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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2012

Departme Internal R	nt of the	e Treasury Service	Note. The fo	oundation n	nay be able to use a copy of the	return to satisfy state re	portine	requirements	
For calendar year 2012, or tax year beginning					, and ending		,		
TUE	7660	ייידאייביט כי	HARITIES OF	NIOC7	T EC	<u> </u>	Α	number	
		2284	HARIIIES OF	NOGE	TIES		В	86-6053011 Telephone number (see	the instructions)
		AZ 8562	8						
							С	If exemption application	n is pending, check here
G Che	ck all	that apply.	Initial return		Initial return of a forr	ner public charity	 	1 Foreign organizations,	aback hara
			Final return	l	Amended return		1		
			Address cha	- 1	Name change		1	2 Foreign organizations in here and attach compu	neeting the 85% test, check
H C		type of organi			1(c)(3) exempt private t trust Other taxable		E	If private foundation s	
			sets at end of year		counting method: X C		┨┺	under section 507(b)(1	
		rt II, column (c), I			Other (specify)		F	If the foundation is in	a 60-month termination
▶ \$		1	2,056.	(Part⊺	, column (d) must be oi	r cash basis)	<u> </u>	under section 507(b)(1	
Part			Revenue and ne total of amoun	ite in	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
	co	lumns (b), (c)	, and (d) may no	t neces-	expenses per books	ıncome		ıncome	for charitable purposes (cash
		rily equal the ee instructions	amounts ın colur :))	nn (a)					basis only)
	ì		s, grants, etc, received	(att sch)	10,000.	MANASAY SI	7		
	2	1 1	foundn is not req to a		· · · · · · · · · · · · · · · · · · ·	第7条约47	. \$,	NSAGA "A	
	3	cash investm	avings and tempo ents	Jiary					
63	4		terest from securities						
30		Gross rents Net rental income	1		**************************************			**************************************	
erB	6 a	or (loss) Net gain/(loss) fro	om sale of assets not o	on line 10					
ě.		Gross sales price assets on line 6a					711.0		
ΩĚ	7	Capital gain net i	ncome (from Part IV, I	ine 2)	1 1. 73. 74.				
Ω,	8	Income modi	m capital gain fications						
SCANNED SER 24 2013		Gross sales less returns and					· · ·		
2		allowances Less Cost of					3.3		
	~	goods sold Gross profit/(los	(att ech)						
Š			e (attach schedul	e)		* /. % · N	. 19,	<u> </u>	
(43)									78. 6. 4.st. 6887
	12		nes 1 through 11	 :	10,000.		0.		O. 1977 37 49 19 18 18 19 19 1
	14		officers, directors, trus salaries and wages .	itees, etc	0.				-
	15	Pension plan	s, employee ben	efits					
A D		Legal fees (attac			· · ·	RECE	٧Ľ		<u> </u>
M		Accounting fees Other prof fees (•					0	
o N	17	Interest	attacii scrij			SFP I	6 21	13 / 5/	
O I S T R	18	Taxes (attach schedul	eXsee instrs).			181 311			
A A	19	Depreciation sch) and dep	(attach			OGDE	N.	UT	
l i	20	Occupancy	inetion:			0000			** ****** **** *** **** *** *** *** **
GÉ	21		rences, and mee	etings					
A E X D P	22	Printing and Other expens	publications ses (attach sched	tule)				 	
AND EN		Other expens	SEE STATEM		4.				
8 E S	24	Total operati	ng and administ	rative					
Š	25	Contributions, a	dd lines 13 throughts, grants paid PAF	gn ∠3 ₹T XV	10,000.		·		10,000.
	26	Total expens	ses and disburse			** - *** / ***			
	27	Add lines 24	and 25 26 from line 12:		10,004.	34 1 42 3 30 50	0.		0. 10,000.
	1	Excess of re	venue over expe						
	١.	and disburse	ements		-4.	12 4 6 m 1/2	<u> </u>	1 1 1 1 1 1 1	
			ncome (if negative, en	-			<u>0.</u>	<u> </u>	0.
DAA	C	Adjusted net inc	ome (if negative, enter	0-)	2 3 V	<u> </u>	1/1	A0504L 12/22/12	Form 990-PF (2012)

