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**EXTENDED TO NOVEMBER 15, 2016**  
**Return of Private Foundation**

OMB No 1545-0052

**2015**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning , and ending

Name of foundation  <b>TRICO FOUNDATION</b>		<b>A Employer identification number</b>  94-2941045						
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>P.O. BOX 930</b>		<b>B Telephone number</b> (520) 744-2944						
City or town, state or province, country, and ZIP or foreign postal code <b>MARANA, AZ 85653-0930</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>						
<b>G</b> Check all that apply: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>2,783,929.</b> (Part I, column (d) must be on cash basis)		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____								

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	208,613.		N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	49,650.	45,100.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	65,714.			
b Gross sales price for all assets on line 6a	65,714.			
7 Capital gain net income (from Part IV, line 2)		65,714.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 <b>Total.</b> Add lines 1 through 11	323,977.	110,814.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees				
c Other professional fees				
17 Interest				
18 Taxes	1,404.	0.		0.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	8,085.	0.		8,085.
22 Printing and publications				
23 Other expenses	1,163.	0.		1,163.
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	10,652.	0.		9,248.
25 Contributions, gifts, grants paid	71,620.			71,620.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	82,272.	0.		80,868.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	241,705.			
b <b>Net investment income</b> (if negative, enter -0-)		110,814.		
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A	

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<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		1,221,891.	1,341,252.	1,341,252.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock <b>STMT 4</b>		1,245,144.	1,302,034.	1,302,034.
	c	Investments - corporate bonds <b>STMT 5</b>		200,211.	138,827.	138,827.
<b>Liabilities</b>	11	Investments - land, buildings, and equipment basis ▶				
		Less: accumulated depreciation ▶				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation ▶				
	15	Other assets (describe ▶ <b>PREPAID TAXES</b> )		728.	1,816.	1,816.
	16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		2,667,974.	2,783,929.	2,783,929.
	17	Accounts payable and accrued expenses		922.	2,414.	
	18	Grants payable				
<b>Net Assets or Fund Balances</b>	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	<b>Total liabilities</b> (add lines 17 through 22)		922.	2,414.	
		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted		2,667,052.	2,781,515.	
	25	Temporarily restricted				
	26	Permanently restricted				
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
<b>Net Assets or Fund Balances</b>	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b>		2,667,052.	2,781,515.	
	31	<b>Total liabilities and net assets/fund balances</b>		2,667,974.	2,783,929.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,667,052.
2	Enter amount from Part I, line 27a	2	241,705.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	2,908,757.
5	Decreases not included in line 2 (itemize) ▶ <b>UNREALIZED LOSS ON INVESTMENTS</b>	5	127,242.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,781,515.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>	<b>P</b>		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 65,714.			65,714.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			65,714.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	65,714.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	75,008.	2,335,147.	.032121
2013	74,546.	1,970,697.	.037827
2012	66,108.	1,772,142.	.037304
2011	71,022.	1,742,932.	.040749
2010	74,980.	1,594,229.	.047032

<b>2</b> Total of line 1, column (d)	<b>2</b>	.195033
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.039007
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	<b>4</b>	2,579,975.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	100,637.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	1,108.
<b>7</b> Add lines 5 and 6	<b>7</b>	101,745.
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	80,868.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	2,216.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	2,216.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	2,216.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 816.	7	2,816.
b Exempt foreign organizations - tax withheld at source	6b	8	1.
c Tax paid with application for extension of time to file (Form 8868)	6c 2,000.	9	
d Backup withholding erroneously withheld	6d	10	599.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax 599. Refunded			

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) AZ		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>WWW.TRICO.COOP</b>	X	
14 The books are in care of ► <b>JIM PYERS</b> Telephone no. ► <b>(520) 744-2944</b> Located at ► <b>8600 W TANGERINE RD, MARANA, AZ</b> ZIP+4 ► <b>85658</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15   N/A		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A ► <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____ b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

