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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 JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 4094 OLD MAIN BUILDING #10

City, town, or post office, state, and ZIP code

FLAGSTAFF, AZ 86011

F Name and address of principal officer: MASON GERETY

P.O. BOX 4094, FLAGSTAFF, AZ 86011

D Employer identification number

86-0193726

E Telephone number

928-523-3711

G Gross receipts \$ 22,903,447.

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: ▶ WWW.ADVANCEMENT.NAU.EDU/FOUNDATION.SHTML

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1959

M State of legal domicile: AZ

Part I Summary

Activities & Governance	
1	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO PROMOTE THE UNIVERSITY'S MISSION, ENHANCE ITS RECOGNITION, AND FOSTER PRIVATE...</u>
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a) <u>3</u> 37
4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> 37
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) <u>5</u> 1
6	Total number of volunteers (estimate if necessary) <u>6</u> 376
7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> 269.
7b	Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> 0.

Revenue	
8	Contributions and grants (Part VIII, line 1h) <u>7,661,573.</u> <u>9,595,774.</u>
9	Program service revenue (Part VIII, line 2g) <u>480,297.</u> <u>470,023.</u>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>2,175,366.</u> <u>2,294,722.</u>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>1,854,356.</u> <u>1,761,088.</u>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12,171,592.</u> <u>14,121,607.</u>

Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>6,488,755.</u> <u>6,017,139.</u>
14	Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <u>0.</u>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>314,838.</u> <u>366,038.</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> <u>0.</u>
16b	Total fundraising expenses (Part IX, column (D), line 25) <u>2,672,752.</u>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>4,501,963.</u> <u>4,378,221.</u>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>11,305,556.</u> <u>10,761,398.</u>
19	Revenue less expenses. Subtract line 18 from line 12 <u>866,036.</u> <u>3,360,209.</u>

Net Assets or Fund Balances	
20	Total assets (Part X, line 16) <u>118,129,181.</u> <u>133,799,089.</u>
21	Total liabilities (Part X, line 26) <u>29,234,639.</u> <u>31,430,585.</u>
22	Net assets or fund balances. Subtract line 21 from line 20 <u>88,894,542.</u> <u>102,368,504.</u>

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 ☒ Signature of officer Cheryl Heitz Date 3/19/14
☒ Type or print name and title Cheryl Heitz Assistant Vice President

Paid Preparer Use Only Print/Type preparer's name AMY A. O'LOUGHLIN Preparer's signature Amy O'Loughlin Date 3-10-14 Check if self-employed ☐ PTIN P00869687
Firm's name CBIZ MHM, LLC Firm's EIN 34-1884125
Firm's address 3101 N. CENTRAL AVE., STE. 300 Phone no. 602-264-6835
PHOENIX, AZ 85012

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

OUR MISSION IS TO PROMOTE THE UNIVERSITY'S MISSION, ENHANCE ITS
RECOGNITION, AND FOSTER PRIVATE INVESTMENT IN IT BY CREATING AND
NURTURING MEANINGFUL RELATIONSHIPS.

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 \$ 6,069,439. including grants of \$ 6,017,139.) (Revenue \$ 694,996.)
THE FOUNDATION RECEIVES GIFTS AND BEQUESTS, ADMINISTERS AND INVESTS
SECURITIES AND PROPERTY, AND DISBURSES PAYMENTS TO AND ON BEHALF OF THE
UNIVERSITY FOR THE ADVANCEMENT OF ITS MISSION.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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 **▶** 6,069,439.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 x	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 x	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 x	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	x
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	x
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	x
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	x
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 x	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 x	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 x	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	x
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 x	

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	52	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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	1	
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 X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

☒**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 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.	37	
1b Enter the number of voting members included in line 1a, above, who are independent	37	
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ 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: **►**

