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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THUNDERBIRDS CHARITIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7226 NORTH 16TH STREET NO 100

City or town, state or country, and ZIP + 4
PHOENIX, AZ 85020

D Employer identification number
86-0560664

E Telephone number
(602)870-0163

G Gross receipts $ 4,454,701

F Name and address of principal officer
THOMAS ALTIERI
7226 NORTH 16TH STREET NO 100
PHOENIX,AZ 85020

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE THUNDERBIRDS CHARITIES CORPORATION CONDUCTS BUSINESS IN THE STATE OF ARIZONA SERVING AS THE HOST ORGANIZATION FOR THE PGA TOUR EVENT THAT IS CONDUCTED ANNUALLY IN THE PHOENIX METROPOLITAN AREA, AND THROUGH DONATIONS TO ARIZONA BASED ORGANIZATIONS, PROVIDING ASSISTANCE TO FAMILIES, CHILDREN, AND OTHERS IN NEED AND IMPROVING THE OVERALL QUALITY OF LIFE OF ARIZONA'S COMMUNITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,618,170	4,415,639
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,879	39,062
	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)	3,624,049	4,454,701
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,893,675	3,902,027
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶18,856		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,029	42,000
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,941,704	3,944,027
	19 Revenue less expenses Subtract line 18 from line 12	-317,655	510,674

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,925,319	3,065,987
	21 Total liabilities (Part X, line 26)	740,000	382,000
	22 Net assets or fund balances Subtract line 21 from line 20	2,185,319	2,683,987

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-01-14
Signature of officer | Date

THOMAS ALTIERI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRENDA BLUNT		2014-01-06		P00075126

Firm's name ▶ EIDE BAILLY LLP | Firm's EIN ▶ 45-0250958

Firm's address ▶ 1850 N CENTRAL AVE SUITE 400
PHOENIX, AZ 850044527 | Phone no (602) 264-5844

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE THUNDERBIRDS CHARITIES CORPORATION CONDUCTS BUSINESS IN THE STATE OF ARIZONA SERVING AS THE HOST ORGANIZATION FOR THE PGA TOUR EVENT THAT IS CONDUCTED ANNUALLY IN THE PHOENIX METROPOLITAN AREA, AND THROUGH DONATIONS TO ARIZONA BASED ORGANIZATIONS, (CON'T ON SCH O) PROVIDING ASSISTANCE TO FAMILIES, CHILDREN, AND OTHERS IN NEED AND IMPROVING THE OVERALL QUALITY OF LIFE OF ARIZONA'S COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,225,300 including grants of $ 3,225,300) (Revenue $)

THUNDERBIRDS CHARITIES MADE CONTRIBUTIONS IN THE AMOUNT OF $1,617,800 WITH TOTAL EXPENSES OF $22,044 THE FOLLOWING IS THE SUMMARY OF DONATIONS TO THE VARIOUS 501(C)(3) ORGANIZATIONS 1) AT-RISK YOUTH & FAMILIES A TOTAL OF $457,000 FOR CAPITAL PROJECTS & PROGRAM FUNDING, 2) COMMUNITY OUTREACH/QUALITY OF LIFE A TOTAL OF $404,500 FOR CAPITAL PROJECTS & PROGRAM FUNDING, 3) IMPROVING THE LIVES OF THE PHYSICALLY & MENTALLY CHALLENGED $296,300 FOR CAPITAL PROJECT & PROGRAM FUNDING , 4) EDUCATION A TOTAL OF $275,000 FOR CAPITAL PROJECTS & PROGRAM FUNDING 5)DOMESTIC VIOLENCE/HOMELESS/POVERTY A TOTAL OF $185,000 FOR CAPITAL PROJECTS & PROGRAM FUNDING

4b (Code) (Expenses $ 676,727 including grants of $ 676,727) (Revenue $)

