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# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Dep	Print of the Treasury  Find Treasur								mapec	
ĀĪ	or the							une 30	, 2	0 14
В	Check if a							oyer idei	ntification num	nber
	Address	change	Arizona PIRG Education Fund, Inc.					35-	-2259362	
	Name ch	nange	Number and street (or P O box, if mail is no	t delivered to street address	<u> </u>	Room/suite	E Telep	hone nur		
$\equiv$	Initial retu 		130 N. Central Ave			202		602	-252-9227	
=	Terminati Amended		City or town, state or province, country, and	ZIP or foreign postal code			F Grou	ıp Exem	_	
=		on pending	Phoenix, AZ 85004			'	Num	ber ▶	•	
G	Accoun	nting Method:		cify) ▶	_	Н	Check I	►	the organizat	ion is not
1 1	Vebsit	e: ► www.	.arizonapirgedfund.org						ch Schedule I	
J T	ax-exe	mpt status (che	eck only one) - 🗸 501(c)(3) 🗌 501(c) (	( ) ◀ (insert no ) ☐ 49	947(a)(1) oı	r 🔲 527	(Form 9	90, 990-	EZ, or 990-P	F).
K	orm o	f organization	· Corporation Trust	Association [	Other					
L A	Add line	es 5b, 6c, and	7b, to line 9 to determine gross receipts	s If gross receipts are \$2	00,000 or	more, or if tota	al assets			
(Pa	rt II, co	olumn (B) belov	w) are \$500,000 or more, file Form 990 ii	nstead of Form 990-EZ .				▶ \$		163193
P	art I	Revenu	ie, Expenses, and Changes in	Net Assets or Fund	Balanc	es (see the	instruc	tions t	for Part I)	
		Check if	the organization used Schedule (	D to respond to any c	question i	in this Part I				. 🗆
_	1	Contribution	ons, gifts, grants, and similar amour	its received				1		163,189
	2	Program s	ervice revenue including governmer	nt fees and contracts			[	2		0
	3	Membersh	nip dues and assessments					3		0
	4	Investmen	tincome				[	4		. 4
	5a	Gross amo	ount from sale of assets other than i	nventory	5a			- 1		
	b		or other basis and sales expenses					1		
	С									
	6									
4.	а									
Jue.					6a			1		
Revenue	b		ome from fundraising events (not inc			contribution	ıs			
æ			raising events reported on line 1) (a		1 1	1				
			ch gross income and contributions e	•	<del></del>			1		
	C.		ct expenses from gaming and fundra							
	d		e or (loss) from gaming and fundra	aising events (add line	es 6a and	1 6b and sut	otract			
'n	_	line 6c) .						6d		
5	7a		es of inventory, less returns and allow		7a			-		
>	b				7b			_		
	C		fit or (loss) from sales of inventory (S		•		٠٠,	7c		
Ī	8							8		
J	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,				. 🏲	9		163,193
•	10		d similar amounts paid (list in Sched	•			}	10	<del></del>	0
"	11			· · · · · · · · · · · · · · · · · · ·			}	11		0
Expenses	12   13	Profession	the compensation and employee bal fees and other gayments to indep	condent contractors			}	12		83,000
en	14		y, rent, utilities, and maintenance				}	13		27,687
꿃	15		ublications; postage, and shipping							4,325
щ	16	Les hundist	enses (describe in Schedule O)				}	15 16		9,510
	17	Total expe	enses (describe in Schedule O) .					17		18,489
	18	Frees ye	(deficit) for the year (Subtract line 17	7 from line 9)	<del></del>	· · · · ·	•	18	<del></del>	143,011 20,182
ets	19		or fund balances at beginning of							20,102
Net Assets			ar figure reported on prior year's retu				,	19		134,282
ìt A	20	-	nges in net assets or fund balances	•			<u> </u>	20		134,202
ž	21		or fund balances at end of year. Co	· ·	•		-	21		154,464
Ear	·		tion Act Notice see the separate instri		_	No. 106421			Form <b>990-E</b>	

Pa	rt IP Balance Sheets (see the instructions					<del></del>
,	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	82,374	22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<u> </u>	115,804		124,929
25	Total assets		_	198,178		200,251
26	Total liabilities (describe in Schedule O)			63,896		45,787
27	Net assets or fund balances (line 27 of column			134,282	27	154,464
Par	Statement of Program Service Accom	•		•		Expenses
14/1	Check if the organization used Schedule				· · · · · ·	uired for section
	t is the organization's primary exempt purpose?	Conducts research				c)(3) and 501(c)(4) nizations and section
as m	cribe the organization's program service accomplinessured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			4947	(a)(1) trusts, optional thers.)
28	Researching and influencing public policy: staff eng	age in non-legislative	activities including	research,		
	education, legal & policy development on the follow	ing issues: health ins	urance, transportati	on, energy		
	efficiency.	••••				
		includes foreign gra			28a	78,552
29	Public education and outreach services: recruiting					
	surveys and discussing issues with the public reach	ing 10,000 citizens ea	ach year on the follow	ving issues:		
	health insurance, transportation, energy efficiency.					ļ
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	33,665
30						
	70					
0.4		includes foreign gra			30a	
31	Other program services (describe in Schedule O)				<b>04</b> -	1
20	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	· · · • • U	31a	
	Total program service expenses (add lines 28a				32	112,217
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				istruc	tions for Part IV)
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,	<del></del>	<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe	0	Estimated amount of their compensation
Carl I	Perry	-				
<u>Presi</u>	dent	.5	l .			
Phine	eas Baxandall	1			0	0
V <u>ice</u>	President	-			0	0
<u>Erin l</u>		.5	0		0	0
	Eccleston	.5	0		0	
Treas		.5 .5	0		0	
					0	0
Roby Direc	surer In Nebrich Itor				0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0
Roby Direc Tina	surer n Nebrich tor Beattie	.5	(		0	0