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5

6

12,056.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How ac P — Purcl D — Dona					d (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A				- 	
b			· · ·	•		
C	· · · · · · · · · · · · · · · · · · ·					
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	S	(h) Gain or (e) plus (f) m	
a	1					
b						
c						
d	<u> </u>					
е						
		ing gain in column (h) and owned by			(I) Gains (Col	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if an	(i) y	gain minus column (l than -0-) or Losses (fi	
а						
Ŀ)					
C	•					
е						
2	Capital gain net income or (net	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2	:	
3	Net short-term capital gain or (loss) as defined in sections 1222(5)	and (6).			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) If	(loss), enter -0-	3		
Par	t V Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Income)	
Was	es,' the foundation does not qual	tion 4942 tax on the distributable ar ify under section 4940(e) Do not con n each column for each year, see th	mplete this part.	•	Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distribution olumn (b) divided	
	2011	2 000	1 2	- 000		0 144000
	2010	2,000.		,888.		0.144009
	2009	20,250.		,888. ,891.	•	1.457778
	2009	20,230.		,842.	·	1.45///0
	2007	1,154.		,853.		0.034089
	2007	1,134.		, 633.		0.034009
2	Total of line 1, column (d)			2	.	1.635876
3	Average distribution ratio for th	ne 5-year base period — divide the to n has been in existence if less than	otal on line 2 by 5, or by the	3		
	•					0.327175
4	Enter the net value of nonchar	table-use assets for 2012 from Part	X, line 5		1	11,875.
5	Multiply line 4 by line 3			5	i	3,885.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6	<u> </u>	-
7	Add lines 5 and 6			7	,	3,885.
8	Enter qualifying distributions fr	om Part XII, line 4		_ 8	3	10,000.
	If line 8 is equal to or greater t Part VI instructions.	han line 7, check the box in Part VI,	line 1b, and complete that p	art using a	1% tax rate. See	the

orm	990-PF (2012) THE ASSOCIATED CHARITIES OF NOGALES	86-6	<u> 3053</u>	011		P	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instru	ctions	5)		
, 1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.						
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1				0.
	check here ► X and enter 1% of Part I, line 27b		3 3	<u> </u>	- (1) 2,28		Á
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		~	~~~~~			لائمانكا
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		- 1				
_	foundations only Others enter -0-).		_2				0.
3	Add lines 1 and 2 .		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6	Credits/Payments:				. / //		4.1
a	2012 estimated tax pmts and 2011 overpayment credited to 2012				•		
	Exempt foreign organizations — tax withheld at source 6 b				, !		,
C	Tax paid with application for extension of time to file (Form 8868)						
C	Backup withholding erroneously withheld		·%^ {				
7	Total credits and payments Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	•	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax Refunded	•	11				
Par	t VII-A Statements Regarding Activities						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di participate or intervene in any political campaign?	d it			<u>د کړک</u> 1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?				1 b		v
				ŀ	- ' '	: ',*2	<u>X</u>
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	d					
	Did the foundation file Form 1120-POL for this year?			٠	1 c		<u> X</u>
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ 0. (2) On foundation managers ►\$			0.	آ*ر دريو		
ε	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			∸⊹∣			
	foundation managers ►\$ 0.			1		75	**
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ĺ	2		X
	If 'Yes,' attach a detailed description of the activities.				100	\$ 18.8°	(₁ 99) 8 :
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					83i.	
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	j e s			3		Х
4 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			. [5		Х
	If 'Yes,' attach the statement required by General Instruction T					\$	ئى بە
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				Ž.,		3 3
	By language in the governing instrument, or						\$}°
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that corwith the state law remain in the governing instrument?	flict			6	X	، بر ، . بر مداند.
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV				7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	•			, ,	**	79.25
- •	AZ	_		-			
	olf the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-			3
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8 b	X	
9		1)(3) ai	4942	(1)(5)			Y. 1
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' co		e Par	*XXX	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses	mes			10		Х

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	n 990-PF (2012) THE ASSOCIATED CHARITIES OF NOGALES 86-6 rt VII-A Statements Regarding Activities (continued)	053011	F	Page 5
ነ1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12	2	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications website address . • • N/A	on? 13	3 X	
14	The books are in care of ► NILO LARRIVA Telephone no. ►		37-49	97
15	Located at ► 310 PLUM STREET NOGALES AZ ZIP + 4 ► 8562 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year • 1	N	/Ā	N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►	,		Pij
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly). (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes	X No		
	 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes	X No		
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		lb N	I/A
	Organizations relying on a current notice regarding disaster assistance check here		1344	
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		l c	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
ŧ	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	X No		
	If 'Yes,' list the years 20, 20, 20			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)		2 b N	I/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No		
I	b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	determine if the foundation had excess business holdings in 2012.)	:	3 p 1/3	I/A