X

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000

▶ 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 COLLEGE SCHOLARSHIPS TO ACTIVE MEMBERS OF TRICO ELECTRIC COOPERATIVE AND TO THEIR IMMEDIATE FAMILY.	72,783.
2 SPONSOR 4 HIGH SCHOOL JUNIORS ON A WEEK LONG TOUR OF WASHINGTON, DC WITH 1,500 OTHER STUDENTS FROM ACROSS THE COUNTRY.	8,085.
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

Form 990-PF (2015)



**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,393,370.
b	Average of monthly cash balances	1b	224,667.
c	Fair market value of all other assets	1c	1,227.
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,619,264.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,619,264.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,289.
5	<b>Net value of noncharitable-use assets</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,579,975.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	128,999.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	128,999.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	2,216.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,216.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	126,783.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	126,783.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	126,783.

**Part XII****Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	80,868.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	80,868.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	80,868.

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

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				126,783.
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only			80,168.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013				
<b>e</b> From 2014				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 80,868.				
<b>a</b> Applied to 2014, but not more than line 2a			80,168.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2015 distributable amount				700.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				126,083.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011				
<b>b</b> Excess from 2012				
<b>c</b> Excess from 2013				
<b>d</b> Excess from 2014				
<b>e</b> Excess from 2015				



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALAURA MILLET 17255 S CAMINO DE LAS QUINTAS SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
ALEXANDRA SAINT-PAUL 1631 W PLACITA SIN NIEVE SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
ALEXANDREA PROVINCE 11390 W RUDASILL RD TUCSON, AZ 85743	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
ALLISON ALLBRIGHT 6220 N BOBCAT LN TUCSON, AZ 85743	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
AMANDA STARKER 39022 S CRACKED CORN DR TUCSON, AZ 85739	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
Total			SEE CONTINUATION SHEET(S)	71,620.
b Approved for future payment				
NONE				
Total				0.



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

- |  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
|--|--|--|-----|-------|--|-------|--|--|--|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|----|---|
| <p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | <table border="1"> <tr> <td></td><td>Yes</td></tr> <tr> <td>1a(1)</td><td></td></tr> <tr> <td>1a(2)</td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td>1b(1)</td><td></td></tr> <tr> <td>1b(2)</td><td></td></tr> <tr> <td>1b(3)</td><td></td></tr> <tr> <td>1b(4)</td><td></td></tr> <tr> <td>1b(5)</td><td></td></tr> <tr> <td>1b(6)</td><td></td></tr> <tr> <td>1c</td><td>X</td></tr> </table> |  | Yes | 1a(1) |  | 1a(2) |  |  |  | 1b(1) |  | 1b(2) |  | 1b(3) |  | 1b(4) |  | 1b(5) |  | 1b(6) |  | 1c | X |
|  | Yes  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1a(1)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1a(2)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
|  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(1)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(2)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(3)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(4)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(5)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1b(6)  |  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |
| 1c   | X  |  |     |       |  |       |  |  |  |       |  |       |  |       |  |       |  |       |  |       |  |    |   |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c	X	

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☒ Yes      ☐ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
TRICO ELECTRIC	501(C)(12)	

**Sign  
Here**

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

Signature of officer or trustee

Date 11/15/16

of which preparer has any know  
**CEO/GENERAL**  
**MANAGER**

May the IRS discuss this return with the preparer shown below (see instr)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ self-employed

PTIN

MATT R. WILLIS

MATT R. WILLIS

11/15/16

P00419741

Firm's name ► **BOLINGER, SEGARS, GILBERT AND MOSS LLP**

Firm's EIN ▶ 75-0882037

Firm's address ▶ 8215 NASHVILLE AVENUE  
LUBBOCK, TX 79423

Phone no. (806) 747-3806

Form **990-PF** (2015)