BIRDIES FOR CHARITY PROGRAM IS A TWO PART PROGRAM DESIGNED TO GENERATE DONATIONS TO LOCAL NON-PROFIT ORGANIZATIONS THE CORPORATE PARTNER PROGRAM ACCEPTS DONATIONS DESIGNATED FOR SPECIFIC CHARITIES FROM MAJOR SPONSORS OF THE WASTE MANAGEMENT PHOENIX OPEN THUNDERBIRDS CHARITIES PROVIDES 50% MATCHING FUNDS TO THESE CHARITIES, UP TO A MAXIMUM OF $12,500 THE BIRDIE PROGRAM ALLOWS LOCAL NON-PROFIT ORGANIZATIONS TO COLLECT PLEDGES BASED ON THE NUMBER OF BIRDIES MADE DURING THE WASTE MANAGEMENT PHOENIX OPEN THUNDERBIRDS CHARITIES PROVIDES ALL MATERIALS FOR THE PLEDGE DRIVES AND COLLECTS THE PLEDGES AFTER THE EVENT THUNDERBIRDS CHARITIES THEN ADDS 10% TO THE AMOUNT COLLECTED AND PAYS THE TOTAL TO THE 501(C)(3) ORGANIZATIONS THE TOTAL AMOUNT OF CORPORATE PARTNER DONATIONS RECEIVED WAS $834,500, BIRDIE PLEDGE DONATIONS WERE $622,049 WITH TOTAL EXPENSES TO FACILITATE THE PROGRAM BEING $18,897 THE TOTAL OF 501(C)(3) CHARITABLE ORGANIZATIONS THAT RECEIVED FUNDING THROUGH THE BIRDIES FOR CHARITY PROGRAM WAS 99 FOR A TOTAL DONATION AMOUNT OF $1,922,227

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 3,902,027

Part IV Checklist of Required Schedules

			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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**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			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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** 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
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**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ

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

☐ Own website ☐ Another's website ☑ 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, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHELLE SIMPSON 7226 NORTH 16TH STREET 100 PHOENIX, AZ (602) 216-7320

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY PARRY SECRETARY/TREASURER	50	X		X				0	0	0
(2) ALEX CLARK PRESIDENT	1 00 5 00	X		X				0	0	0
(3) DAVID RAUCH DIRECTOR	80 1 00	X						0	0	0
(4) TOM ALTIERI DIRECTOR	50 4 50	X						0	0	0
(5) BRIAN BOOKER DIRECTOR	50 1 00	X						0	0	0
(6) SHAWN PARSON DIRECTOR	50 1 20	X						0	0	0
(7) DUANE WOODS DIRECTOR	1 20 4 30	X						0	0	0
(8) MICHAEL MCQUAID DIRECTOR	50 4 50	X						0	0	0
(9) MIKE REINA DIRECTOR	50 1 30	X						0	0	0
(10) GEORGE GETZ DIRECTOR	50	X						0	0	0
(11) CALE CLAYTON DIRECTOR	50 1 50	X						0	0	0
(12) SHANE THOMPSON DIRECTOR	50 1 30	X						0	0	0
(13) TIM GRANT DIRECTOR	50 30	X						0	0	0
(14) JAMES BUBBA MOFFETT DIRECTOR	50	X						0	0	0
(15) MELISSA LUELLEN DIRECTOR	50	X						0	0	0
(16) JOHN BRIDGER EXECUTIVE DIRECTOR	1 00 39 00			X				0	281,739	50,088
(17) MICHELLE SIMPSON CFO	4 00 36 00			X				0	89,151	19,084

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	370,890	69,172

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	2,615,678			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,799,961			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,415,639			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		39,062			39,062
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		4,454,701	0	0	39,062

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,902,027	3,902,027		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	792		792	
c Accounting	12,500		12,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,295		7,295	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	4,438		568	3,870
13 Office expenses	712		712	
14 Information technology	500			500
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,675		1,099	576
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANK FEES	10,755		178	10,577
b PRINTING	3,333			3,333
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,944,027	3,902,027	23,144	18,856
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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	354,463	2	1,041,236
	3	Pledges and grants receivable, net	250,000	3	175,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	2,049,388	11	1,845,336
	12	Investments—other securities See Part IV, line 11	271,468	12	4,415
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,925,319	16	3,065,987
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	740,000	18	382,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	740,000	26	382,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,185,319	27	2,683,987
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,185,319	33	2,683,987
	34	Total liabilities and net assets/fund balances	2,925,319	34	3,065,987

Part XI Reconcilliation 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	4,454,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,944,027
3	Revenue less expenses Subtract line 2 from line 1	3	510,674
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,185,319
5	Net unrealized gains (losses) on investments	5	-12,006
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	2,683,987

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	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		No
	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			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,286,014	2,313,364	2,669,829	3,618,170	4,415,639	15,303,016
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,286,014	2,313,364	2,669,829	3,618,170	4,415,639	15,303,016
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,588,950
6 **Public support.** Subtract line 5 from line 4						6,714,066

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,286,014	2,313,364	2,669,829	3,618,170	4,415,639	15,303,016
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,553	140,752	21,951	5,879	39,062	305,197
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						15,608,213

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	**14**	43 020 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	**15**	41 600 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement 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 holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements 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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	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**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	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 IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FROM THE CONSOLIDATED FINANCIAL STATEMENTS EACH ENTITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 133