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4 a

4 b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form 990-PF (2012) THE ASSOCIATED CHARACTERIST Statements Regarding Activity				505301	1 Page 6
		14/20 may be key	uirea (continued	<u>''</u>	[(20 S S 2
5 a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?	☐Yes	X No	
(2) Influence the outcome of any specific pub	lic election (see section		_	_	
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,		purposes?	Yes Yes	X No X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described uctions)	Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to o a current notice regard	qualify under the excep ding disaster assistance 	tions		5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	•		70 ZF 28
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•••	N/A. Yes	□ □ No	
If 'Yes,' attach the statement required by Reg	ulations section 53.4945	5-5(d)			
6 a Did the foundation, during the year, receive ar on a personal benefit contract?b Did the foundation, during the year, pay prem			. Yes	XNo	6b X
If 'Yes' to 6b, file Form 8870.	idins, directly of maired	lly, on a personal belie	iii comiaci		6b X
7a At any time during the tax year, was the found	dation a party to a prob	ihited tav shelter transa	iction? Yes	XNo	
b If 'Yes,' did the foundation receive any procee				N/A	7 b
Part VIII Information About Officers, D					
and Contractors	,		, o. o, g ,	р.	-
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		——————————————————————————————————————
	(b) Title, and average	(c) Compensation	(d) Contributions t	o (e) E	Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benef plans and deferr compensation	fit c	ther allowances
JAMES K. CLARK	VICE PRESIDE	0.	0	·.	0.
P.O. BOX 4601	0				
TUBAC, AZ 85646					
_IRENE_VMOLERA	SECRETARY	0.	0	· .	0.
P.O. BOX 1805	0				
NOGALES, AZ 85628					
LEONILO LARRIVA	TREASURER	0.	0	·•	0.
2888 N. CAMINO VISTA DEL CIELO NOGALES, AZ 85621	0				
BRUCE BRACKER	PRESIDENT	0.	0	·•	0.
P.O. BOX 1489	0				
NOGALES, AZ 85628					
2 Compensation of five highest-paid employees (or			ns). If none, enter 'NO	NE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benef plans and deferre compensation	it i d	Expense account, other allowances
NONE			- COMPONSATION	\dashv	
					
					
	- ·		·		
	}				
Total number of other employees and aver 650 000	<u> </u>				
Total number of other employees paid over \$50,000	TEEA0306L 1	2/25/12		<u> </u>	0 rm 990-PF (2012)
	TEEAUSUBL T	LI C. J. I C		FQ	1111 330-FF (2012)

Form 990-PF (2012) THE ASSOCIATED CHARITIES OF NOGALES Rart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	053011 Page 7 Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	-
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	·
2	
3	
	<u> </u>
4	
Part IX B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount _
1	
<u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	> 0.
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Form 990-PF (2012) THE ASSOCIATED CHARITIES OF NOGALES	86-6053011	Page 8
Part X: Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign found	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities.	. 1 a	
b Average of monthly cash balances	1 b	12,056.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	12,056.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	`	
(attach detailed explanation) . 1 e	0.	
2 Acquisition indebtedness applicable to line 1 assets .	. 2	0.
3 Subtract line 2 from line 1d	3	12,056.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	181.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	11,875.
6 Minimum investment return. Enter 5% of line 5	6	594.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private or	perating founda	itions
and certain foreign organizations check here Pand do not complete this pai	rt.)	
1 Minimum investment return from Part X, line 6	1	594.
2a Tax on investment income for 2012 from Part VI, line 5	3.30	
b Income tax for 2012 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	594.
4 Recoveries of amounts treated as qualifying distributions .	4	
5 Add lines 3 and 4	5	594.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	594.
Part XII Qualifying Distributions (see instructions)		
1 Amounts hald (including administrative expenses) to accomplish charitable, etc. numpses	J. 44 5	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	10,000.
b Program-related investments — total from Part IX-B.	. 1b	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)

Adjusted qualifying distributions. Subtract line 5 from line 4

b Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see instructions)

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10,000.

10,000.