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ANDRUE RODRIGUEZ 37057 S GAMBEL QUAIL DR MARANA, AZ 85658	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
ARIELLA GONZALES 11075 W OLD BUCKBOARD PL TUCSON, AZ 85743	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
ARIELLE HARDY 9118 E SCARLETT BLUFFS PL CORONA DE TUCSON, AZ 86641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
BENJAMIN TRUMPINSKI 17071 S RUSTLING LEAF TRAIL VAIL, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
BENJAMIN WEAVER 16905 W SPUR BELL LN MARANA, AZ 85653	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
BO SHIMMIN 60117 E CRESTVIEW CT TUCSON, AZ 85739	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
BRIANNA MALINGS 9150 S ANTIQUE WAY TUCSON, AZ 85735	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	4,800.
BROOK HARRIS HC 70 BOX 4635 SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,920.
CAITLYNN OCEGUERA 604 W GRANTHAM VAIL, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
CARTER HAM 17315 S CAMINO DE LAS QUINTAS SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
<b>Total from continuation sheets</b>				<b>60,620.</b>

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COURTNEY BROWNING 35419 S LONGHORN TRAIL MARANA, AZ 85658	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,920.
DENAE HARRIS HC 70 BOX 4426 SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
EDWARD VALDEZ 1181 N VIA ALAMOS GREEN VALLEY, AZ 85614	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
EMILY HOPKINS 4989 W CAMINO DE MANANA TUCSON, AZ 85742	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
HANNA CULVER-DEWEES 11524 S CHEROKEE LN TUCSON, AZ 85736	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	4,800.
HOLLY GALEN 1601 N BENTON AVE 250262 HELENA, MT 59601	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	4,800.
JAMIE HOANG 12324 N LOST SHADOW CT MARANA, AZ 85658	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
JENNIFER WEISBROD 4653 S SOLEDAD AVE TUCSON, AZ 85746	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
JOHN GARCIA 7252 S SAND DUNE VALLEY DR TUCSON, AZ 85757	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
JULIA BACCHUS HC 70 BOX 4531 SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
Total from continuation sheets				



**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JULIA HAMM 12292 W JESSICA RAE LN TUCSON, AZ 85736	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
KIANA VERDUGO 1457 W CALLE DE LA PLAZA SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
MELINA CASILLAS 86 W PASEO CELESTIAL SAHUARITA, AZ 85629	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	1,000.
NICHOLAS HOUDEK 10515 W ANTHONY DR TUCSON, AZ 85743	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
REBEKKA POPE 16902 W ELK TRL MARANA, AZ 85653	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
SARA PERAZA 500 N FAIRHAVEN DR VAIL, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
SARA RAMEY 411 N FAIRHAVEN DR VAIL, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
SERGIO SALGUERO 7644 W ZORRO RD TUCSON, AZ 85757	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,300.
TABITHA HARDY 1998 E SCARLET BLUFFS PL CORONA DE TUCSON, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	920.
TIMOTHY WILS 28 W ERIC DORMAN ST VAIL, AZ 85641	SEE PAGE 7; PART IX-A	INDIVIDUAL	SCHOLARSHIP	2,500.
<b>Total from continuation sheets</b>				

**3 Grants and Contributions Paid During the Year (Continuation)****Total from continuation sheets**

FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT      1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
EDWARD JONES HOMESTEAD FUNDS - VALUE	14,505.	0.	14,505.	9,955.	
HOMESTEAD FUNDS ST BONDS	24,619.	0.	24,619.	24,619.	
PIMA FEDERAL CREDIT UNION	10,327.	0.	10,327.	10,327.	
	199.	0.	199.	199.	
TO PART I, LINE 4	49,650.	0.	49,650.	45,100.	

FORM 990-PF                      TAXES                      STATEMENT      2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	1,404.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,404.	0.		0.

FORM 990-PF                      OTHER EXPENSES                      STATEMENT      3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SCHOLARSHIP ADMINISTRATIVE EXPENSE	1,163.	0.		1,163.
TO FORM 990-PF, PG 1, LN 23	1,163.	0.		1,163.