CHERYL HEITZ - 928-523-3711

P.O. BOX 4094, FLAGSTAFF, AZ 86011

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ 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 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) MR. HARRY HENGL CHAIR	2.00	X		X				0.	0.	0.
(2) MR. HANK PECK VICE CHAIR	2.00	X		X				0.	0.	0.
(3) MRS. DEE ANN PALIN TREASURER	2.00	X		X				0.	0.	0.
(4) MR. DAVID MOSOW SECRETARY	2.00	X		X				0.	0.	0.
(5) MR. CHRISTOPHER BAVASI PAST CHAIR	2.00	X		X				0.	0.	0.
(6) MS. LISA BACUS DIRECTOR	1.00	X						0.	0.	0.
(7) MR. JEFFRE BEATTY DIRECTOR	1.00	X						0.	0.	0.
(8) MR. MIKE BEATTY DIRECTOR	1.00	X						0.	0.	0.
(9) MR. JOHN BRIDGER DIRECTOR	1.00	X						0.	0.	0.
(10) MR. ERNEST CALDERON DIRECTOR	1.00	X						0.	0.	0.
(11) MR. ROBERT CASSELMAN DIRECTOR	1.00	X						0.	0.	0.
(12) MR. SCOTT COOR DIRECTOR	1.00	X						0.	0.	0.
(13) MR. DAVID P. FALCK DIRECTOR	1.00	X						0.	0.	0.
(14) MR. MICHAEL FRONSKE DIRECTOR	1.00	X						0.	0.	0.
(15) MR. SCOTT FREE DIRECTOR	1.00	X						0.	0.	0.
(16) MS. JEANETTE GARRETTY DIRECTOR	1.00	X						0.	0.	0.
(17) MR. STEVE JACKSON DIRECTOR	1.00	X						0.	0.	0.

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 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			
(18) MR. KURT LEFTEROFF DIRECTOR	1.00	X						0.	0.	0.
(19) MR. JOHN LUCKING DIRECTOR	1.00	X						0.	0.	0.
(20) MR. PETER MCCLEAN DIRECTOR	1.00	X						0.	0.	0.
(21) MS. BARBARA MCCLOUD DIRECTOR	1.00	X						0.	0.	0.
(22) MR. MARC MILLER DIRECTOR	1.00	X						0.	0.	0.
(23) MR. ROY MOREY DIRECTOR	1.00	X						0.	0.	0.
(24) MS. JULIE NACKARD DIRECTOR	1.00	X						0.	0.	0.
(25) MR. ANTHONY PLESE DIRECTOR	1.00	X						0.	0.	0.
(26) MS. KARISSA PRICE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								217,305.	0.	41,867.
d Total (add lines 1b and 1c)								217,305.	0.	41,867.

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 **2**

	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		X
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		X
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	X	