2

3 a

4

5

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				594.
2 Undistributed income, if any, as of the end of 2012.				
a Enter amount for 2011 only			0.	
b Total for prior years: 20 , 20 , 20 3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007		* 300		
b From 2008				
c From 2009 19,555.	, , , , , , , , , , , , , , , , , , ,			
d From 2010				
e From 2011 1,306.				
f Total of lines 3a through e	20,861.	1		
4 Qualifying distributions for 2012 from Part	ila i kyzki jā			
XII, line 4: ► \$ 10,000.				
a Applied to 2011, but not more than line 2a		× 4.4	0.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2012 distributable amount	·	. 9 %		594.
e Remaining amount distributed out of corpus	9,406.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as	,	1		
indicated below:	<u>Alabanasi maka amaka</u>			
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	30,267.	\$ 3 P.Y. T. C.		\$\$, \$
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	, , , , , , , , , , , , , , , , , , , ,			
amount — see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2012. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2013.				0.
7 Amounts treated as distributions out of	X 73 3			
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	30,267.			
10 Analysis of line 9:	7 7 7 7 7			
a Excess from 2008				
b Excess from 2009 19,555.				
c Excess from 2010				
d Excess from 2011 1, 306.				
e Excess from 2012 9, 406.				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DAM				Form 990-PF (2012)

Form 990-PF (2012) THE ASSOCIATED CI				86-6053011	Page 10			
Part XIV Private Operating Foundat		N/A						
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4								
		erating foundation (4942(j)(3) or	4942(j)(5)			
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year Prior 3 years			(d) 2009	(e) Total			
investment return from Part X for each year listed	each year listed							
b 85% of line 2a								
 Qualifying distributions from Part XII, line 4 for each year listed 								
d Amounts included in line 2c not used directly for active conduct of exempt activities								
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 								
3 Complete 3a, b, or c for the alternative test relied upon:								
a 'Assets' alternative test — enter:								
(1) Value of all assets					<u>-</u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test — enter								
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)								
(3) Largest amount of support from an exempt organization								
(4) Gross investment income	,							
Part XV Supplementary Information assets at any time during the	(Complete this e vear – see in	part only if the structions.)	e foundation had	\$5,000 or more	in			
1 Information Regarding Foundation Manag	jers:							
a List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more t e contributed more	han 2% of the total o than \$5,000). (See	contributions received le section 507(d)(2))	by the foundation befo	ore the			
b List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally large	portion of the owner	ship of			
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater inter	rest		·			
2 Information Regarding Contribution, Gran	nt. Gift, Loan. Scho	olarship. etc. Progr	rams:					
Check here ► X if the foundation only marequests for funds If the foundation make complete items 2a, b, c, and d	kes contributions to	preselected charitab	ole organizations and o					
a The name, address, and telephone number of	e-mail of the perso	n to whom application	ons should be address	eq.				
2	•							
b The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de:				
c Any submission deadlines								
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charit	able fields, kinds of i	nstitutions, or other	factors.			

Page 11

13 Grants and Contributions Paid During the Y	ear or Approved for Fu	ture Paymer	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year				-
UNITED WAY NOGALES, AZ 85621	NONE	EXEMPT	CHARITABLE	10,000.
Total .	-1 · · · · · · · · · · · · · · · · · · ·	1	► 3a	10,000.
b Approved for future payment				
Total .			> 31	
				~!

Part XVI-A Analysis of Income-Producing Activities

briter gro	ss amounts unless otherwise indicated.	Unrelate	ea business income	Exclude	1 by section 512, 513, or 514	(e)
1 Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Pro	gram service revenue:			code		
b						
ç						_ .
e				 		
f						
-	s and contracts from government agencies					
	mbership dues and assessments rest on savings and temporary cash investments			<u> </u>		
	dends and interest from securities					
5 Net	rental income or (loss) from real estate:		在中心的情况。	2 × 3 × 5		
	ot-financed property			ļ		
	debt-financed property rental income or (loss) from personal property		<u> </u>			
	er investment income					
	or (loss) from sales of assets other than inventory					
	income or (loss) from special events.					
	ss profit or (loss) from sales of inventory er revenue:	. F9.3				
a a	or revenue.		Y	C 4/3/ /3/18	(486 (44) + 44 ; 12 (48 47 8 48 47 8 5) / _	1,5%(3×31,7%, 3%, 3%)
b						
ċ				ļ		
d						
12 Sub	ototal Add columns (b), (d), and (e)	4500				
13 Tot	al. Add line 12, columns (b), (d), and (e)	<u> </u>			13	0.
(See wor	ksheet in line 13 instructions to verify calculat	ions)			 	
Part X\	/I-B Relationship of Activities to th	e Accompl	ishment of Exemp	t Purp	oses	
Line No	Explain below how each activity for which accomplishment of the foundation's exemp	income is rep	orted in column (e) of F	Part XVI	-A contributed important	ly to the
V	accomplishment of the foundation's exemp	t purposes (c	ther than by providing f	funds fo	such purposes) (See ii	nstructions)
N/A						
-			······································		-	****
		<u> </u>				
**					· · · · · · · · · · · · · · · · · · ·	
						