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ONLY DISTRIBUTES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITHIN THE U S THE ORGANIZATION MONITORS THE EFFECT ITS CONTRIBUTIONS HAVE ON THE GRANTEES GRANTEES ARE ASKED TO REPORT BACK THE BENEFITS DERIVED FROM THE GRANT

Additional Data Return to Form

Software ID:
Software Version:
EIN: 86-0560664
Name: THUNDERBIRDS CHARITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIAL OLYMPICS ARIZONA2100 S 75TH AVE PHOENIX,AZ 85043	86-0307564	501(C)(3)	232,000				YOUTH SERVICES
BANNER HEALTH FOUNDATION2025 N 3RD ST STE 250 PHOENIX,AZ 85004	94-2545356	501(C)(3)	227,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELTA DENTAL OF ARIZONA FOUNDATION 5656 W TALAVI BLVD GLENDALE,AZ 85306	86-0842694	501(C)(3)	128,565				HEALTH & HUMAN SERVI
NOTMYKID5230 E SHEA BLVD STE 100 SCOTTSDALE,AZ 85254	86-0988329	501(C)(3)	117,785				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAKE A WISH FOUNDATION OF ARIZONA 711 E NORTHERN AVE PHOENIX,AZ 85020	86-0409636	501(C)(3)	115,500				COMMUNITY SERVICES
HOMEWARD BOUND2302 W COLTER ST PHOENIX,AZ 850152750	86-0660875	501(C)(3)	100,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF METRO PHOENIX2645 N 24TH STREET PHOENIX,AZ 85008	86-0107639	501(C)(3)	90,000				YOUTH SERVICES
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DR SCOTTSDALE,AZ 852584965	86-0133718	501(C)(3)	70,494				YOUTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CIVITAN FOUNDATION 1106 E GROVERS AVE PHOENIX,AZ 85022	23-7036797	501(C)(3)	60,000				COMMUNITY SERVICES
MIRACLE LEAGUE OF ARIZONA20710 N SCOTTSDALE RD STE 100 SCOTTSDALE,AZ 85255	20-2742885	501(C)(3)	60,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL SAINTS EPISCOPAL DAY SCHOOL6300 N CENTRAL AVE PHOENIX,AZ 85012	86-0133389	501(C)(3)	54,500				EDUCATION SERVICES
PHOENIX CHILDRENS HOSPITAL FOUNDATION 2929 E CAMELBACK RD STE 122 PHOENIX,AZ 85016	74-2421549	501(C)(3)	52,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF METRO PHOENIX2645 N 24TH STREET PHOENIX,AZ 85008	86-0107639	501(C)(3)	50,500				YOUTH SERVICES
ARIZONANS FOR CHILDREN2435 E LA JOLLA DR TEMPE,AZ 85282	20-0651198	501(C)(3)	50,000				YOUTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE EAST VALLEY1405 E GUADALUPE RD STE 4 TEMPE,AZ 85283	86-0550646	501(C)(3)	50,000				YOUTH SERVICES
BE A LEADER FOUNDATION6850 N CENTRAL AVE PHOENIX,AZ 850121018	55-0850279	501(C)(3)	50,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEST BUDDIES ARIZONA 1940 E CAMELBACK RD STE 205 PHOENIX,AZ 85016	52-1614576	501(C)(3)	50,000				COMMUNITY SERVICES
ELEVATE PHOENIX3750 W INDIAN SCHOOL RD PHOENIX,AZ 850193518	90-0451740	501(C)(3)	50,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOTMYKID INC5230 E SHEA BLVD STE 100 SCOTTSDALE,AZ 852545751	86-0988329	501(C)(3)	50,000				EDUCATION SERVICES
SOUTHWEST HUMAN DEVELOPMENT2850 N 24TH STREET PHOENIX,AZ 850081004	86-0407179	501(C)(3)	50,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER300 N 18TH STREET PHOENIX,AZ 85006	31-1406646	501(C)(3)	50,000				HEALTH & HUMAN SERVI
TEACH FOR AMERICA INC 3030 N CENTRAL AVE STE 900 PHOENIX,AZ 85012	13-3541913	501(C)(3)	50,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS HOPE GIRLS HOPE OF ARIZONA3443 N CENTRAL AVE STE 713 PHOENIX,AZ 85012	86-0630295	501(C)(3)	47,500				YOUTH SERVICES
RONALD MCDONALD HOUSE CHARITIES OF PHOENIX501 E ROANOKE PHOENIX,AZ 85004	86-0483792	501(C)(3)	46,608				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UMOM NEW DAY CENTERS 3333 E VAN BUREN ST PHOENIX,AZ 85008	86-0521062	501(C)(3)	46,250				FAMILY SERVICES
GREATER PHOENIX ECONOMIC COUNCIL2 N CENTRAL AVE STE 2500 PHOENIX,AZ 85004	86-0539979	501(C)(3)	40,000				FAMILY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STARLIGHT CHILDRENS FOUNDATION125 N 2ND ST STE 110-654 PHOENIX,AZ 85004	95-3802159	501(C)(3)	39,145				HEALTH & HUMAN SERVI
WASTE NOT INC1700 N GRANITE REEF RD SCOTTSDALE,AZ 85257	86-0650514	501(C)(3)	38,755				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ICAN IMPROVING CHANDLER AREA NEIGHBORHOODS650 E MORELOS ST CHANDLER,AZ 85225	86-0761030	501(C)(3)	37,500				COMMUNITY SERVICES
THE APOLLO FOUNDATION 1665 W ALAMEDA DR 190 TEMPE,AZ 85282	80-0563472	501(C)(3)	37,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHAPARRAL DIAMOND BACKERS11265 E BERYL AVE SCOTTSDALE,AZ 85259	30-0049667	501(C)(3)	37,500				YOUTH SERVICES
HEALTHY LIFE STARS355 E WILLETTA ST STE 139 PHOENIX,AZ 85008	47-0916068	501(C)(3)	37,500				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY3877 N 7TH STREET 300 PHOENIX,AZ 85014	13-5644916	501(C)(3)	37,500				HEALTH & HUMAN SERVI
LIVING STREAMS CHURCH PO BOX 44800 PHOENIX,AZ 85064	86-0538638	501(C)(3)	37,500				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY GILBERT MEDICAL CENTER3555 S VAL VISTA DR GILBERT,AZ 85297	94-1196203	501(C)(3)	37,500				COMMUNITY SERVICE
PHOENIX RESCUE MISSION1468 N 26TH AVE PHOENIX,AZ 85009	86-6057771	501(C)(3)	37,500				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALT RIVER COMMUNITY CHILDREN'S FOUNDATION 10005 E OSBORN ROAD SCOTTSDALE,AZ 85256	86-0143787	501(C)(3)	37,500				YOUTH SERVICES
TGEN445 N 5TH ST STE 120 PHOENIX,AZ 85004	33-1092191	501(C)(3)	37,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
XAVIER DADS CLUB-XCP HOTSHOTS4710 N 5TH STREET PHOENIX,AZ 85012	86-0651996	501(C)(3)	37,500				YOUTH SERVICES
POWER PAWS ASSISTANCE DOGS4932 N 85TH ST SOCTTSDALE,AZ 85251	86-0669709	501(C)(3)	36,970				FAMILY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GIFT OF LIFE ARIZONA INC2800 N CENTRAL STE 1450 PHOENIX,AZ 85004	86-0529773	501(C)(3)	36,000				HEALTH & HUMAN SERVI
AMERICAN HEART ASSOCIATION2929 S 48TH STREET TEMPE,AZ 85282	13-5613797	501(C)(3)	33,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BENEVILLA THE NEW FACE OF INTERFAITH COMMUNITY CAREPO BOX 8450 SURPRISE,AZ 85374	86-0404687	501(C)(3)	32,054				COMMUNITY SERVICES
TCHTHE CENTERS FOR HABILITATION215 W LODGE DRIVE TEMPE,AZ 85283	86-0217033	501(C)(3)	30,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ARIZONA ACADEMIC DECATHLON ASSOC6010 N 10TH WAY PHOENIX,AZ 85014	86-0508608	501(C)(3)	25,000				EDUCATION SERVICES
CATHOLIC CHARITIES COMMUNITY SERVICES 4747 N 7TH AVE PHOENIX,AZ 85013	53-0196617	501(C)(3)	25,000				FAMILY SERVICES