FORM 990-PF	CORPORATE STOCK	STATEMENT	4
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
HOMESTEAD FUNDS - CORPORATE STOCKS	1,302,034.	1,302,034.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,302,034.	1,302,034.

FORM 990-PF	CORPORATE BONDS	STATEMENT	5
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EDWARD JONES - CORPORATE BONDS	138,827.	138,827.
TOTAL TO FORM 990-PF, PART II, LINE 10C	138,827.	138,827.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DON BLACK P.O. BOX 930 MARANA, AZ 85653-0930	PRESIDENT 1.00	0.	0.	0.
LARRY HINCHLIFFE P.O. BOX 930 MARANA, AZ 85653-0930	VICE PRESIDENT 1.00	0.	0.	0.
JIM PYERS P.O. BOX 930 MARANA, AZ 85653-0930	TREASURER 1.00	0.	0.	0.
MARSHA THOMPSON P.O. BOX 930 MARANA, AZ 85653-0930	SECRETARY 1.00	0.	0.	0.
BARBARA STOCKWELL P.O. BOX 930 MARANA, AZ 85653-0930	ASSISTANT TREASURER/SECRET 1.00	0.	0.	0.

TRICO FOUNDATION

94-2941045

L NICK BUCKELEW  
P.O. BOX 930  
MARANA, AZ 85653-0930

TRUSTEE  
1.00

0. 0. 0.

C BRAD DESPAIN  
P.O. BOX 930  
MARANA, AZ 85653-0930

TRUSTEE  
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.

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990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	7
	PART XVII, LINE 1, COLUMN (D)		

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

---

TRICO ELECTRIC

---

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

---

COOPERATIVE STAFF MAINTAINS RECORDS FOR THE FOUNDATION AT NO COST TO THE FOUNDATION.

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990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)	STATEMENT	8
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NAME OF AFFILIATED OR RELATED ORGANIZATION

---

TRICO ELECTRIC

---

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

---

FOUNDATION BOARD OF TRUSTEES ARE ALSO ON THE COOPERATIVE'S BOARD.

**The Trico Foundation  
SCHOLARSHIP APPLICATION  
Academic Year 2015-2016**

**Please read the criteria below very carefully before filling out this application!**

In order to be eligible to receive a Trico Foundation Scholarship, applicants must:

- Be a Trico Member or the immediate family of a Trico Member (e.g., spouse, dependent child, etc.).
- Be a full-time undergraduate student or will be a full-time student in the fall. (Applicant must carry a minimum course load of 12 credit hours )
- Have a cumulative grade point average of 2.5 or greater.

Note: Awards are given for either a two-year school or a four-year school, not a combination of both. Students attending two-year schools are awarded \$1,840 (\$920 per semester), while students attending four-year schools are awarded \$4,600 (\$2,300 per semester). Awards are made directly to the college or university.

Under almost all circumstances, scholarships must be used in the 2015-2016 academic year. Possible exceptions may be made for military service, special church-related service or serious medical issues. All deferrals must be approved by the Trico Foundation Board.

**BEFORE YOU SUBMIT YOUR APPLICATION! Application checklist.**

- ✓ Did you complete ALL sections of the application?
- ✓ Did you sign the application? If you're a dependent of a Trico Member, did you also have the Trico Member sign the application?
- ✓ Did you include a copy of your **Fall 2014 official transcript?** (Only official transcripts in sealed envelope are acceptable)
- ✓ Did you include at least one letter of reference (more are encouraged)?