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Form 990-PF (2012) THE ASSOCIATED CHARITIES OF NOGALES 86-6053011

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									2.4		¥	
de rel a Tra (1) (2) b Ot (1) (2) (3) (4) (5)	scribed ating the ansfers of Cash of Other transition (Cash of Cash of	r assets nsactions: s of assets to a no hases of assets fro al of facilities, equ bursement arrang s or loan guarante ormance of service	of the Code (cations? Ing foundation to Incharitable excom a noncharitalipment, or other gements ees es or members!	o a noncharitable o a noncharitable c empt organization able exempt orger assets	on 501(c)(3) organized exempt organized on ganization ganizations	nizations) ation of	ner organization or in section 5	n 27		1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6)	Yes	X X X X X X X X
c Sh	arıng (of facilities, equipi	ment, mailing li	ists, other assets	s, or paid employ	ees			L	1 c		<u>X</u>
d If the an	the ans goods y trans	swer to any of the , other assets, or s saction or sharing	above is 'Yes,' ervices given by arrangement, s	complete the for the reporting four show in column (ollowing schedule indation If the four (d) the value of the	Column ndation red ne goods,	(b) should alw ceived less than , other assets,	ays show the fair market v or services r	e fair mai alue in eceived.	rket valu	ie of	
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(b)	Description of trans	sfers, transactio	ns, and sha	rıng arran	gement	s
N/A									_			
	+					<u> </u>						
	+					<u> </u>						
										-		
	_					-						
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											-	
						1	· ··					
				·								
2 a ls de	the fou	ndation directly or i	indirectly affiliate) of the Code (ed with, or related other than section	I to, one or more ta on 501(c)(3)) or in	x-exempt section	organizations 527?			∏Yes	X	No
b If		complete the follo										
	(a)	Name of organiza	ation	(b) Typ	e of organization		(c)) Description	of relation	onship		
N/A				-								
				+								
						1					<u> </u>	
	Under pe	enalties of perjury, I dec and complete Declarate	lare that I have exar	mined this return, incli	uding accompanying so	hedules and	statements, and to	the best of my k	nowledge a	nd belief, il	is true,	
Sign Here	conect,	and complete Declarate	pit of preparer (date	Tanan taxpayer) is ba	1 alalr		.P.A.	euge		May the li this return preparer	RS disc with the shown to	uss ne nelow
	Signat	ture of officer or trustee			Date					(see ınstr	uctions) Yes	? No
		Print/Type preparer's r	name	Preparer's	s signature		Date	2 Check	ıf P	TIN		1
Paid		HECTOR G. A			.Hen/		9-5-1	5 self-employ	/ed F	00369	844	
repa	rer	Firm's name	ARANA & C					Firm's EIN	86-076	55358		
Jse O	nly	Firm's address		RIPOSA ROA	D, SUITE 20)5						
			NOGALES,	AZ 85621	<u>.</u>			Phone no	(520)			
BAA									F	orm 990	-PF (2	U12)