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
NONE		
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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MR. TED QUASULA	1.00									
DIRECTOR		X						0.	0.	0.
(28) MS. COLLEEN RAGLAND	1.00									
DIRECTOR		X						0.	0.	0.
(29) MR. STANLEY RULAPPAUGH	1.00									
DIRECTOR		X						0.	0.	0.
(30) MR. JAMES SHERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(31) MR. HARRY SLOAN	1.00									
DIRECTOR		X						0.	0.	0.
(32) MR. TIM SNIDER	1.00									
DIRECTOR		X						0.	0.	0.
(33) MS. KAREN STEINBRONN	1.00									
DIRECTOR		X						0.	0.	0.
(34) MR. PAUL THOMAS	1.00									
DIRECTOR		X						0.	0.	0.
(35) MS. LYNN VALBUENA	1.00									
DIRECTOR		X						0.	0.	0.
(36) MR. LARRY WEST	1.00									
DIRECTOR		X						0.	0.	0.
(37) MR. JEFFREY WILLIS	1.00									
DIRECTOR		X						0.	0.	0.
(38) MS. CHERYL HEITZ	40.00			X				112,015.	0.	23,557.
ASSISTANT VP										
(39) MR. MASON GERETY	20.00			X				105,290.	0.	18,310.
PRESIDENT										
Total to Part VII, Section A, line 1c								217,305.		41,867.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,325.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,593,449.				
	g Noncash contributions included in lines 1a-1f \$		1,310,800.				
	h Total. Add lines 1a-1f			9,595,774.			
Program Service Revenue	2 a SEMINARS AND EVENTS	Business Code	900099	470,023.	470,023.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			470,023.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,978,012.		269.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				1,390,396.			1,390,396.
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				9,004,938.			
c Gain or (loss)				8,687,723.	505.		
d Net gain or (loss)				317,215.	<505.		
8 a Gross income from fundraising events (not including \$ 2,325. of contributions reported on line 1c). See Part IV, line 18		a		190,933.			
b Less: direct expenses		b		86,567.			
c Net income or (loss) from fundraising events				104,366.			104,366.
9 a Gross income from gaming activities. See Part IV, line 19		a		37,374.			
b Less: direct expenses		b		7,045.			
c Net income or (loss) from gaming activities				30,329.			30,329.
10 a 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				
11 a REIMBURSEMENTS		900099	224,973.	224,973.			
b GIFT CLUB		900099	10,970.			10,970.	
c MISCELLANEOUS		900099	54.			54.	
d All other revenue							
e Total. Add lines 11a-11d			235,997.				
12 Total revenue. See instructions.			14,121,607.	694,996.	269.	3,830,568.	

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	4,165,088.	4,165,088.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,852,051.	1,852,051.		
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	262,311.		262,311.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,197.		19,197.	
9 Other employee benefits	65,982.		65,982.	
10 Payroll taxes	18,548.		18,548.	
11 Fees for services (non-employees):				
a Management				
b Legal	26,383.		26,383.	
c Accounting	37,275.		37,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	62,297.		62,297.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	8,712.		8,712.	
14 Information technology	9,567.		9,567.	
15 Royalties				
16 Occupancy	7,560.		7,560.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,401.		42,401.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,429,768.		1,429,768.	
23 Insurance	9,647.		9,647.	
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 PUBLIC RELATIONS	2,725,052.	52,300.		2,672,752.
b EBS EXPENSES	13,946.		13,946.	
c SCHOLARSHIP ADMIN.	2,437.		2,437.	
d SUPPLIES	1,554.		1,554.	
e All other expenses	1,622.		1,622.	
25 Total functional expenses. Add lines 1 through 24e	10,761,398.	6,069,439.	2,019,207.	2,672,752.
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 SheetCheck 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	2,318,264.	1	1,004,843.
	2 Savings and temporary cash investments	30,380.	2	381,627.
	3 Pledges and grants receivable, net	6,582,216.	3	7,255,546.
	4 Accounts receivable, net	126,167.	4	100,677.
	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 instr). Complete Part II of Sch 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 147,411.		
	b Less: accumulated depreciation	10b 105,719.	5,418,386.	10c 41,692.
	11 Investments - publicly traded securities	91,696,990.	11	106,801,834.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,956,778.	15	18,212,870.
16 Total assets. Add lines 1 through 15 (must equal line 34)	118,129,181.	16	133,799,089.	
Liabilities	17 Accounts payable and accrued expenses	2,353,338.	17	1,640,858.
	18 Grants payable		18	
	19 Deferred revenue	5,452,290.	19	5,402,841.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	20,083,193.	21	23,063,304.
	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	1,345,818.	25	1,323,582.
	26 Total liabilities. Add lines 17 through 25	29,234,639.	26	31,430,585.
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	29,469,949.	27	32,281,531.
	28 Temporarily restricted net assets	18,356,443.	28	23,510,531.
	29 Permanently restricted net assets	41,068,150.	29	46,576,442.
	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	88,894,542.	33	102,368,504.
34 Total liabilities and net assets/fund balances	118,129,181.	34	133,799,089.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	14,121,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,761,398.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,360,209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,894,542.
5	Net unrealized gains (losses) on investments	5	9,282,034.
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	831,719.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	102,368,504.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?

