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Form

SCANNIED WAR OF 2014

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

<u>A</u>	For the 2012 c	alendar year, or tax year beginning $07/01/12$, and ending $06/30/1$	3		
	Check if applicable	C Name of organization COCONINO COMMUNITY COLLEGE		D Employer identif	ication number
	Address change	FOUNDATION			
	Name change	Doing Business As		86-0717	
H	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial return	2800 S LONE TREE RD		928-226	5-4217
	Terminated	City, town or post office, state, and ZIP code			
	Amended return	FLAGSTAFF AZ 86001-2235		G Gross receipts\$	629,183
\Box	Application pending	F Name and address of principal officer	H(a) Isthisag	roup return to affiliates?	Yes X No
_	. , ,	KEVIN STEPHENS .		•	
		612 N BEAVER STREET		filiates included?	Yes No
		FLAGSTAFF AZ 86001	It "No	o," attach a list (see instr	uctions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		_	/
<u>J</u>	Website. N	/A		emption number	N/A
	Form of organization		ar of formation	M State	of legal domicile
	· · · · · · · · · · · · · · · · · · ·	mmary			
		scribe the organization's mission or most significant activities:			
e	PROV	IDE EDUCATIONAL ASSISTANCE AND SUPPORT TO THE COCON	INO COMM	UNITY	
ă	COLL	EGE			
ē		بسم			
ģ	2 Check th	s box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25%	% of its net ass		
9	3 Number	of voting members of the governing body (Part VI, line 1a)		3 11	
ies	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4 11	
Activities & Governance	5 Total nur	nber of individuals employed in calendar year 2012 (Part V, line 2a)		5 0	
Act	6 Total nur	nber of volunteers (estimate if necessary)		6 0	
		elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 34	Dalas Va	7b	0
			Prior Yea	6,783	410,765
e	8 Contribut	ions and grants (Part VIII, line 1h)	37	0,705	110,703
Revenue	9 Program	service revenue (Part VIII, line 2g)	2	3,303	37,244
æ	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		9,850	52,402
	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,936	500,411
_		enue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,723	181,304
		and similar amounts paid (Part IX, column (A), lines 1–3)	20.	3,123	0
		paid to or for members (Part IX, column (A), line 4)			0
ses	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			 0
penses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 0			
Exp	2 . 010		23	1,619	242,185
_	17 Other CX	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,342	423,489
	18 Total exp	less expenses. Subtract line 18 from line 12	-2°		76,922
-	g 19 Revenue	less expenses. Subtract line 14 from line 12	Beginning of Cu	• / - • •	End of Year
ş	20 Total as	ets (Parbx, line 16) 014.		7,098	878,088
Ass	21 Total liat	iets (Part X, line 16) 0 1 4		0	27,226
Net Assets or	22 Net asse	is of fund balances—Subtractifine 21 from line 20	76	7,098	850,862
	Part II Si	gnature Block			
	Inder penalties of	perjury. I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the b	est of my knowledge	and belief, it is
t	rue, correct, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledo	je	
				1-5	-19
Si	gn 📗 🤅	Signature of officer		Date	• (
	ere	SCOTT TALBOOM EXECUT	TIVE DIE	RECTOR	
		ype or print name and title			
_	Print/Typ	e preparer's name Preparer's synature	Date	Check X if	PTIN
Pa	id DAVE	cosper Naue Cosper	1/5/1	self-employed	P00065852
Pr	eparer Firm's na	CHECK CONTINUE COCKER C LEDREWER COX	LLP '	Firm's EIN > 86	-0556567
Us	se Only	603 N BEAVER ST.			_
	Firm's ac	dress FLAGSTAFF, AZ 86001		Phone no 928	<u>-774-7371</u>
Ma		ss this return with the preparer shown above? (see instructions)			Yes No
=	<u> </u>	uction Act Natice, see the senarate instructions			Form 000 (2012)

Form 990 (2012)	COCONINO COMMUN	ITY COLLEGE	86-0717956	Page 2
Part III St	tatement of Program Se	rvice Accomplishments ns a response to any ques	etion in this Part III	
	ibe the organization's mission.	ils a response to any ques	Suon in this Fait in	
		SISTANCE AND SUP	PORT TO THE COCONINO CO	YTINUMMC
2 Did the organ	nızatıon undertake anv sıgnifica	nt program services during the y	rear which were not listed on the	
_	90 or 990-EZ?	, ,		Yes X No
	cribe these new services on Sc			
services?	nization cease conducting, or n cribe these changes on Schedi	iake significant changes in how i ile O	it conducts, any program	Yes X No
4 Describe the expenses S	e organization's program service	e accomplishments for each of its organizations are required to repo	s three largest program services, as measured ort the amount of grants and allocations to oth	
			s of \$ 181,304) (Revenue ITH FINANCIAL NEED, PORT COCONINO COMMUNITY	·
4b (Code:) (Expenses \$	including grants	s of \$) (Revenue	\$
4c (Code) (Expenses \$	including grants	s of \$, (Revenue	\$
				-
	am services (Describe in Sche			
(Expenses		ncluding grants of \$) (Revenue \$	
4e Total progra	am service expenses ▶	363,684		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X X Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 990 (2012) COCONINO COMMUNITY COLLEGE 86-0717956 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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? X If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