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		./
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>-v</b>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a n/a	<b>⊣</b>		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► Arizona			
42a	The organization's books are in care of ▶ Nancy Finney Telephone no. ▶ 303	-573-5	995 x	341
	Located at ► 1543 Wazee #400 Denver, CO ZIP + 4 ►	802		
D	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:   n/a	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:   n/a	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	٠.	. •	<b>-</b> 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>✓</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
45b	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," Form 990 and Schedule R may need to be completed instead of	-,5a		
	Form 990-EZ (see instructions)	45b	1	1

Page	4

									Ye	s No
46		he organization engage, directly or in						ı		
Dord	_	ndidates for public office? If "Yes," of Section 501(c)(3) organizations		, Part I	• •	· · ·	<u> </u>	<u>-                                    </u>	46	
Part		All section 501(c)(3) organization		stions 47-49b a	nd 52,	and cor	nplete th	e table	es for li	nes
		50 and 51. Check if the organization used Sch	andula O ta raanand	l to only guartien	in thin	Dowt \/I				
		Check if the organization used Sci	ledule O to respond	i to arry question	111 11115	Part VI	· · ·	• • •	Ye	s No
47		he organization engage in lobbying								1
	-	If "Yes," complete Schedule C, Pari							47	<b>√</b>
48		organization a school as described ir ne organization make any transfers to							48	1
49a b		es," was the related organization a se						-	9a 9b	<del>  v</del> -
50	Com	plete this table for the organization's	five highest compen	sated employees	(other t	than offic	ers, direct	tors, tru	istees a	
	empl	oyees) who each received more than	\$100,000 of comper	sation from the or	ganiza			e, ente	r "None	."
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	hor		o employee ind deferred		nated am compens	
None										
								-		
					_					
			<del> </del>							<del></del>
					_					
—	Total	number of other employees paid over	er \$100,000	. >	0					
51	Com	olete this table for the organization, 000 of compensation from the organ	s five highest compe	ensated independe	ent cor	ntractors	who each	receiv	ed mo	re than
		Name and business address of each independ		(b) Type of	service		(c)	Comper	sation	
None										
						<del></del>				
							<del></del>			
			•••••			i				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶			o		
52		ne organization complete Schedule A								
		cempt charitable trusts must attach a		<del></del> -				<b>▶                                    </b>		No
		of perjury, I declare that I have examined this red complete Declaration of preparer (other than						lowleage	and belie	i, it is
		Muney				05	[05]1	5		
Sign Here		Signature of officer	Y FINNEY			Date	•			
1616		Fiscal Officer , NANC Type or print name and title	FINNET							
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf PTI	N	
Prepa			<u> </u>			<u> </u>	self-emplo	yed		
Use (	Inly	Firm's name ► Firm's address ►			<del></del>	Firm's	s EIN ▶			
May th		discuss this return with the preparer	shown above? See II	netructions		LEHON		- [7] V	'es 🗆	No

#### 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,

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organ	zation							Employer ı	dentification	on number
Arizona PIRG Education Fund, Inc.  35-2259362  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
						<del></del>			instructi	ons.
1	ch, cor ol desc atal or cal res	nvention of churc cribed in section a cooperative ho	ation because it is: (Findes, or association of 170(b)(1)(A)(ii). (Atta spital service organize on operated in conjure:	f churche ch Schec ation des	es describ Iule E.) scribed in	ed in sec	etion 170 170(b)(1)	(b)(1)(A)( (A)(iii).		)(iii). Enter the
5 🗌 An org										
7 🗸 An org descrit	, , , ,									
			n <b>section 170(b)(1)</b> (A							
receipt suppoi	s from t from	activities related gross investme	receives: (1) more the dot its exempt funce and unreafter June 30, 1975. S	tions-su elated bu	ibject to e siness ta	certain e xable in	xceptions come (les	s, and (2) ss sectio	) no mor	e than 331/3% of its
11	anizati es of o	on organized ar one or more pub eck the box that	d operated exclusively od operated exclusiv olicly supported orga describes the type of	rely for tl nizations supporti	he benefi describe ng organi	t of, to d in sect zation an	perform tion 509(a d comple	the funct a)(1) or se ete lines 1	tions of, ection 50 11e throu	9(a)(2). See <b>sectio</b> r gh 11h.
	cking t	his box, I certify undation manage	II c Type I that the organization ers and other than on	is not co	ntrolled o	directly o	r indırectl	y by one	or more	
organiz	ation,	check this box	written determinati							
g Since / following			he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•	
			ndirectly controls, eit ody of the supported							nd Yes No
• •	•	-	on described in (i) abo							11g(u)
			a person described in							11g(iii)
(ı) Name of supp	h Provide the following information about the supporte  (i) Name of supported organization (described on lines 1–9 above or IRC section (see instructions))		(iv) is the o	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support	
		ļ		Yes	No	Yes	No	Yes	No	ļ
(A)										
(B)										
(C)										
(D)						,				
(E)				ļ						
		1	†	1	1	l	l	I		1