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?

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?

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?

- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

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)

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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.")	6,036,870.	6,945,235.	8,410,647.	7,661,573.	9,595,774.	38,650,099.
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	6,036,870.	6,945,235.	8,410,647.	7,661,573.	9,595,774.	38,650,099.
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)						1,970,489.
6 Public support. Subtract line 5 from line 4						36,679,610.

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	6,036,870.	6,945,235.	8,410,647.	7,661,573.	9,595,774.	38,650,099.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,869,523.	3,814,728.	4,788,286.	3,010,145.	3,368,408.	19,851,090.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		801.	529.	188.	219.	1,737.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	26,438.	25,273.	23,765.	22,108.	11,024.	108,608.
11 Total support. Add lines 7 through 10						58,611,534.
12 Gross receipts from related activities, etc. (see instructions)					12	3,584,061.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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	62.58 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	55.00 %
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to 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 section 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)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2009 AMOUNT: \$ 664.

2012 AMOUNT: \$ 54.

GIFT CLUB

2008 AMOUNT: \$ 26,438.

2009 AMOUNT: \$ 24,609.

2010 AMOUNT: \$ 23,765.

2011 AMOUNT: \$ 22,108.

2012 AMOUNT: \$ 10,970.

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

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

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 Tax 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	51,817,313.	51,201,399.	39,438,324.		
b Contributions	4,896,740.	2,786,582.	3,093,215.		
c Net investment earnings, gains, and losses	9,215,960.	<276,921.>	10,496,633.		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,408,650.	1,893,747.	1,826,773.		
f Administrative expenses					
g End of year balance	63,521,363.	51,817,313.	51,201,399.		

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

a Board designated or quasi-endowment ☐ 14.71 %

b Permanent endowment ☐ 70.03 %

c Temporarily restricted endowment ☐ 15.26 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	☐	☒
3a(ii)	☐	☒
3b	☐	☐

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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	41,692.			41,692.
c Leasehold improvements				
d Equipment		105,719.	105,719.	0.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

41,692.

Schedule D (Form 990) 2012

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (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
(1) BENEFICIAL INTEREST IN TRUSTS	3,215,990.
(2) CSV OF LIFE INSURANCE	3,355,955.
(3) EBS LICENSES	2,130,097.
(4) DONATED ASSETS HELD FOR SALE	345.
(5) FINANCING LEASE	7,954,192.
(6) GOLF MEMBERSHIP	45,000.
(7) DUE FROM NORTHERN ARIZONA UNIVERSITY	1,511,291.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,212,870.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIFE ANNUITY PAYABLE	946,571.
(3)	REMAINDER TRUST LIABILITIES	377,011.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		1,323,582.

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	24,681,743.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	9,282,034.	
b	Donated services and use of facilities	2b	46,051.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	1,310,773.	
e	Add lines 2a through 2d		2e	10,638,858.
3	Subtract line 2e from line 1		3	14,042,885.
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	78,722.	
c	Add lines 4a and 4b		4c	78,722.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,121,607.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	10,822,339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	46,051.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	93,612.	
e	Add lines 2a through 2d		2e	139,663.
3	Subtract line 2e from line 1		3	10,682,676.
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	78,722.	
c	Add lines 4a and 4b		4c	78,722.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,761,398.

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.

PART IV, LINE 2B: THE FOUNDATION MAINTAINS CERTAIN ASSET BALANCES ON

BEHALF OF OTHERS, ASSETS ARE HELD ON BEHALF OF NORTHERN ARIZONA UNIVERSITY

AND THE NAU PARENTS' ASSOCIATION.

PART X, LINE 2: THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS,

IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND

PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH

OUTSIDE EXPERTS.