X Form 990 (2012)

37

38

X

38

Pa	Statements Regarding Other IRS Fillings and Tax C	•					
	Check if Schedule O contains a response to any quest	ion in this Part V				T.,	
		1	. 1	0	F	Yes	No
1a	·	_	1a	0	\dashv		
b	• •	_	1b	0			
С		ents to vendors and				1	
	reportable gaming (gambling) winnings to prize winners?				1c		
2a			. 1	^	1		
	Statements, filed for the calendar year ending with or within the year covered		2a	0			
Ь	b If at least one is reported on line 2a, did the organization file all required feder		s?		2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to				1		
3a					3a		<u> </u>
b	• • • • • • • • • • • • • • • • • • • •				3b	\vdash	
4a				у	1		
	over, a financial account in a foreign country (such as a bank account, securit	es account, or other finar	ncial		1		
	account)?				4a		X
b	b If "Yes," enter the name of the foreign country. ▶						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Fore		ccour	nts.		1 1	
5a	, , ,				5a		X
b		oited tax shelter transaction	n?		5b	\sqcup	X
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	\sqcup	
6a	a Does the organization have annual gross receipts that are normally greater th	an \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable				6a		X
b	b If "Yes," did the organization include with every solicitation an express statem.	ent that such contributions	s or				
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 1	70(c).					
а	a Did the organization receive a payment in excess of \$75 made partly as a con	tribution and partly for go-	ods				
	and services provided to the payor?				7a		
þ	b If "Yes," did the organization notify the donor of the value of the goods or serv	ices 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	<u> </u>	
d	d If "Yes," indicate the number of Forms 8282 filed during the year		7d		_		
е	 Did the organization receive any funds, directly or indirectly, to pay premiums 	on a personal benefit con	tract	>	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a	a personal benefit contrac	t?		7f		
g	g If the organization received a contribution of qualified intellectual property, did	the organization file Form	1 889	9 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other ve	ehicles, did the organization	n 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 main	tained by a sponsoring					
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	a Did the organization make any taxable distributions under section 4966?				9a		
b	b Did the organization make a distribution to a donor, donor advisor, or related p	person?			9b		
10	Section 501(c)(7) organizations. Enter:						
а	a Initiation fees and capital contributions included on Part VIII, line 12	<u>[</u>	10a		_		
b	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:						
а	a Gross income from members or shareholders	Ŀ	11a				
b	b Gross income from other sources (Do not net amounts due or paid to other so	ources	1				
	against amounts due or received from them)	<u>L</u>	11b				
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing F	orm 990 in lieu of Form 1	041?		12a		
ь		1	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	a Is the organization licensed to issue qualified health plans in more than one si	ate?			13a		
	Note. See the instructions for additional information the organization must rep	•					
b							
	the organization is licensed to issue qualified health plans		13Ь				
С			13c				
14a					14a		X
b)_		14b		
DAA					For	m 990	(2012)

X

Form 990 (2012) COCONINO COMMUNITY COLLEGE

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11 11			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
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		<u>X</u>
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:			
а	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		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<u> </u>
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	<u> </u>
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	<u> </u>	<u> </u>
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		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	-			v
	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	166		•
_	organization's exempt status with respect to such arrangements?	16b		L
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled 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. Other (explain in School of Check o			
	Own website Another's website W 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: JOANNE HOLMES-GARCIA 2800 S LONE TREE			
E-	organization r	3-22	6-4	363
Ľ	<u> </u>		_ 1	

