ·
			<del></del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 ARIZONA  III Organizations Maintaining C	BIOINDUST						86-09 lar Asse			<u>; 2</u>
3	Using the organization's acquisition, accessi										—
	(check all that apply)	on, and other record	25, 011001	any or the	TOROWING UT	at alc a c	ng i incari	use of its	Conection	Kems	
а	Public exhibition	d	. 🗀	nan or exc	hange prog	rams					
b	Scholarly research	e	_	Other	mange progr	idilis					
c	Preservation for future generations								_	-	—
4	Provide a description of the organization's co	alloctions and evolu-	n how th	ov further t	ho organizat	lian'a ave	mat alle	ann in Dan	· VIII		
5	During the year, did the organization solicit o							ose in Par	. AIII.		
3	to be sold to raise funds rather than to be ma					iei Siiilia	ıı assets		٦٧		
Par	t IV Escrow and Custodial Arran					"\/" +-	C 00		」Yes	<u> </u>	<u>lo</u>
	reported an amount on Form 990, Par		ete ii tile	organizatio	ni answered	res to	rom 99	o, Part IV, I	irie 9, or		
12	Is the organization an agent, trustee, custodi		tion, for a	antribution	an or other o	ocata na	t in alicidad				—
14	on Form 990, Part X?	ian or other intermed	lary lor c	CONTRIBUTION	is or other a	ssets no	cincludec	' -	٦.,		
<b>L</b>	•	and somelake the fe		-61					」Yes		ю
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing ta	able:				Γ			
_	Danish balance						-	<del> </del>	Amount		—
C	Beginning balance					•	1c	<del> </del>			
	Additions during the year						1d	<del> </del>			—
e	Distributions during the year					•	1e				—
1	Ending balance						1f		7	<del></del>	_
	Did the organization include an amount on Fo	· ·					•		<b>Yes</b>	$\vdash$	10
	If "Yes," explain the arrangement in Part XIII.										
1 41	t V :   Endowment Funds. Complete r										<del>.                                    </del>
	B	(a) Current year	(b) Pr	or year	(c) Two yea	irs dack	(d) Three	years back	(e) Four	ears bac	<u>:K</u>
1a	Beginning of year balance				-						
b	Contributions		-								
С	Net investment earnings, gains, and losses				<u></u> .						
d	Grants or scholarships				<u> </u>						
e	Other expenditures for facilities										
	and programs .										
f	Administrative expenses .			<del>-</del> ,-							_
g	End of year balance .				L						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	· · · · · · · · · · · · · · · · · · ·									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administ	ered for t	he organ	zation	_		
	ph.								\	res N	<u>o</u>
	(i) unrelated organizations	•		-					3a(i)		_
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedi	ule R?					3b	}	
4	Describe in Part XIII the intended uses of the										_
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X,	line 10.							
	Description of property	(a) Cost or o		,	or other	(c) A	ccumulat	ed	(d) Book	value	
		basis (investi	nent)	basis	(other)	de	preciation	<u> </u>	•	_	
1a	Land .					<u> </u>					
b	Buildings .			_		<u></u>					
С	Leasehold improvements										
d	Equipment										
e	Other .										_
Total	Add lines 1a through 1e (Column (d) must ex	aual Form 000 Part	Y colum	n (P) Ima 1	10(01)						١ .

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 ARIZONA BIOINDUSTRY ASSOC		86-0938465 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains on investments	2a	_
b	Donated services and use of facilities	2b	_
	Recoveries of prior year grants .	2c	_
	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	`
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	5
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses pe	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	مانهور بر
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	• •	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  †XIII Supplemental Information	<u> </u>	5
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part eq. (2) Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
			Schedule D (Form 990) 201

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

Supplemental Information to Form 990 or 990-EZ

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.

QMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

ARIZONA BIOINDUSTRY ASSOCIATION, INC.

Employer identification number

ARIZONA BIOINDUSTRY ASSOCIATION, INC. 86-0938465
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NETWORKING, PURCHASING POWER AND WORKFORCE DEVELOPMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A PLACE WERE BIOSCIENCE COMPANIES CAN GROW AND SUCCEED.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE RETURN WAS E-MAILED
TO THE BOARD OF DIRECTORS FOR OVERVIEW AND THEN DISCUSSED AT A BOD MEETING
BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12: THE ORGANIZATION IMPLEMENTED A
FORMAL POLICY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST USING ANNUAL
DISCLOSURE AND SELF IDENTIFICATION WITH REVIEW BY CEO AND TREASURER OF ANY
POSSIBLE CONFLICTING BUSINESS TRANSACTIONS THROUGHOUT THE YEAR. RESOLUTION
OF POSSIBLE OR DISCLOSED CONFLICT IS REFERRED TO THE NOMINATING AND
GOVERNANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A: THE SEARCH COMMITTEE MADE UP OF
SELECT BOARD MEMBERS NEGOTIATED THE SALARY WITH THE CEO. THE SALARY IS
LESS THAN COMPARABLE STATE BIOSCIENCE SALARIES AND LESS THAN LOCAL
ASSOCIATIONS OF OTHER INDUSTRIES.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.