

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

EXTENDED TO NOVEMBER 15, 201
Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

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. Open to Public Inspection

Nam	e of	foundation		, and ending	A Employer identification number
m	1 DT/	CO ECIMDAMION			94-2941045
		CO FOUNDATION Id street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number
		BOX 930	ada (55)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(520) 744-2944
		wn, state or province, country, and ZIP or foreign pe	octal code		C If exemption application is pending, check here
•		ANA, AZ 85653-0930	ustai code		or exemption application is pending, check here
		all that apply: Initial return	Initial return of a for	mer nublic charity	D 1. Foreign organizations, check here
G CI	HEUK	Final return	Amended return	mor poblic onarty	D 1.1 Grough organizations, Groote Horo
		Address change	Name change		Foreign organizations meeting the 85% test, check here and attach computation
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation status was terminated
Ţ		· · · · · · · · · · · · · · · · · · ·	Other taxable private foundati	ion	under section 507(b)(1)(A), check here
Fai		rket value of all assets at end of year J Accounting		X Accrual	F If the foundation is in a 60-month termination
(fro	om F	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here
		3,005,008. (Part I, colu	mn (d) must be on cash be	asıs.)	
Pa	rt l	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	(b) Net investment	(c) Adjusted net (d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	income	Income (cash basis only)
	1	Contributions, gifts, grants, etc., received	144,698.		N/A
	2	Check I I I the foundation is not required to attach Sch B			
	3	Interest on savings and temporary cash investments			
	4	Dividends and interest from securities	54,873.	54,873	STATEMENT 1
İ	1	Gross rents			
	i -	Net rental income or (loss)	100 041		
ā	١.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	108,041.		
Revenue	b	assets on line 6a 100,041.		108,041	
Re∕	7	Capital gain net income (from Part IV, line 2)		100,041	•
	8	Net short-term capital gain Income modifications			
	100	Cross cales less returns			
	l -	and allowances Less Cost of goods sold	1		
		Gross profit or (loss)			-
	1	Other income			
İ	12	Total. Add lines 1 through 11	307,612.	162,914	
	13	Compensation of officers, directors, trustees, etc	0.	0	. 0
	14	Other employee salaries and wages			
		Pension plans, employee benefits			
ses	16a	. Legal fees			
Expenses	b	Accounting fees	ļ		
		Other professional fees			
tive	17	Interest	2 000		+
itra	18	Taxes STMT 2	3,999.	0	· C
inis	19	Depreciation and depletion			
퉏	20	Occupancy .	6,913.	0	. 6,913
Operating and Administrative	21	Travel, conferences, and meetings	0,313.		• 0,913
าลก	22	Printing and publications Other expenses STMT 3	1,287.	0	. 1,287
ţi	24	Other expenses STMT 3 Total operating and administrative	7,407		1 2/20/
ēra	-4	Total operating and administrative expenses. Add lines 13 through 25 IVED	12.199.	0	. 8,200
Ö	25	Contributions, gifts grants paid	12,199. 105,500.		8,200 105,500
	26	Total expenses an disbursements: 2017	105,500.		}
		Add lines 24 and 25	117,699.	0	. 113,700
	1	-0110 00			
	27	· • • • • • • • • • • • • • • • • • • •	1 100 012		
			189,913.		
	,	A Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	. 189,913.	162,914	N/A

3,002,373. Form **990-PF** (2016)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

100,287.

113,700.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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.

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 40	94-)40	2941	045	- F	age 4
		, 01 48	940 -	See II	istru	ction	IS)
	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.	ľ					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	,	_1			L,6	<u> 29.</u>
	of Part I, line 27b	l					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). $$	}					,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1	2				0.
3	Add lines 1 and 2		3		:	1,6	29.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ļ	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	į	5	L		L,6	29.
6	Credits/Payments:						
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 5	99.	1				f
	Exempt foreign organizations - tax withheld at source 6b			ı			i
C	Tax paid with application for extension of time to file (Form 8868) 6c 3, 0	00.					1
	Backup withholding erroneously withheld 6d			!			
	Total credits and payments. Add lines 6a through 6d		7			3,5	99.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	Ţ	8				25.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	_	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			1 9	45.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax 1,945. Refund	od 🗾	11			<u>.,,</u>	0.
	rt VII-A Statements Regarding Activities	cu					_ _ •
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tenzene	ın			Yes	No
	any political campaign?	101 40110	11 1	1	1a		
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the directly)	afinition)	9	}	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				ייי		
	·	publisti	ea or		İ		
	distributed by the foundation in connection with the activities.			ļ			v
	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n					
_	managers. ▶ \$0.						
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ļ	2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpo	ration, o	ŗ	!			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		<u>X</u> _
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1		
	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 of the state	the state	law				
	remain in the governing instrument?				6	<u>X</u>	
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	'		7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	AZ						
þ	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				8b	_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 cale	ndar]		
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	s			10		X
				For	m 99 0)-PF	(2016)