<u>T</u>otal

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	359,274	78,732	72,648	12,280		686,123
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			72,010	12,230	103,103	000,123
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	359,274	78,732	72,648	12,280	163,189	686,123
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)						E74 C02
6	Public support. Subtract line 5 from line 4.						574,682 111,441
Sect	ion B. Total Support	<u></u>				<u> </u>	111,441
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	359,274	78,732	72,648	12,280	163,189	686,123
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85	395	3	381	4	868
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		j				686,991
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
Cooti	organization, check this box and stop her	<u>e</u>		· · · · ·	<u> </u>	<u> </u>	<u> </u>
<u> </u>	on C. Computation of Public Suppor			(0)			
15	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch	, column (1) an	lunc 14	i, column (i))		14	63 %
16a	33 <sup>1</sup> /3% support test—2013. If the organiz	ration did not c	heck the box	 on line 13 and	Ine 14 is 331	15 cr more, ch	68 %
	box and stop here. The organization qual	ifies as a publi-	cly supported	organization	141500%	370 OF THOIR, CI	. <b>&gt;</b> [7]
b	331/3% support test—2012. If the organicheck this box and stop here. The organization	ization did not	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circur	ind-circumstar mstances" test	ices" test, che t. The organiza	ck this box and tion qualifies a	d <b>stop here.</b> Et	xplain in pported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	12. If the organion meets the eets the "facts-	nization did no "facts-and-cir -and-circumsta	t check a box cumstances" t ances" test. Th	on line 13, 16a test, check thi ne organization	a, 16b, or 17a, is box and <b>sto</b> n qualifies as a	and line p here. publicly
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	see

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					l	<u> </u>
4	Tax revenues levied for the		]				
	organization's benefit and either paid					<b>,</b>	
_	to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	-						<u> </u>
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3		<u> </u>				
ı a	received from disqualified persons .					1	
L	Amounts included on lines 2 and 3						<u> </u>
b	received from other than disqualified		}				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					_	
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support		,				
	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					<u> </u>	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
<b>L</b>	·						<del></del>
D	Unrelated business taxable income (less section 511 taxes) from businesses		ĺ				
	acquired after June 30, 1975		Į l		1	ļ	
c	Add lines 10a and 10b	<del></del>					
11	Net income from unrelated business					<del></del>	
• •	activities not included in line 10b, whether		1				
	or not the business is regularly carried on		1	1			
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.)		<u> </u>			<u></u>	
14	First five years. If the Form 990 is for th	-			_		
<del></del>	organization, check this box and stop her		· · · · ·	<u>· · · · · · </u>	<del>· · · · ·</del>	<del>· · · · · · · · · · · · · · · · · · · </del>	<u> </u>
	on C. Computation of Public Suppor			0	<del> </del>	45	
15 16	Public support percentage for 2013 (line 8 Public support percentage from 2012 Sch						<u>%</u> %
	on D. Computation of Investment Inc			<u>· · · · ·</u>	<del>· · · · ·</del>		
17	Investment income percentage for 2013 (I			v line 13. colur	nn (f))	17	%
18	Investment income percentage from 2012					18	
19a	331/3% support tests—2013. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2012. If the organiz		_		_		
	line 18 is not more than 331/3%, check this b	oox and <b>stop h</b>	ere. The organi	zation qualıfies	as a publicly s	upported organ	ızation 🕨 🔲
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2013				
Part IV	Supplemental Information. 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).			
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#### 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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer Identification number Arizona PIRG Education Fund, Inc. 35-2259362 Form 990-EZ, Part I, Line 16 Supplies \$543, Telephone \$2337, Travel \$3495, Conferences \$210, Insurance \$940, Filing Fees \$10, Movement Dues \$4638, Books/subscriptions \$2013, Coalition Dues \$4302 990-EZ: Part II #24 - Accounts Receivable #26 - Accounts Payable, payroll liabilities Part III What is the Organization's Primary Exempt Purpose: With the public debate around important issues often dominated by special interest pursuing their own narrow agendas, the Arizona PIRG Education Fund offers an independent voice that works on behalf of the public interest. The Arizona PIRG Education Fund works to protect consumers and promote good government. We investigate problems, craft solutions, educate the public, and offer citizens meaningful opportunities for civic participation.