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)PART XI, LINE 2D - OTHER ADJUSTMENTS:CHANGE IN VALUE OF LIFE INSURANCE 900,025.CHANGE IN SPLIT INTEREST AGREEMENTS 191,929.CHANGE IN VALUE OF PERPETUAL TRUSTS 125,207.SPECIAL EVENT EXPENSES 93,612.TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,310,773.PART XI, LINE 4B - OTHER ADJUSTMENTS:INVESTMENT MANAGEMENT FEES 62,297.CUSTODIAL EXPENSES 16,425.TOTAL TO SCHEDULE D, PART XI, LINE 4B 78,722.PART XII, LINE 2D - OTHER ADJUSTMENTS:SPECIAL EVENT EXPENSES 93,612.PART XII, LINE 4B - OTHER ADJUSTMENTS:INVESTMENT MANAGEMENT FEES 62,297.CUSTODIAL EXPENSES 16,425.TOTAL TO SCHEDULE D, PART XII, LINE 4B 78,722.

Department of the Treasury
Internal Revenue Service

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

2012

Open To Public Inspection

86-0193726

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		HRM GOLF EVENT	WINE & DINE	10		
		(event type)	(event type)	(total number)		
1	Gross receipts	38,242.	37,880.	117,136.	193,258.	
	2	Less: Contributions		2,325.	2,325.	
	3	Gross income (line 1 minus line 2)	38,242.	37,880.	114,811.	190,933.
Direct Expenses	4	Cash prizes		1,065.	1,065.	
	5	Noncash prizes	112.	1,291.	1,403.	
	6	Rent/facility costs	5,894.	10,158.	19,626.	35,678.
	7	Food and beverages	3,782.		31,055.	34,837.
	8	Entertainment			725.	725.
	9	Other direct expenses	541.	1,429.	10,889.	12,859.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			▶	(86,567)
	11	Net income summary. Combine line 3, column (d), and line 10			▶	104,366.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
	1 Gross revenue			37,374.	37,374.
Direct Expenses	2 Cash prizes			4,720.	4,720.
	3 Noncash prizes			2,325.	2,325.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 20.00 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(7,045)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				30,329.

9 Enter the state(s) in which the organization operates gaming activities: AZ

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☒ Nob If "No," explain THE ORGANIZATION IS EXEMPT FROM LICENSING IN ARIZONA (ARS 13-3302)

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

☐ Yes ☒ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | 82.00 % |
| b An outside facility | 13b | 18.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► CHERYL HEITZ

Address ► PO BOX 4094 - FLAGSTAFF, AZ 86011

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☒
- No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► SEE SCHEDULE G, PART IV

Gaming manager compensation ► \$ 0.

Description of services provided ► SEE SCHEDULE G, PART IV

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 16

THE DEPARTMENT HOSTING THE EVENT ACTS AS GAMING MANAGER AND IS

RESPONSIBLE FOR ORGANIZING THE RAFFLE AND DISTRIBUTING PRIZES.

Department of the Treasury
Internal Revenue Service

2012

**Open to Public
Inspection**

Employer identification number
86-0193726

Part I	General Information on Grants and Assistance
---------------	---

- ☒ Yes ☐ No

any

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

Schedule I (Form 990) (2012)

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
STUDENT SCHOLARSHIPS	1592	1,852,051.	0.		

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.

SCHEDULE I, PART I, LINE 2: THE FOUNDATION AND THE UNIVERSITY HAVE WRITTEN

POLICIES FOR THE DISTRIBUTION OF PROGRAM AND SCHOLARSHIP FUNDS. THE

FOUNDATION EMPLOYS A PROFESSIONAL STAFF THAT REVIEWS AND APPROVES ALL

EXPENDITURES. THE UNIVERSITY DEPARTMENTS RECEIVING GRANTS AND THE

FOUNDATION HAVE JOINT RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS

ONCE THE FUNDS HAVE BEEN TRANSFERRED TO THE DEPARTMENTS.

**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, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

Part I Questions Regarding Compensation

1a Check the appropriate 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

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on 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

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?