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INTERFAITH COMMUNITY CARE DBA BENEVILLAPO BOX 8450 SURPRISE,AZ 85374	86-0404687	501(C)(3)	25,000				COMMUNITY SERVICES
SOCIETY OF ST VINCENT DE PAUL420 W WATKINS RD PHOENIX,AZ 850032830	86-0096789	501(C)(3)	25,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ARIZONA BRIDGE TO INDEPENDENT LIVING 1229 E WASHINGTON PHOENIX,AZ 85034	86-0486447	501(C)(3)	25,000				FAMILY SERVICES
FAMILY PROMISE - GREATER PHOENIX7221 E BELLEVIEW ST 5 SCOTTSDALE,AZ 85257	86-0914408	501(C)(3)	25,000				FAMILY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MISSION OF MERCY INC 1741 E MORTEN AVE STE C2 PHOENIX,AZ 85020	86-0704883	501(C)(3)	25,000				FAMILY SERVICES
SUMMER YOUTH FUND PROGRAM2201 E CAMELBACK ROAD SUITE 202 PHOENIX,AZ 85016	86-0348306	501(C)(3)	25,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHILD CRISIS CENTER - EAST VALLEYPO BOX 4114 MESA,AZ 852114114	86-0407090	501(C)(3)	24,000				FAMILY SERVICES
THE PHOENIX CONSERVATORY OF MUSIC PO BOX 1163 LITCHFIELD PARK,AZ 85340	86-0917748	501(C)(3)	23,000				COMMUNITY SERVICES