Part VII

Form 990 (2012) COCONINO COMMUNITY COLLEGE

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for		(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	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***21093***ISO)	organization and related organizations
(1) LAVELLE MCCOY										
	0.00		1							
EMERITUS	0.00	X	<u> </u>		<u> </u>	\vdash		0	0	0
(2) SUSAN CASEBEER	1 00									
DIRECTOR	1.00	x						_	o	o
(3) BILL MORRISSON	0.00	^			├	+		0		<u> </u>
(3) BILL MORKISSON	1.00									
DIRECTOR	0.00	x						o	o	o
(4) KATHERINE BECK		1	t		┢					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00	١.								
STUDENT REP	0.00	X						0	0	0
(5) LEONARD PIERCE	-									
	1.00				1					
DIRECTOR	0.00	X	<u> </u>			\sqcup		0	0	0
(6) GARY SMITH			ŀ	ł						
	1.00			İ					_	
DIRECTOR	0.00	X	\vdash	┢	<u> </u>	++		0	0	0
(7) LEE TREECE	1.00			}						
DIRECTOR	0.00	x		1				0	o	o
(8) REV. ANN JOHNSON	0.00	1	\vdash		 	\dagger				
(a) KEV. HIVI COMMOCI	1.00									
DIRECTOR	0.00	X						0	o	0
(9) CHRIS BAVASI		1								
• •	1.00								:	
DIRECTOR	0.00	$oxed{oxed}$	<u> </u>	X	<u> </u>			0	0	0
(10) KEVIN STEPHENS		İ				1 1				
	1.00								_	
PRESIDENT	0.00	\vdash	_	X	├-	+		0	0	0
(11) JOSEPH DONALDSON										
VICE PRESIDENT	1.00			X				0	o	o
DAA	0.00	1	1	1.4	Ц.			<u> </u>	<u> </u>	Form 990 (2012)

Par	VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	S, 8	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any) bo	x, unic	Pos check ess pe	rson	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimat amount other compense from th	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		organiza and rela organizat	tion ted	
(12) N	MICHAEL ANDERSO					_		Г						
C TO C	DUMBOY	1.00			x				0	o				0
	RETARY ANDY PHILLIPS	0.00	╁	╁╌	^	-	-	┢	 					
	ASURER	1.00			x				0	0				0
(14)														
(15)										-				
(16)			-											
(17)	<u> </u>													
(18)														
(19)			+	 			-				-			
(19)														
1b	Sub-total							•						
d C	Total from continuation shotal (add lines 1b and 1c)	eets to Part VII,	Sect	ion .	A			>						
2	Total number of individuals (reportable compensation from	including but not in the organization	limite n ▶	ed to	thos	se lis	sted a	abo	ve) who received more than	\$100,000 in			.	
3	Did the organization list any semployee on line 1a? If "Yes	former officer, de	recto	or, or	trus	tee,	key e	emp ual	oloyee, or highest compensa	ated		3	Yes	No X
4	For any individual listed on li organization and related organization	ne 1a, is the sum	of r	epor	table	con	npen	sati	on and other compensation complete Schedule J for su	from the		4		х
5	Individual Did any person listed on line for services rendered to the									r ındıvidual		5		X
	ion B. Independent Contract									4h 0400 000 -f				
1	Complete this table for your compensation from the orga	nization Report	comp	ated ensi	inae ation	for t	the c	con <u>aler</u>	<u>ndar year ending with or witl</u>	nin the organization's tax y	ear.			
	Name a	(A) nd business address						1	Descrij	(B) otion of services		Cor	(C) mpensa	tion
												-		
	. .							\dagger						
2	Total number of independen received more than \$100,00	t contractors (inc 0 of compensation	ludin on fro	g bu	t not	lımı ganı	ted to	o th n ▶	ose listed above) who	0				
D 4 4												For	, 44(2012