Schedule B (Form 990, 990-EZ, or 990-PF),

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2012

Name of the organization		Employer identification number
THE ASSOCIATED CHARITIES OF	NOGALES	86-6053011
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	General Rule or a Special Rule	
Note Only a section 501(c)(7) (8) or (10) or	ganization can check boxes for both the General Rule and a S	Special Rule. See instructions
	gamzation can check boxes for both the deficial raic and a c	pedia raic occ maracions
General Rule	000 DE that arranged allower the cores &E 000 arrange (in	or an arrange A forms and a second
contributor (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
Special Rules		
<u> </u>	Form 990 or 990-EZ that met the 33-1/3% support test of the	regulations under sections
\square 509(a)(1) and 170(b)(1)(A)(vi) and receive	ed from any one contributor, during the year, a contribution of art VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I ar	the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiza	ition filing Form 990 or 990-EZ that received from any one contribut	or, during the year,
total contributions of more than \$1,000 fo the prevention of cruelty to children or an	or use exclusively for religious, charitable, scientific, literary, or	educational purposes, or
	•	tor, during the year
contributions for use exclusively for religious	ition filing Form 990 or 990-EZ that received from any one contribut, charitable, etc, purposes, but these contributions did not total to r	nore than \$1,000
If this box is checked, enter here the total co	intributions that were received during the year for an <i>exclusively</i> rel nless the General Rule applies to this organization because it recei	igious, charitable, etc, ved nonexclusively
religious, charitable, etc, contributions of	, ,	. ► \$
Courties. An expansion that is not covered by the Coner	al Bula and/or the Second Bulas does not tile Schodule B /Farm 000, 000 E7, or	000 PE) but it must
answer 'No' on Part IV, line 2, of its Form 990, or chec	al Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-	PF, to certify that it does not
meet the filing requirements of Schedule B (F	Form 990, 990-EZ, or 990-PF)	
BAA For Paperwork Reduction Act Notice, s or 990-PF.	see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
0.000111		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
Name of org	anization SSOCIATED CHARITIES OF NOGALES	' '	ridentification number
	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEBLER TRUST		Person X Payroll
	P.O. BOX 2284	\$10,000.	Noncash
	NOGALES, AZ 85628		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is
			a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
BAA	TEEA0702L 11/30/12	Schedule B (Form 99	 90, 990-EZ, or 990-PF) (2012)

Page

1 to

1 of Part II

Name of organization
THE ASSOCIATED CHARITIES OF NOGALES

Employer identification number 86-6053011

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if addition	nal spac	e is needed	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A			
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		s		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-	***	
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
BAA	<u> </u>	Schedul	e B (Form 990, 990-EZ	or 990 PE) (2013

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2012)			Page	1 to	1	of Part III
Name of organ	nization				Employer ide		number
	Exclusively religious, charitable, et organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	tc, individual contribution \$1,000 for the year. Complet total of exclusively religious, ch (Enter this information once S	te columns (a) t aritable, etc.	through (e)	(7), (8) or (10)	entry. N/A
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relat	ionship of	transferor to	transf	eree
(a)	(b)	(c)			(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held			
					 		
				.			
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		is held	
					· · · · · · · · · · · · · · · · · · ·		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ionship of	transferor to	transf	eree
<u></u>	/h)	(0)	· 1		(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of ho	w gift	is held
		<u> </u>					

2012

BANK

FEDERAL STATEMENTS

PAGE 1

THE ASSOCIATED CHARITIES OF NOGALES

86-6053011

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEES	TOTAL	\$ 4. \$ 4.	\$ 0.	\$ 0.	\$ 0.