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NEIGHBORHOOD CHRISTIAN CLINIC1929 W FILLMORE BLDG C PHOENIX,AZ 85009	86-0839580	501(C)(3)	22,579				COMMUNITY SERVICES
AZ BURN FOUNDATION FOREVER COURAGE HOUSE PO BOX 1329 PHOENIX,AZ 85003	86-0207519	501(C)(3)	22,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DESERT MISSION INC9221 N CENTRAL AVE PHOENIX,AZ 850202412	86-0324144	501(C)(3)	20,000				FAMILY SERVICES
NATIONAL COUNCIL ON ALCOHOLISM GREATER PHOENIX AREA4201 N 16TH ST STE 140 PHOENIX,AZ 850165398	86-0208873	501(C)(3)	20,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WASTE NOT INC1700 N GRANITE REEF RD SCOTTSDALE,AZ 852572857	86-0650514	501(C)(3)	20,000				COMMUNITY SERVICE
SOJOURNER CENTERPO BOX 20156 PHOENIX,AZ 85036	94-2465081	501(C)(3)	18,750				FAMILY SERVICES

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NOTRE DAME PREPARATORY9701 E BELL RD SCOTTSDALE,AZ 85260	26-2785863	501(C)(3)	17,000				EDUCATION SERVICES
ARIZONA WOMEN'S EDUCATION & EMPLOYMENT640 N 1ST AVE PHOENIX,AZ 85003	86-0412509	501(C)(3)	15,000				EDUCATION SERVICES

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ARIZONA RURAL DEVELOPMENT COUNCIL PO BOX 45439 PHOENIX,AZ 85064	72-1599846	501(C)(3)	15,000				COMMUNITY SERVICES
ASU PREP STEM PROGRAM 735 E FILLMORE ST PHOENIX,AZ 85006	26-0664313	501(C)(3)	15,000				EDUCATION SERVICES

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ST MARY'S HIGH SCHOOL SCHOLARSHIP & BENEFIT FUND2525 N 3RD STREET PHOENIX,AZ 85004	74-2547562	501(C)(3)	15,000				EDUCATION SERVICES
UNITED PHOENIX FIREFIGHTERS ASSOCIATIONPOOL FENCE PROGRAM PHOENIX,AZ 85012	86-6053047	501(C)(3)	15,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YMCA LINCOLN FAMILY DOWNTOWN350 N 1ST AVE PHOENIX,AZ 85003	86-0096799	501(C)(3)	15,000				COMMUNITY SERVICES
MAGGIE'S PLACE INCPO BOX 1102 PHOENIX,AZ 85001	86-0972675	501(C)(3)	15,000				HEALTH & HUMAN SERVI

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AMERICAN CANCER SOCIETY GREAT WEST DIVISION4550 E BELL RDSTE 126 PHOENIX,AZ 85032	84-1316555	501(C)(3)	15,000				HEALTH & HUMAN SERVI
ARIZONA LITERACY & LEARNING CENTER14001 N 7TH ST F 112 PHOENIX,AZ 85022	86-1032912	501(C)(3)	15,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MAKE A WISH FOUNDATION OF ARIZONA 711 E NORTHERN AVE PHOENIX,AZ 850204154	86-0409636	501(C)(3)	15,000				FAMILY SERVICES
SAVE THE FAMILY1750 E GLENDALE 150 PHOENIX,AZ 85020	86-0665712	501(C)(3)	15,000				FAMILY SERVICES

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ST JOSEPH THE WORKER PO BOX 13503 PHOENIX,AZ 850023503	86-0600437	501(C)(3)	15,000				FAMILY SERVICES
PAZ DE CRISTO COMMUNITY CENTER424 W BROADWAY RD MESA,AZ 852101208	26-1669496	501(C)(3)	14,000				COMMUNITY SERVICES