	Ft VI	Check if Schedul		taıns a	response to	any question in th	nis 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
<u> </u>	1a	Federated campaigns	1a	'					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b				İ		
Ę,º	С	Fundraising events	1c						
ii ii		Related organizations	1d				,		
S,E		Government grants (contributions)	1e						
Sign		All other contributions, gifts, grants,							
		and similar amounts not included above	e 1f		410,765				
Ξō	g	Noncash contributions included in lines			193,975				
듯	_	Total. Add lines 1a-1f		•	•	410,765		Ì	
<u>e</u>		TOWN TOO MILES TO TO			Busn. Code				
eu	2a				Dudin Gud		j	j	
Şe	b				<u> </u>			··-	······································
8	0				· · · · ·				
ē.	d				 				· · · · · · · · · · · · · · · · · · ·
a S	u								
Ē		All other program convects	ovenue.						
Program Service Revenue	_ T	All other program service ro Total. Add lines 2a–2f	evenue		—		<u></u>		····-
-	_9	Investment income (includi	na dvudor	de inter					
	3	•	_	ius, intere	zsi,	22,748			22,748
		and other similar amounts)		nt bond n	records	22,140			22,740
	4	Income from investment of	tax-exem	քւ ննոս բ	loceeds		+		
	5	Royalties (i) Re	al	(11)	Personal			<u></u>	
	٥-		di .	(11)	Fersonal				
	6a	Gross rents							
	ъ	Less rental exps							
	C	Rental inc or (loss)					Ì		
	d 7a	Net rental income or (loss) Gross amount from			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				······································
		sales of assets		_(11) Other				
		,	13,268	ļ					
	b	Less cost or other							
		•	28,772	 					
	С	` ' <u></u>	4,496	1		14.406	14 405	ŀ	
	d	Net gain or (loss)			—	14,496	14,496		
ē	8a	Gross income from fundraising	events						
en		(not including \$							
36		of contributions reported on line	e 1c)						
Other Revenue		See Part IV, line 18	а						
높		Less: direct expenses	b						
		Net income or (loss) from t		events	•				
	9a	Gross income from gaming act	ıvıties.						
		See Part IV, line 19	а						
		Less: direct expenses	b						
		Net income or (loss) from		tivities	•				
	10a	Gross sales of inventory, le	ess						
		returns and allowances	а	ļ				1	
		Less: cost of goods sold	b	L					
	<u> </u>	Net income or (loss) from s		ventory	<u> </u>				
	<u> </u>	Miscellaneous Reve	nue	_	Busn. Code		1	1	
	11a	FLAGSTAFF & PAGE E	VENTS			52,402			52,402
	ь								
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			▶ _	52,402			
	12	Total revenue. See instru	ctions.		▶	500,411	14,496	oj	75,150

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All of	ther organizations must co	mplete column (A).	
	Check if Schedule O contains a resp	onse to any question in thi		<u> </u>	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	181,304	181,304		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S 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)			<u></u>	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	2 700		2 700	
Ь	. •	3,700 12,928		3,700 12,928	
c	Accounting	12,320		12,920	
d	, ,				
e	Professional fundraising services See Part IV, line 17	6,603		6,603	
1	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	0,003	-	0,003	
g	(A) amount, list line 11g expenses on Schedule ()				
12	Advertising and promotion	3,441	3,441		
13	Office expenses	3,973	0,111	3,973	
14	Information technology			0,75.0	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,952		5,952	
20	Interest	252		252	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	,			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		1-0 0-0		
а	DEVELOPMENT STAFF EXPENSE	178,939	178,939	11 70-	
b	FACILITIES EXPENSE	11,787		11,787	
C	SUPPLIES	10,989		10,989	
d	MISCELLANEOUS	3,621		3,621	
	All other expenses	423,489	363,684	59,805	0
<u>25</u> 26		423,403	303,004	59,605	0
∠ 0	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 >	Balance Sheet				
	Check if Schedule O contains a response to any	question in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		142,628	1	143,171
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		•	4	
5	Loans and other receivables from current and former	officers, directors,			
1	trustees, key employees, and highest compensated e	mployees			
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified pe	ersons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
	sponsoring organizations of section 501(c)(9) voluntar	y employees' beneficiary		1	
2	organizations (see instructions). Complete Part II of S	chedule L		6	
Assets 2	Notes and loans receivable, net			7	
ĕ 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			
Ь	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded-securities		624,470	11	734,917
12	Investments—other securities See Part IV, line 11	<u> </u>		12	
13	Investments—program-related See Part IV, line 11		_	13	
14	Intangible assets		14		
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line	34)	767,098	16	878,088
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	2,500
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
ဖ္ 22	Loans and other payables to current and former office	rs, directors,			
Liabilities	trustees, key employees, highest compensated employees	yees, and			
<u>ë</u>	disqualified persons Complete Part II of Schedule L	-		22	
- 23	Secured mortgages and notes payable to unrelated the	urd parties		23	
24	Unsecured notes and loans payable to unrelated third	·		24	
25	Other liabilities (including federal income tax, payable				
	parties, and other liabilities not included on lines 17-24	4). Complete Part X			24 726
	of Schedule D	-	0	25	24,726
26		[7]	0	26	27,226
6	Organizations that follow SFAS 117 (ASC 958), cho	 1			
2	complete lines 27 through 29, and lines 33 and 34.	•	161 727		100 007
E 27	Unrestricted net assets	ŀ	161,727 283,146	27	198,987 304,569
28	Temporarily restricted net assets		322,225	28	347,306
E 29		co) shock house by the	322,223	29	347,300
<u> </u>	Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ 🔲 and			
g	complete lines 30 through 34.				
Net Assets or Fund Balances 22 28 30 31 35				30	
₹ 31	Paid-in or capital surplus, or land, building, or equipment			31	
	•	, or other funds	767,098	32	850,862
33	Total net assets or fund balances	ŀ	767,098		878,088
34	Total liabilities and net assets/fund balances		101,030	34	Form 990 (2012