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

OMB No 1545-1709

ing (e-file). You can electronically file Form equired to file Form 990-T), or an additional tension of time to file any of the forms lister with Certain Personal Benefit Contracts, and of this form, visit www irs gov/efile and Automatic 3-Month Extension of required to file Form 990-T and request porations (including 1120-C filers), partner entering. Name of exempt organization or other filer, see instructions. THE ASSOCIATED CHARITIES Number, street, and room or suite number if a PO P.O. BOX 2284	o 3-Month Extension granted an automorm 8868 if you nee onal (not automatic din Part I or Part II which must be sent and click on e-file for f Time. Only sulting an automatic 6 erships, REMICs, a auctions OF NOGALES box, see instructions	on, complete only Part II (on page 2 of this natic 3-month extention on a previously filled a 3-month automatic extension of time.) 3-month extension of time. You can elect with the exception of Form 8870, Information to the IRS in paper format (see instruction Charities & Nonprofits bmit original (no copies needed). 5-month extension — check this box and conditional trusts must use Form 7004 to request the Enter filer's identify	ed Form 8868 to file (6 months for a ctronically file Form 8868 to Return for Transfers ons). For more details on the				
ing (e-file). You can electronically file Form equired to file Form 990-T), or an additional tension of time to file any of the forms lister with Certain Personal Benefit Contracts, and of this form, visit www irs gov/efile and Automatic 3-Month Extension of required to file Form 990-T and request porations (including 1120-C filers), partner entering. Name of exempt organization or other filer, see instructions. THE ASSOCIATED CHARITIES Number, street, and room or suite number if a PO P.O. BOX 2284	n granted an autom from 8868 if you nee fonal (not automatic) d in Part I or Part II i which must be sent and click on e-file for f Time. Only sul ting an automatic 6 erships, REMICs, a uctions OF NOGALES box, see instructions	natic 3-month extention on a previously filed a 3-month automatic extension of time.) 3-month extension of time. You can elect with the exception of Form 8870, Information to the IRS in paper format (see instruction Charities & Nonprofits bmit original (no copies needed). 5-month extension — check this box and cound trusts must use Form 7004 to request Enter filer's identify	ed Form 8868 to file (6 months for a ctronically file Form 8868 to Return for Transfers ons). For more details on the complete Part I only . an extension of time to file ying number, see instructions Employer identification number (EIN) or 86-6053011				
ing (e-file). You can electronically file Form equired to file Form 990-T), or an additional tension of time to file any of the forms listed with Certain Personal Benefit Contracts, and of this form, visit www irs gov/efile at Automatic 3-Month Extension of the required to file Form 990-T and request corations (including 1120-C filers), partner electrical tension of the exempt organization or other filer, see instructions. THE ASSOCIATED CHARITIES Number, street, and room or suite number if a PO P.O. BOX 2284	orm 8868 if you need on al (not automatic) din Part I or Part II which must be sent indicted on e-file for file. Only sulting an automatic 6 erships, REMICs, a automatic for NOGALES box, see instructions	ed a 3-month automatic extension of time.) 3-month extension of time. You can elect with the exception of Form 8870, Information to the IRS in paper format (see instruction Charities & Nonprofits. bmit original (no copies needed). 5-month extension — check this box and cound trusts must use Form 7004 to request Enter filer's identify.	to file (6 months for a stronically file Form 8868 to Return for Transfers ons). For more details on the omplete Part I only . The complete Part I only . Th				
equired to file Form 990-T), or an additional tension of time to file any of the forms listed with Certain Personal Benefit Contracts, and of this form, visit www irs gov/efile an Automatic 3-Month Extension on required to file Form 990-T and request corations (including 1120-C filers), partnered turns Name of exempt organization or other filer, see instructions. THE ASSOCIATED CHARITIES Number, street, and room or suite number if a POP.O. BOX 2284	onal (not automatic d in Part I or Part II which must be sent and click on e-file for file and automatic 6 tring an automatic 6 tring an automatic 6 tring and click on e-file for file	o) 3-month extension of time. You can elect with the exception of Form 8870, Information to the IRS in paper format (see instruction of Charities & Nonprofits). bmit original (no copies needed). 5-month extension — check this box and cound trusts must use Form 7004 to request the Enter filer's identify.	ctronically file Form 8868 to Return for Transfers ons). For more details on the omplete Part I only . an extension of time to file ving number, see instructions Employer identification number (EIN) or 86-6053011				
n required to file Form 990-T and request corations (including 1120-C filers), partneturns Name of exempt organization or other filer, see instructions. THE ASSOCIATED CHARITIES Number, street, and room or suite number if a PO P.O. BOX 2284	ting an automatic 6 erships, REMICs, a uctions OF NOGALES box, see instructions	5-month extension — check this box and countries in the countries of the countries in the c	an extension of time to file ying number, see instructions Employer identification number (EIN) or 86-6053011				
Name of exempt organization or other filer, see instrictions. THE ASSOCIATED CHARITIES Number, street, and room or suite number. If a PO P.O. BOX 2284	uctions OF NOGALES box, see instructions	end trusts must use Form 7004 to request Enter filer's identify	an extension of time to file ying number, see instructions Employer identification number (EIN) or 86-6053011				
Name of exempt organization or other filer, see instriction. THE ASSOCIATED CHARITIES Number, street, and room or suite number. If a PO P.O. BOX 2284	OF NOGALES box, see instructions	Enter filer's identify	ring number, see instructions Employer identification number (EIN) or 86-6053011				
THE ASSOCIATED CHARITIES Number, street, and room or suite number If a P O P.O. BOX 2284	OF NOGALES box, see instructions		Employer identification number (EIN) or $86-6053011$				
Number, street, and room or suite number If a P O P.O. BOX 2284	box, see instructions						
Number, street, and room or suite number If a P O P.O. BOX 2284	box, see instructions						
Number, street, and room or suite number If a P O P.O. BOX 2284	box, see instructions						
	oreign address, see instru						
City, town or post office, state, and ZIP code. For a f	oreign address, see instru						
		City, town or post office, state, and ZIP code. For a foreign address, see instructions					
NOGALES, AZ 85628							
turn code for the return that this applicat	Return	Application	Return Code				
orm 000 E7			07				
0111 990-62			08				
dividual)			09				
	04	Form 5227	10				
section 401(a) or 408(a) trust)	05	Form 6069	11				
trust other than above)	06	Form 8870	12				
anization does not have an office or place or a Group Return, enter the organization s box If it is for part of the sion is for tan automatic 3-month (6 months for a core), 20 13, to file the exergension is for the organization's return for	FAX Notes of business in the street of business in the street of business in the street of the stree	ne United States, check this box p Exemption Number (GEN) and attach a list with the nan file Form 990-T) extension of time	this is for the whole group, nes and EINs of all members				
	dividual) section 401(a) or 408(a) trust) trust other than above) are in the care of NILO LARRIVA anization does not have an office or place or a Group Return, enter the organization s box If it is for part of the sisten is for t an automatic 3-month (6 months for a core 8/15, 20, 13, to file the exer	Return Code orm 990-EZ dividual) section 401(a) or 408(a) trust) trust other than above) NILO LARRIVA No > (520) 287-4997 anization does not have an office or place of business in the or a Group Return, enter the organization's four digit Group is box business in the case of section and the properties of the group, check this business in the case of section is for the anitomatic 3-month (6 months for a corporation required to 8/15 considering the organization's return for	Return Code for the return that this application is for (file a separate application for each return) Return Code				