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AID TO ADOPTION OF SPECIAL KIDS2320 N 20TH STREET PHOENIX,AZ 85006	86-0611935	501(C)(3)	12,685				YOUTH SERVICES
ASHLYN DYER FOUNDATIONASHLYN DYER AQUATIC CENTER PHOENIX,AZ 85016	20-8515284	501(C)(3)	12,500				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BARROW NEUROLOGICAL FOUNDATION ASHLYN DYER AQUATIC CENTER 350 W THOMAS RD PHOENIX, AZ 85013	20-8515284	501(C)(3)	12,500				HEALTH & HUMAN SERVI
DETOUR COMPANY THEATREPO BOX 15067 PHOENIX, AZ 85060	01-0622545	501(C)(3)	12,500				COMMUNITY SERVICES

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MIDTOWN PRIMARY SCHOOL STEP BY STEP KINDERGARTEN READINESS4735 N 19TH AVE PHOENIX,AZ 85015	75-3049690	501(C)(3)	12,500				EDUCATION
MIRACLE HOUSE665 E MORELOS ST STE 101 CHANDLER,AZ 85225	20-0084218	501(C)(3)	12,500				COMMUNITY SERVICES

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CAMP SOARING EAGLE FOUNDATION8418 E SHEA BLVD STE 100 SCOTTSDALE,AZ 85260	26-0553694	501(C)(3)	12,500				COMMUNITY SERVICES
FOUNDATION OF YUMA REGIONAL MEDICAL CENTER2400 S AVENUE A YUMA,AZ 85364	51-0179146	501(C)(3)	12,000				HEALTH & HUMAN SERVI

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DESERT VOICES ORAL LEARNING CENTER3426 E SHEA BLVD PHOENIX,AZ 85028	86-0834633	501(C)(3)	11,418				EDUCATION SERVICES
HORSENSE FOR KIDS HEALTH WORLD SW8601E VIA DEL SOL DR SCOTTSDALE,AZ 85255	86-0870332	501(C)(3)	11,250				YOUTH SERVICES

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SPECIAL OLYMPICS ARIZONA2100 S 75TH AVE PHOENIX,AZ 85043	86-0307564	501(C)(3)	10,960				YOUTH SERVICES
NEIGHBORS WHO CARE INC10450 E RIGGS RD STE 113 SUN LAKES,AZ 85248	86-0966061	501(C)(3)	10,698				COMMUNITY SERVICES

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ACCEL SCHOOL10251 N 35TH AVE PHOENIX,AZ 85051	95-3497070	501(C)(3)	10,000				EDUCATION SERVICES
CHRIST CHILD SOCIETY OF PHOENIX4633 N 54TH STREET PHOENIX,AZ 850181904	86-0725374	501(C)(3)	10,000				FAMILY SERVICES

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ABOUT CARE INCPO BOX 3278 CHANDLER,AZ 852443278	34-2047687	501(C)(3)	10,000				HEALTH & HUMAN SERVI
ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION7200 W BELL ROAD STE H-102 GLENDALE,AZ 85308	86-0468850	501(C)(3)	10,000				YOUTH SERVICES

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ARIZONA BURN FOUNDATION333 E VIRGINIA AVE 204 PHOENIX,AZ 85003	86-0207519	501(C)(3)	10,000				FAMILY SERVICES
ARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS2600 N CENTRAL AVE STE 635 PHOENIX,AZ 850043007	86-0917603	501(C)(3)	10,000				HEALTH & HUMAN SERVI

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ARIZONA CENTER FOR THE BLIND AND VISUALLY IMPAIRED3100 E ROOSEVELT ST PHOENIX,AZ 850065036	86-0133392	501(C)(3)	10,000				FAMILY SERVICES
BACK TO SCHOOL CLOTHING DRIVE1212 E WASHINGTON ST PHOENIZ,AZ 85034	74-2382265	501(C)(3)	10,000				EDUCATION SERVICES

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CENTRAL ARIZONA SHELTER SERVICES INC 230 S 12TH AVE PHOENIX,AZ 850073101	86-0500753	501(C)(3)	10,000				FAMILY SERVICES
CRISIS NURSERY INC2334 E POLK ST PHOENIX,AZ 850063916	86-0324144	501(C)(3)	10,000				CHILD SERVICES

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EDUCARE ARIZONA1300 N 44TH ST PHOENIX,AZ 85008	26-1778287	501(C)(3)	10,000				EDUCATION SERVICES
HOPE & A FUTURE INCPO BOX 61172 PHOENIX,AZ 85008	42-1651764	501(C)(3)	10,000				YOUTH SERVICES