orm	1990 (2012) COCONINO COMMUNITY COLLEGE 86-0717956			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		00,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	23,	489
3	Revenue less expenses. Subtract line 2 from line 1	3		76,	922
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	67,	098
5	Net unrealized gains (losses) on investments	5		29,	095
6	Donated services and use of facilities	6		2,	970
7	Investment expenses	7			
8	Prior period adjustments	8			
9 ~	Other changes in net assets or fund balances (explain in Schedule O)	9		25,	223
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8	50,	862
Pε	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		_3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

COCONINO COMMUNITY COLLEGE FOUNDATION

Employer identification number 86-0717956

he	orgai	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	y one box)							
1	\bigcap			ociation of churches described										
2	М		cribed in section 170(b)(1)(,,,,,							
3				ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	H	•	•	d in conjunction with a hospital of)(1)(A)(i	ii). Ente	er the h	ospital's nam	ie.		
-		city, and state						, , , , , , , , , , , , , , , , , , ,	,			•		
5	X	•		of a college or university owned	or operat	ed bv a a	overnme	ental uni	t descri	bed in				
•		_	b)(1)(A)(iv). (Complete Part			, 3								
6	\Box			overnmental unit described in s	ection 17	70/h\/1\/A	11/1/1							
7	\forall	•		substantial part of its support fro				from the	aonora	al public				
′	لـــا	•	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	om a gove		i dilit oi	ii Oili tile	genera	ai public	•			
_	\Box			-	• II \									
8	Н	•		170(b)(1)(A)(vi). (Complete Part					n food	and are				
9		_		i) more than 33 1/3% of its supp							JSS			
		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	Н	•	-	exclusively to test for public safe						_				
11	Ш	•	•	exclusively for the benefit of, to	•				•		_			
				ed organizations described in s						Section	1			
		<u>; </u>		he type of supporting organizati		•					4 1b 4			
	$\overline{}$	a Type	··	c Type III-Function			d				tionally integi	ated		
е	\sqcup	, ,		anization is not controlled direc	-				•					
			<u>-</u>	er than one or more publicly sup	ported or	gamzanoi	is descr	ibea in s	section	509(a)(.1)			
_		or section 50	. , , ,	amonation from the IDC that it is	a Tuna I	Tunall	or Tupo	III auga						
f		•		ermination from the IRS that it is	a Type I,	rype II,	or Type	III supp	orting					
		_	check this box											
g		-		tion accepted any gift or contrib	ution from	n arry or ti	ne .							
		following per										<u></u>	Τ	
				ontrols, either alone or together	with perso	ons descr	ibea in (ii) and				Yes	No	
		• •	w, the governing body of the	•							11g(i		<u> </u>	
			member of a person describ								11g(i			
				described in (i) or (ii) above?							11g(i	<u> </u>	1	
<u>h</u>				he supported organization(s).	Ta		1		1	1	ſ			
(e of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization isted in your		ou notify		ls the tion in col	(vii) Amoun	t of monet oport	tary	
	OI	ganization		above or IRC section		document?	col (I)	of your	(i) organi	zed in the		port		
				(see instructions))		Τ		port?		S?				
					Yes	No	Yes	No	Yes	No				
(A)					1		}	ł			}			
					 	-			<u> </u>					
(B)											}			
(C)														
,					<u> </u>		· 		<u> </u>					
(D)								1			1			
(E)					+			 						
					<u> </u>									

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.)