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

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

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

COMPENSATION BY UNRELATED PARTY

PART II

THE PRESIDENT AND ASSISTANT VP ARE COMPENSATED BY NORTHERN ARIZONA

UNIVERSITY, AN UNRELATED ORGANIZATION, FOR MANAGEMENT SERVICES PROVIDED TO

THE FOUNDATION. TOTAL AMOUNTS PAID ARE AS FOLLOWS:

MASON GERETY PRESIDENT BASE COMPENSATION: 105,052

OTHER REPORTABLE COMPENSATION: 238

NONTAXABLE BENEFITS: 18,310

TOTAL: 123,600

CHERYL HEITZ ASSISTANT VP BASE COMPENSATION: 110,987

OTHER REPORTABLE COMPENSATION: 1,028

NONTAXABLE BENEFITS: 23,557

TOTAL: 135,572

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
Inspection

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	19	5,939.	DONOR STATED VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	63	1,294,827.	STOCK QUOTE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISC)	X	24	7,489.	DONOR STATED VALUE
26 Other ► (GIFT CERT/TKT)	X	3	2,545.	FACE VALUE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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 990-EZ 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

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO PROMOTE THE UNIVERSITY'S MISSION, ENHANCE ITS

RECOGNITION, AND FOSTER PRIVATE INVESTMENT IN IT BY CREATING AND

NURTURING MEANINGFUL RELATIONSHIPS.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIP - JEFFRE BEATTY

& MIKE BEATTY

FORM 990, PART VI, SECTION A, LINE 3: THE FOUNDATION REIMBURSES THE

NORTHERN ARIZONA UNIVERSITY FOR MANAGEMENT SERVICES PROVIDED BY ITS

EMPLOYEES WITH THE EXCEPTION OF ONE EMPLOYEE THAT IS PAID BY NORTHERN

ARIZONA UNIVERSITY FOUNDATION. THESE SALARIES AND BENEFITS ARE INCLUDED ON

FORM 990 PART IX LINE 7.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE DRAFT 990 WILL BE

GIVEN TO THE AUDIT COMMITTEE FOR REVIEW. AFTER REVIEW BY THE AUDIT

COMMITTEE, THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE DRAFT 990 TO

REVIEW. AFTER BOARD REVIEW, THE RETURN WILL BE FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY

GOVERNS CERTAIN CONFLICT OF INTEREST TRANSACTIONS BETWEEN THE CORPORATION

AND DIRECTORS (AND THEIR RELATIVES), OFFICERS AND THEIR AFFILIATES.

NO CONTRACT OR OTHER TRANSACTION BETWEEN THE CORPORATION AND INTERESTED

PERSONS, INCLUDING THE SALE, LEASE OR EXCHANGE OF PROPERTY TO OR FROM

INTERESTED PERSONS, THE LENDING OR BORROWING OF MONIES TO OR FROM

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

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

232211
01-04-13

Name of the organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

INTERESTED PERSONS BY THE CORPORATION OR THE PAYMENT OF COMPENSATION BY THE

CORPORATION FOR SERVICES PROVIDED BY INTERESTED PERSONS, SHALL BE VOID OR

VOIDABLE BECAUSE OF THE RELATIONSHIP OR INTEREST BETWEEN THE CORPORATION

AND THE INTERESTED PERSONS OR BECAUSE ANY INTERESTED PERSON IS PRESENT AT

THE MEETING OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF WHICH

AUTHORIZES, APPROVES OR RATIFIES SUCH TRANSACTION OR BECAUSE HIS, HER OR

THEIR VOTES ARE COUNTED FOR SUCH PURPOSE IF:

(A) THE FACT AND NATURE OF SUCH RELATIONSHIP OR INTEREST IS DISCLOSED

OR KNOWN TO THE BOARD OF DIRECTORS OR COMMITTEE WHICH AUTHORIZES, APPROVES

OR RATIFIES THE CONTRACT OR TRANSACTION BY A VOTE OR CONSENT SUFFICIENT FOR

THE PURPOSE WITHOUT COUNTING THE VOTES OR CONSENTS OF ANY INTERESTED

PERSON(S); OR

(B) THE CONTRACT OR TRANSACTION IS FAIR AND REASONABLE TO THE

CORPORATION AT THE TIME THE CONTRACT OR TRANSACTION IS AUTHORIZED, APPROVED

OR RATIFIED IN THE LIGHT OF CIRCUMSTANCES KNOWN TO THOSE ENTITLED TO VOTE

THEREON AT THE TIME.

EACH DIRECTOR AND OFFICER OF THE CORPORATION SHALL ANNUALLY COMPLETE A FORM

THAT PROVIDES INFORMATION AND AFFIRMATIONS REASONABLY REQUESTED BY THE

CORPORATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ARTICLES OF INCORPORATION,

BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, THE

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND BY

REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE

900,025.

232212
01-04-13

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

Name of the organization

NORTHERN ARIZONA UNIVERSITY FOUNDATION

Employer identification number

86-0193726

CHANGE IN SPLIT INTEREST AGREEMENT 191,929.

CHANGE IN VALUE OF PERPETUAL TRUSTS 125,207.

LOSS ON UNCOLLECTIBLE PLEDGES -385,442.

TOTAL TO FORM 990, PART XI, LINE 9 831,719.

FORM 990, PART V, LINE 1B:

NO W-2GS WERE ISSUED AS THE VALUE OF THE PRIZES WERE LESS THAN FILING

REQUIREMENTS.

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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

						Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		..	..	..	..		☒
b Gift, grant, or capital contribution to related organization(s)							☒
c Gift, grant, or capital contribution from related organization(s)		..	..	..	..		☒
d Loans or loan guarantees to or for related organization(s)		..	..	..	..		☒
e Loans or loan guarantees by related organization(s)		..	..	..	..		☒
f Dividends from related organization(s)	..	..	..	..	..		☒
g Sale of assets to related organization(s)	..	..	..	..	..		☒
h Purchase of assets from related organization(s)							☒
i Exchange of assets with related organization(s)	..	..	..	..	..		☒
j Lease of facilities, equipment, or other assets to related organization(s)	..	..	..	..	..		☒
k Lease of facilities, equipment, or other assets from related organization(s)							☒
l Performance of services or membership or fundraising solicitations for related organization(s)							☒
m Performance of services or membership or fundraising solicitations by related organization(s)							☒
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							☒
o Sharing of paid employees with related organization(s)							☒
p Reimbursement paid to related organization(s) for expenses							☒
q Reimbursement paid by related organization(s) for expenses							☒
r Other transfer of cash or property to related organization(s)							☒
s Other transfer of cash or property from related organization(s)							☒

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
	NORTHERN ARIZONA UNIVERSITY FOUNDATION	86-0193726	
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)	
	P.O. BOX 4094 OLD MAIN BUILDING #10		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	FLAGSTAFF, AZ 86011		

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHERYL HEITZ

- The books are in the care of ☒ P.O. BOX 4094 - FLAGSTAFF, AZ 86011

Telephone No ☒ 928-523-3711

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014.

5 For calendar year 2013, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☐

Date ☒

2-4-14

Form 8868 (Rev. 1-2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NORTHERN ARIZONA UNIVERSITY FOUNDATION	86-0193726
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	P.O. BOX 4094 OLD MAIN BUILDING #10	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FLAGSTAFF, AZ 86011	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHERYL HEITZ

- The books are in the care of ► P.O. BOX 4094 - FLAGSTAFF, AZ 86011
Telephone No. ► 928-523-3711 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until
FEBRUARY 18, 2014, to file the exempt organization return for the organization named above. The extension
is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning JUL 1, 2012, and ending JUN 30, 2013

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form **8868** (Rev. 1-2013)