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LEUKEMIA FOUNDATION OF ARIZONAPO BOX 5820 PEORIA,AZ 853855820	23-7255623	501(C)(3)	10,000				HEALTH & HUMAN SERV
PHOENIX DAY CHILD & FAMILY LEARNING CENTER 115 E TONTO STREET PHOENIX,AZ 850042741	86-0096782	501(C)(3)	10,000				EDUCATION SERVICES

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RED MEANS STOP COALITION9089 E BAHIA DR 102 SCOTTSDALE,AZ 85260	86-0945615	501(C)(3)	9,392				COMMUNITY SERVICE
TEACH FOR AMERICA3030 N CENTRAL AVE STE 900 PHOENIX,AZ 85012	13-3541913	501(C)(3)	8,082				EDUCATION SERVICES

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ALL SPORTS FOUNDATION DBA PROSTATE ON-SITE PROJECT525 W SOUTHERN AVE STE 102 MESA,AZ 85210	86-0948735	501(C)(3)	7,800				HEALTH & HUMAN SERVI
BARROW NEUROLOGICAL FOUNDATION350 W THOMAS RD PHOENIX,AZ 85013	86-0174371	501(C)(3)	7,500				HEALTH & HUMAN SERVI

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FRIENDS OF PUBLIC RADIO OF ARIZONA2323 W 14TH ST TEMPE,AZ 85281	10-0579687	501(C)(3)	7,500				COMMUNITY SERVICES
JUVENILE DIABETES RESEARCH FOUNDATION 4343 E CAMELBACK RD STE 230 PHOENIX,AZ 85018	23-1907729	501(C)(3)	7,500				HEALTH & HUMAN SERVI

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MARICOPA COMMUNITY COLLEGE FOUNDATION 7050 S 34TH STREET PHOENIX,AZ 85042	86-0327449	501(C)(3)	7,500				COMMUNITY SERVICES
THE SALVATION ARMY 2707 E VAN BUREN PHOENIX,AZ 85008	94-1156347	501(C)(3)	7,500				COMMUNITY SERVICES

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STAND FOR CHILDREN645 N 4TH AVE STE A PHOENIX,AZ 85003	52-1957214	501(C)(3)	7,500				YOUTH SERVICES
BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA1010 E MCDOWELL RD STE 400 PHOENIX,AZ 850062610	86-0205254	501(C)(3)	7,500				COMMUNITY SERVICES

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THE MELONHEAD FOUNDATION1840 E BASELINE RD STE A1 TEMPE,AZ 85283	86-0876513	501(C)(3)	7,500				HEALTH & HUMAN SERVI
LITERACY VOLUNTEERS OF MARICOPA COUNTY INC 1500 E THOMAS ROAD SUITE 102 PHOENIX,AZ 85014	94-2870927	501(C)(3)	6,977				EDUCATION SERVICES