Sec	tion A. Public Support					-	
Caler	idar 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.")	380,485	253,951	243,292	285,782	279,508	1,443,018
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	380,485	253,951	243,292	285,782	279,508	1,443,018
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)						550.000
6	Public support. Subtract line 5 from line 4.	~~~~					550,983
	tion B. Total Support	<u> </u>		·	<u>1</u> .		892,035
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	380,485	253,951	243,292	285,782	279,508	1,443,018
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,103	20,440	21,255	20,457	22,748	103,003
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	15,701	16,148	42,860	29,850	51,629	156,188
12	• • • • • • • • • • • • • • • • • • • •	(222 :22t=:24i222)					1,702,209
13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	accord third for	oth as 66h taurina		12	
13	organization, check this box and stop her		, secona, tnira, tot	irtn, or tiπti tax yea	ir as a section 501	(c)(3)	▶ [7]
Sec	tion C. Computation of Public Su		age		<u> </u>		
14	Public support percentage for 2012 (line 6	**		n (fl)		14	52.40%
15	Public support percentage from 2011 Scho	* *	•	. (.//		15	57.07%
16a	33 1/3% support test—2012. If the organ			3, and line 14 is 3	3 1/3% or more, ch		37.07.70
	box and stop here. The organization quali				ŕ		▶ X
b	33 1/3% support test—2011. If the organ	zation did not ched	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re,	
	check this box and stop here. The organiz	zation qualifies as a	a publicly supporte	d organization			▶ □
17a	10%-facts-and-circumstances test—201	2. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box and	d stop here. Expla	ın ın	
	Part IV how the organization meets the "fa	cts-and-circumstar	ices" test. The org	anızatıon qualıfies	as a publicly supp	orted	
	organization						▶
Ь	10%-facts-and-circumstances test—201					line	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	ets the Tacts-and-	circumstances" tes	it The organization	n qualifies as a pul	olicly	,
18	supported organization	d not chack a have	n line 12 16c 10t	170 or 17h obs	ak this have and	_	▶ ∐
10	Private foundation. If the organization did instructions	a not check a box o	ii iiile 13, 16a, 16t	, 17a, 01 17b, che	CK this dox and see	;	▶ □
							

Page 3

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.)

Sec	tion A. Public Support	quamy arrass a		<u></u>	<u> </u>		
	ndar 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						<u> </u>
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)						
	tion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	<u> </u>	ļ				
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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 firs	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	'e					<u> </u>
Sec	ction C. Computation of Public Su	upport Percen	ntage				
15	Public support percentage for 2012 (line 8), column (f) divide	ed by line 13, colun	nn (f))		15	%
<u>16</u>	Public support percentage from 2011 Sch					16	%%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2012 (I	-	-	3, column (f))		17	%
18	Investment income percentage from 2011					18	%
19a	33 1/3% support tests—2012. If the orga						,
_	17 is not more than 33 1/3%, check this b	-	_				▶
b	33 1/3% support tests—2011. If the orga						_
20	line 18 is not more than 33 1/3%, check the	•	•	-		-	[
20	Private foundation. If the organization di	u not check a box	on mie 14, 19a, or	190, CHECK HIS DO	M and See monucl	10115	

Schedule A (Form 990 or 990-EZ) 2012 COCONINO COMMUNITY COLLEGE

36-0717956

Page 4

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).

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS-NET INCOME (LOSS)

Ś

156,188

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identification number		
	OCONINO COMMUNITY COLLEGE		06 0	717056		
	OUNDATION			717956		
* *	Organizations Maintaining Donor Advised Full organization answered "Yes" to Form 990, Part IV		Accoun	is. Complete if the		
	organization answered Tes to Form 550, Taren	(a) Donor advised funds		a) Friede and other property		
	was a second of con-	(a) Donor advised funds	. (1	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 tha					
	funds are the organization's property, subject to the organization's excl		∐ Yes ∐ No			
6	Did the organization inform all grantees, donors, and donor advisors in					
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes No		
Pŧ	Int II Conservation Easements. Complete if the orga	* * * *	<u>990, Pa</u>	rt 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 imp	oortant lar	nd area		
	Protection of natural habitat	Preservation of a certified historic	structure	•		
	Preservation of open space	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation			
	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 incl	2c				
d	Number of conservation easements included in (c) acquired after 8/17/					
	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, ex	ion during	the			
	tax year ▶					
4	Number of states where property subject to conservation easement is	ocated >				
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?	•		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	oing conservation easements during the year	ear	<u> </u>		
	>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	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 easem	ents in its revenue and expense statemen	t. and			
	balance sheet, and include, if applicable, the text of the footnote to the	•	•	he		
	organization's accounting for conservation easements					
Pi	wrt 排 Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar	Assets.		
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	alance sh	neet		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of			
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce sheet			
	works of art, historical treasures, or other similar assets held for public					
	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, pro	vide the			
	following amounts required to be reported under SFAS 116 (ASC 958)	· · ·				
а	Revenues included in Form 990, Part VIII, line 1	<u>.</u>	•	\$		
b	Assets included in Form 990, Part X		•	\$		