**Applications MUST contain all supporting materials as outlined above. Incomplete applications will NOT be considered by the selection committee.**

**Deadline**

4:30 p.m., Friday, February 13, 2015

**Postmarks are not sufficient. The application must be physically at Trico's office by the deadline.  
Mail or deliver applications to:**

**The Trico Foundation  
Attn: SCHOLARSHIPS  
8600 W. Tangerine Road  
Marana, AZ 85658-8973**

Questions? Call 744-2944, ext. 1363. Or, email: [mpugno@trico coop](mailto:mpugno@trico coop)

*Applications become the property of Trico Electric Cooperative, Inc. The Selection Committee's ratings are confidential, and its ratings and award decisions are final*

*The Trico Foundation is a non-profit educational funding organization formed exclusively for the benefit of Trico Electric Cooperative Members and their dependents. An impartial committee of community educators and business people judges the entries and assigns the scholarships. No one on Trico's staff or board takes part in the selection process.*



**The Trico Foundation  
SCHOLARSHIP APPLICATION  
Academic Year 2015-2016**

Please type or use blue/black ball-point pen. Be as thorough as possible in answering. **Feel free to continue your answers on additional pages if necessary.**

**Scholarship awards are based on the applicant's academic record, financial need, potential and individual character.**

**I. GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trico Account No. \_\_\_\_\_ Trico Account Holder's Name: \_\_\_\_\_

*If applicant is the dependent of the Trico Member*

Parent's Name: \_\_\_\_\_

Address on Trico Account (if different from above): \_\_\_\_\_

Trico Member's Relationship to You: \_\_\_\_\_

**CERTIFICATION**

**I certify that the information provided in this application is accurate and complete to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is a dependent of a Trico Member:**

**I certify that the person applying for this scholarship is claimed on my Federal taxes as a dependent. (Note: Trico reserves the right to verify financial information and to request additional documentation.)**

Trico Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Trico Foundation**  
**SCHOLARSHIP APPLICATION**  
**Academic Year 2015-2016**

**I. GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_ High School Grade Point Average: \_\_\_\_\_

College/University/Trade School Attended (if applicable): \_\_\_\_\_

What grade will you be in during the 2015-2016 Academic Year? (Check one)

☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior

College Grade Point Average (GPA): \_\_\_\_\_

Check if you are a former recipient of a Trico Foundation Scholarship.

I plan to attend: (Check one, not both )

☐ 2-year college or trade school  
☐ 4-year college/university

Name of school you plan to attend (if known): \_\_\_\_\_

**FINANCIAL INFORMATION**

Number of dependents living in the household: \_\_\_\_\_

Number of children in family attending college in coming school year: \_\_\_\_\_

Total estimated annual GROSS family income. This figure should reflect all sources of income including salaries, alimony, child support, pensions, welfare, income from tips, etc. \_\_\_\_\_

**OTHER SCHOLARSHIPS/FINANCIAL AID**

List all other scholarship awards or financial aid you're receiving for the upcoming academic year. Indicate amount of assistance each provides.

## II. CLUBS, ORGANIZATIONS, ACADEMIC HONORS, AWARDS

List activities in: music; art, theater; sports; membership in academic organizations and honor societies; participation in student government; special interest clubs, etc. Indicate the approximate amount of time per year spent in each activity, as well as any offices or leadership positions held. Please also indicate when you took part in these activities. Attach additional sheets if necessary.

## III. VOLUNTEER WORK

List all volunteer work. This could include things like helping at a hospital, church, food bank, or library, etc. Indicate leadership positions as well as approximate amount of time spent per week (or year). Please also indicate when you took part in these activities. Attach additional sheets if necessary.

**IV. FINANCIAL NEED / UNUSUAL CIRCUMSTANCES / "NON-TRADITIONAL" STATUS**

Please describe your financial need and/or unusual circumstances. This may include personal loss, hardship, or other special circumstances. Tell us about any personal situations that may have prevented you from pursuing volunteer work or other community activities. Indicate if you're a "non-traditional" student and tell us a little about your situation. A "non-traditional" student is defined as a student that is older than the typical undergraduate and one who interrupted their studies earlier in their lives, but is now returning to school.

**V. MISCELLANEOUS**

Use this area to tell us more about yourself. Indicate if you are a Veteran, in the Reserves, National Guard, etc.

**VI. ACADEMIC AND CAREER GOALS**