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ARIZONA ACADEMY OF THE PERFORMING ARTSPO BOX 11926 TEMPE,AZ 85284	86-0998307	501(C)(3)	6,505				EDUCATION SERVICES
CRANIOFACIAL FOUNDATION OF ARIZONA PO BOX 50987 PHOENIX,AZ 85076	86-0649623	501(C)(3)	6,012				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOROPTIMIST INTERNATIONAL OF THE SAN TANSPO BOX 1213 CHANDLER,AZ 85244	23-2154856	501(C)(3)	5,639				COMMUNITY SERVICES
THUNDERBIRD JUNIOR GOLF FOUNDATION7226 N 16TH STREET PHOENIX,AZ 85020	52-2103204	501(C)(3)	5,984				YOUTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S MUSEUM OF PHOENIX215 N 7TH ST PHOENIX,AZ 85034	86-0934323	501(C)(3)	5,270				YOUTH SERVICES
BROPHY COLLEGE PREPARATORY4701 N CENTRAL AVE PHOENIX,AZ 850121797	86-0119984	501(C)(3)	5,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOOKER T WASHINGTON CHILD DEVELOPMENT CENTER1519 E ADAMS STREET PHOENIX,AZ 85034	86-0215507	501(C)(3)	5,000				EDUCATION SERVICES
KITCHEN ON THE STREET INC21006 N 22ND ST STE C1 PHONEIX,AZ 85024	20-5723799	501(C)(3)	5,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER 1028 E MCDOWELL PHOENIX,AZ 850062622	86-0402582	501(C)(3)	5,000				HEALTH & HUMAN SERVI
AREA AGENCY ON AGING REGION ONE INC1366 E THOMAS RD STE 108 PHOENIX,AZ 850145739	74-2371957	501(C)(3)	5,000				HEALTH & HUMAN SERVI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARIZONA MUSEUM FOR YOUTH FRIENDS INCPO BOX 77 MESA,AZ 852110077	94-8681572	501(C)(3)	5,000				YOUTH SERVICES
CHILDHELP INC15757 N 78TH STREET STE B SCOTTSDALE,AZ 85260	95-2884608	501(C)(3)	5,000				YOUTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DESERT SOUNDS PERFORMING ARTS INCPO BOX 7526 CHANDLER,AZ 85246	35-2343558	501(C)(3)	5,000				COMMUNITY SERVICES
DUET PARTNERS IN HEALTH & AGING555 W GLENDALE AVE PHOENIX,AZ 850218763	74-2370522	501(C)(3)	5,000				FAMILY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE ARTS FOR ABUSED CHILDREN OF ARIZONA 103 W HIGHLAND AVE STE 200 PHOENIX,AZ 850132769	86-0739613	501(C)(3)	5,000				COMMUNITY SERVICES
JEWISH FAMILY & CHILDRENS SERVICE4747 N 7TH STREET PHOENIX,AZ 85014	86-0096781	501(C)(3)	5,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARENTS OF MURDERED CHILDRENPO BOX 39603 PHOENIX,AZ 850699603	31-1255458	501(C)(3)	5,000				COMMUNITY SERVICES
ROSIE'S HOUSEA MUSIC ACADEMY FOR CHILDREN PHOENIX,AZ 85002	86-0650451	501(C)(3)	5,000				EDUCATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEEN LIFELINE INCPO BOX 10745 PHOENIX,AZ 850640745	86-0966427	501(C)(3)	5,000				YOUTH SERVICES
VALLEY OF THE SUN UNITED WAY1515 E OSBORN RD PHOENIX,AZ 850145386	86-0104419	501(C)(3)	5,000				COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY YOUTH THEATRE 807 N 3RD STREET PHOENIX,AZ 850042021	86-0641978	501(C)(3)	5,000				EDUCATION SERVICES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN BRIDGER EXECUTIVE DIRECTOR	(i) (ii)	0 223,614	0 58,125	0 0	0 36,626	0 13,578	0 331,943	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 THE EXECUTIVE DIRECTOR AND OTHER OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION THAT USES A COMBINATION OF THESE METHODS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE GOVERNING BODY OF THE THUNDERBIRDS, THE THUNDERBIRDS COUNCIL, ELECTS THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BODY OF THE THUNDERBIRDS, THE THUNDERBIRDS COUNCIL, ELECTS THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	THE THUNDERBIRDS, AS THE SOLE MEMBER, HAS THE EXCLUSIVE AUTHORITY TO AMEND THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT FORM 990 IS REVIEWED BY THE CFO ANY QUESTIONS OR COMMENTS ARE ADDRESSED AND THEN THE DRAFT FORM 990 IS PROVIDED TO THE GOVERNING BODY UPON APPROVAL, THE FORM 990 IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS AND OFFICERS FOR THUNDERBIRDS CHARITIES THE REMAINING BOARD MEMBERS DETERMINE WHETHER OR NOT CONFLICTS EXIST IF A CONFLICT EXISTS, THAT MEMBER IS ASKED TO REMOVE THEMSELVES FROM ALL DISCUSSIONS RELEVANT TO THE CONFLICT OF INTEREST PERIODIC REVIEWS ARE CONDUCTED BY THE THUNDERBIRDS ON VARIOUS TRANSACTIONS ENTERED INTO BY THUNDERBIRDS CHARITIES
		FORM 990, PART VI, SECTION B, LINE 15 THESE INDIVIDUALS ARE COMPENSATED BY A RELATED ORGANIZATION THAT ORGANIZATION HAS A PROCESS FOR DETERMINING COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE THUNDERBIRDS 7226 NORTH 16TH ST STE 100 PHOENIX, AZ 85020 86-0373052	PUBLICIZE PHOENIX METROPOLITAN AREA BY SPONSORING ATHLETIC EVENTS	AZ	501C(6)		N/A		No
(2) THUNDERBIRD JUNIOR GOLF FOUNDATION 7226 NORTH 16TH ST STE 100 PHOENIX, AZ 85020 52-2103204	PROVIDE AFFORDABLE ACCESS TO GAME OF GOLF FOR CHILDREN & YOUTH	AZ	501C(3)	7	N/A		No
(3) THE THUNDERBIRD FOUNDATION 7226 NORTH 16TH ST STE 100 PHOENIX, AZ 85020 23-7163480	SUPPORT AMATEUR ATHLETES & ATHLETIC PROGRAMS IN PHOENIX METROPOLITAN AREA	AZ	501C(4)		N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE THUNDERBIRDS	C	2,615,678	CASH

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-0560664
Name: THUNDERBIRDS CHARITIES

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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