40023ဉ	02/05/2014 7 24 AM							
• Sche	dule D (Form 990) 2012 COCONINO C				717956			age 2
	rt 川 Organizations Maintaining ((contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records	, check any of the foll	owing that are a signif	icant use of its			
а	Public exhibition	d 🔲 L	oan or exchange prog	grams				
b	Scholarly research	e 🗌 (Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle XIII.	ections and explain	how they further the o	organization's exempt	purpose in Part			
5	During the year, did the organization solicit or i	eceive donations o	f art, historical treasur	es, or other sımilar			_	_
	assets to be sold to raise funds rather than to t						es	No
Pa	Int IV Escrow and Custodial Arrai			ization answered	"Yes" to Form 990), Part	IV,	
1a	Is the organization an agent, trustee, custodiar		•	r other assets not				
	included on Form 990, Part X?		,				es	No
b	If "Yes," explain the arrangement in Part XIII ai	nd complete the foll	owing table				-	_
		•	_			Amour	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				_1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21?			Y	es	No
	If "Yes," explain the arrangement in Part XIII							
Pŧ	rt V Endowment Funds. Comple	te if the organiz	ation answered "\	es" to Form 990,	Part IV, line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ır years	back
1a	Beginning of year balance	337,131	340,671	330,384	328,095			
b	Contributions	42,863	25,572	17,923	7,157	ļ		
С	Net investment earnings, gains, and							
	losses	11,004	8,812	13,987	18,001			
d	Grants or scholarships	13,650	31,480	21,364	16,951			
е	Other expenditures for facilities and programs							
f	Administrative expenses	6,444	6,444	259	5,918			
g	End of year balance	370,904	337,131	340,671	330,384			
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a))	held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ 98.00 %							
С	Temporarily restricted endowment ► 2	.00 %						
	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the possess	sion of the organizat	tion that are held and	administered for the				1
	organization by:						Yes	No
	(i) unrelated organizations					3a(i)		X
	(ii) related organizations					3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations					<u>3b</u>		L
4	Describe in Part XIII the intended uses of the			10				
_P	art VI Land, Buildings, and Equip					1.N. = .		
	Description of property	(a) Cost or other be (investment)	asis (b) Cost or o		Accumulated apreciation	(d) Bool	value	
12	Land	<u> </u>						
	Buildings							
	Leasehold improvements							
			-					
	Equipment Other							

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

Part VII	Investments-	-Other Securities. See Form 990	, Part X, line 12.		
,		on of security or category	(b) Book value	(c) Method of	valuation
,	(ıncludı:	ng name of security)		Cost or end-of-year	ar market value
(1) Financial de	erivatives				-
• •	d equity interests				
(3) Other	-				
					<u></u>
(A)					
(B)				-,	
(C)					<u> </u>
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column	(b) must equal Fo	rm 990, Part X, col. (B) line 12.)			7. 1177 MAIN 1911 1911 1911 1911
Part VIII	Investments-	-Program Related. See Form 990), Part X, line 13.		
	(a) Descrip	ption of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					
(4)					
_(5)			· · · ·		
_(6)					
		·			
_(8)					
(9)					
(10)					
		rm 990, Part X, col (B) line 13.)		<u> </u>	
Part IX	Other Assets	. See Form 990, Part X, line 15.			
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)					
(6)					
(7)					
		· · · · · · · · · · · · · · · · · · ·			
(8)	· · · · · · · · · · · · · · · · · · ·				
(9)					
(10)	(h)	000 Pert V sel (P) kee 45)			
		rm 990, Part X, col. (B) line 15) t ies. See Form 990, Part X, line 25.			· ·.
Part X				I	······
1.		escription of liability	(b) Book value		
	ncome taxes		24 726	ł	
	LLEGE PAYAB	3LE	24,726		
(3)					
(4)					
(5)					,
(6)	<u> </u>				
_(7)					
(8)					
(9)					
(10)					
(11)	 				
	(b) must equal Fo	orm 990, Part X, col. (B) line 25.)	24,726		
		Part XIII, provide the text of the footnote to	·	•	organization's
		under FIN 48 (ASC 740) Check here if the			

Sche	dule D (Form 990) 2012 COCONINO COMMUNITY COLLEGE	86-071795	<u> 6 </u>	Page 4
******	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	532,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a 29,095	.]	
b	Donated services and use of facilities	2b 2,970		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	_	
e	Add lines 2a through 2d		20	32,065
3	Subtract line 2e from line 1		3	500,411
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII)	4b	1	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	500,411
Pε	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements		1_	423,489
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	1	
C	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	423,489
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	1	
b	Other (Describe in Part XIII.)	4b	4	
С	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	423,489

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.