tax year beginning ______, 20 ____, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3b \$ 0. payments made Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3 c \$ 0.

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

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• 17 you are filing for an Additional (Not Automatic) 3-Mo	onth Extension	, complete only Part II and check t	his box .	► X		
Note. Only complete Part II if you have already been gran	ted an automa	atic 3-month extension on a previous	sly filed Form 8868.			
If you are filing for an Automatic 3-Month Extension, or	complete only	Part I (on page 1).				
Part II Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	I (no copies needed).		
		<u>-</u>	dentifying number, see ins			
Name of exempt organization or other filer, see instructions			Employer identification number			
Time on						
Type or print THE ASSOCIATED CHARITIES OF 1	86-6053011					
Number, street, and room or suite number If a P O box, see	Social security number (SSN)					
File by the extended ARANA & CORDOVA, P.C.						
due date for filing your 420 W. MARIPOSA ROAD, SUITE 2 return See	205					
return See instructions City, town or post office, state, and ZIP code For a foreign at	ddress, see instructi	ions				
NOGALES, AZ 85621						
				_		
Enter the Return code for the return that this application is	s for (file a sej	parate application for each return)		04		
Application	Return	Application		Return		
ls For	Code	Is For		Code		
Form 990 or Form 990-EZ	01	· · · · · · · · · · · · · · · · · · ·	- " - " maring the	Capter Second		
Form 990-BL	02	Form 1041-A		08		
Form 4720 (individual)	03	Form 4720		09		
Form 990-PF	04	Form 5227		10		
	Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870						
 If the organization does not have an office or place of If this is for a Group Return, enter the organization's f 	our digit Group	e United States, check this box		s is for the		
THE INDEED THE EXTENSION IS NOT						
 I request an additional 3-month extension of time under the second of the sec	ining ionths, check r XPAYER_RE			 0		
8 a If this application is for Form 990-BL, 990-PF, 990-T nonrefundable credits. See instructions.			8 a \$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						
c Balance due. Subtract line 8b from line 8a Include EFTPS (Electronic Federal Tax Payment System) S	your payment ee instructions	with this form, if required, by using	8c\$	0.		
Signature and Veri	fication mus	st be completed for Part II or	nly.			
Under penalties of perjury, I declare that I have examined this form, including correct, and complete, and that am authorized to prepare this form	accompanying sch	edules and statements, and to the best of my ki	_			
Signature Title	► C.P.A.		Date ► 8.1			
BAA /	FIFZ0502L	01/21/13	Form 8868	(Rev 1-2013)		