Schedule D (Form 990) 2012 COCONINO COMMUNITY COLLEGE

Part XIII Supplemental Information (continued)

86-0717956

Page 5

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2012

OMB No 1545-0047

Open to Public Inspection

2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, VARIOUS PROGRAMS (h) Purpose of grant or assistance Employer identification number SCHOLARSHIPS X Yes 86-0717956 IN-KIND EVENTS (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 110,580 50,268 6,175 14,281 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable COCONINO COMMUNITY COLLEGE General Information on Grants and Assistance (P) EIN Enter total number of other organizations listed in the line 1 table AZ 86001 AZ 86001 AZ 86001 AZ 86001 (a) Name and address of organization FOUNDATION or government (1) COCO. COMM. COLLEGE (2) COCO. COMM. COLLEGE COLLEGE (3) COCO. COMM. COLLEGE 2800 S LONE TREE 2800 S LONE TREE 2800 S LONE TREE 2800 S LONE TREE (4) COCO. COMM. Name of the organization FLAGSTAFF FLAGSTAFF FLAGSTAFF FLAGSTAFF Part = Parti 3 E 9 8 6

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

Schedule I (Form 990) (2012)

	Part III can be duplicated if additional space is needed.	Grants and Other Assistance to Individuals in the United Part III can be duplicated if additional space is needed.		States. Complete if the organization answered. Yes, to Form 990, Part IV, line 22.	ii aiisweled Tes (O Oiii	990, Partiv, line 22.
B	(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)	(e) Method of valuation (book, FMV, appraisal, other)
		4.				¥
1						
						·
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.	plete this part to prov	ide the information r	equired in Part I, line	2, Part III, column (b), and	any other additional

Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, Ilnes 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

COCONINO COMMUNITY COLLEGE

FOUNDATION

Employer Identification number 86-0717956

Pa	Types of Property		- · -··-			<u> </u>		
	, y poo on ropony	(a) Check if	(b) Number of contributions or	(c) Noncash contribution	(네) Method of determining			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amou	ints		
1	Art—Works of art			1 om 550, 1 art viii, iiile 1g				
2	Art—Historical treasures							
3	Art—Fractional interests		,					
4	Books and publications							
5	Clothing and household			· · · · · · · · · · · · · · · · · · ·				
Ū	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							
13	Qualified conservation							
	contribution—Historic							
	structures		<u></u>					
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 22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()	x	2	193,975				
26	Other ►(
27	Other ►(<u></u>					
28	Other ▶(-						
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for				•
	which the organization completed Fe	orm 8283,	Part IV, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	y contribution any propei	ty reported in Part I, lines 1	1–28 that			
	it must hold for at least three years t	rom the da	ate of the initial contributi	on, and which is not require	ed to be			
	used for exempt purposes for the er	itire holding	g period?			30a		X
þ	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard				
	contributions?					31		X
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash			
	contributions?		•			32a		X
b	If "Yes," describe in Part II							
33	If the organization did not report an	amount in	column (c) for a type of p	property for which column (a) is checked,			
	describe in Part II.							<u> </u>

Schedule M (Form 990) (2012)

COCONINO COMMUNITY COLLEGE

86-0717956

Page 2

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.

SCHEDULE O (Form 990 or 990-EZ)

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.

2012 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

COCONINO COMMUNITY COLLEGE FOUNDATION

Employer Identification number 86-0717956

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD AND FOUNDATION DIRECTOR REVIEW AND APPROVE THE INFORMATION RETURN

BEFORE IT IS SIGNED & MAILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD AND FOUNDATION DIRECTOR REVIEW ALL CONFLICTS OF INTEREST AND

ENFORCE THEIR CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE
FOUNDATION ALSO PUBLISHES AND DISTRIBUTES AN ANNUAL REPORT TO THE PUBLIC.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
PRIOR PERIOD ADJUSTMENT
\$ 25,223

8868 Form

(Rev January 2013) Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

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

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ► X 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 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 Enter filer's identifying number, see instruction: Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print COCONINO COMMUNITY COLLEGE FOUNDATION 86-0717956 Number, street, and room or suite no. If a P.O box, see instructions. Social security number (SSN) File by the due date for 2800 S LONE TREE RD filing your City, town or post office, state, and ZIP code For a foreign address, see instructions. AZ 86001-2235 FLAGSTAFF instructions Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF Form 5227 04 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 JOANNE HOLMES-GARCIA 2800 S LONE TREE The books are in the care of ▶ FLAGSTAFF 86001 Telephone No. ▶ 928-226-4363 FAX No ▶ 928-226-4106 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 If it is for part of the group, check this box for the whole group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/18/14, to file the exempt organization return for the organization named above. The extension is for the organization's return forcalendar year \blacktriangleright \mathbf{X} tax year beginning 07/01/12, and ending 06/30/13If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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 For Privacy Act and Paperwork Reduction Act Notice, see instructions.