Pa	rt 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	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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)	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address WWW.TRICO.COOP	744	20	4.4
14	The books are in care of ► JIM PYERS Located at ► 8600 W TANGERINE RD, MARANA, AZ Telephone no. ► (520) ZIP+4 ►8	744		44
45	Located at ► 8600 W TANGERINE RD, MARANA, AZ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	0000		
ıə	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	· L
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	L	
	foreign country			
Pa	art 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.	\top	Yes	No
18	During the year did the foundation (either directly or indirectly):			ı
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	•		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			!
	a disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ł		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(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)?	1		
	(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		1	
	termination of government service, if terminating within 90 days.)		1	1
ı	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	١	}	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	 -	├──
	Organizations relying on a current notice regarding disaster assistance check here	1		
•	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 2016?	,		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	_1c	├	
-	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? X Yes No			
	If "Yes," list the years ▶ 2015 ,			
١	Are there any years listed in 2a for which the foundation is not 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.)	2b	X	<u> </u>
1	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			Ì
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			ŀ
	during the year?	1	}	1
	b If "Yes," did it have excess business holdings in 2016 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	1	1	1
	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 2016.) N/A	3b_	\vdash	-
	a 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 2016?	4b		X_
_		orm 99	0-PF	
	·	,,,,, ,,,		(2010)

Page 5

Form 990-PF (2016)

Form 990-PF (2016) TRICO FOUNDATION			94-29410	<u>45</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ied)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire		}	İ	
any voter registration drive?			s X No		į
(3) Provide a grant to an individual for travel, study, or other similar purposes		LX Ye	s L No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- }	
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				1
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		, , , , , , , , , , , , , , , , , , ,	5b	X
Organizations relying on a current notice regarding disaster assistance check h				ł	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				ĺ	
expenditure responsibility for the grant?		ſ∕A ∟ Ye	s L No	}	
If "Yes," attach the statement required by Regulations section 53.494	* *		1		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>		1) :
a personal benefit contract?		Ye	s X No	[· - <u>-</u>
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u>X</u> _
If "Yes" to 6b, file Form 8870.	.h.du. 1 0		[2]	\ \	1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	-,	
Part VIII Information About Officers, Directors, Trust		nogora Highly		7b_	
Paid Employees, and Contractors	ees, roundation wia	magers, migniy	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	ount, other owances
				1	
SEE STATEMENT 6				ı	
		0.	0.		0.
		0.	0.		0.
		0.	0.		0.
		0.	0.		0.
		0.	0.		0.
		0.	0.		0.
		0.	0.		
		0.	0.		0.
		0.	0.		0.
		0.	0.		0.
Compensation of five highest-paid employees (other than those incomplete than the incomplete than					
Compensation of five highest-paid employees (other than those incompensation)	(b) Title, and average	enter "NONE."	(d) Contributions to	(e)	Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000			(cl) Contributions to	acci	
Compensation of five highest-paid employees (other than those incompensation).	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(cl) Contributions to employee benefit plans and deterted	acci	Expense bunt, other

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(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		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses
COLLEGE SCHOLARSHIPS TO ACTIVE MEMBERS OF TRICE	DELECTRIC	
COOPERATIVE AND TO THEIR IMMEDIATE FAMILY.		106 707
SPONSOR 4 HIGH SCHOOL JUNIORS ON A WEEK LONG TO	OUR OF	106,787.
WASHINGTON, DC WITH 1,500 OTHER STUDENTS FROM		
COUNTRY.		6,913.
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 N/A	1 and 2.	Amount
I N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3	>	0.

Form 990-PF (2016)

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	2,458,614.
	Average of monthly cash balances	1b	332,937.
	Fair market value of all other assets	1c	832.
	Total (add lines 1a, b, and c)	1d	2,792,383.
	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	2,792,383.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,886.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,750,497.
6	Minimum investment return. Enter 5% of line 5	6	137,525.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ▶ ☐ and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	137,525.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,629.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	135,896.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	135,896.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	135,896.
P	art 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_	113,700.
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	113,700.
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	1,629.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	112,071.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	·			
line 7				135,896.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			126,083.	
b Total for prior years:				
,, ,, ,, ,, ,, ,, ,, ,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	l			
b From 2012				
c From 2013 d From 2014			ļ	
e From 2015	0.			
f Total of lines 3a through e 4 Qualifying distributions for 2016 from				
Part XII, line 4: \$113,700.				
a Applied to 2015, but not more than line 2a			113,700.	
b Applied to undistributed income of prior			113,700.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		,
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016	0.			
(If an amount appears in column (d), the same amount				0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable			 	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			12,383.	
f Undistributed income for 2016. Subtract			==/5	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				135,896.
7 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.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016		<u> </u>	L	

	OUNDATION			94-29	41045 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating	ì		
foundation, and the ruling is effective fo			▶		·
b Check box to indicate whether the found		ng foundation described	in section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	į
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					}
each year listed			<u></u>	<u> </u>	
b 85% of line 2a			<u> </u>	<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed			<u> </u>		
d Amounts included in line 2c not		ļ			
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		ļ			
Subtract line 2d from line 2c Gomplete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation will year (but only if they have contributed)			ntributions received by th	e foundation before the clo	ose of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation had			ı (or an equally large port	tion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
	only makes contributions	to preselected charitable	e organizations and does	not accept unsolicited req	
a The name, address, and telephone num	nber or e-mail address of	the person to whom app	olications should be addre	essed:	
THE TRICO FOUNDATION P.O. BOX 930, MARANA	N BOARD OF T	TRUSTEES, (
b The form in which applications should SEE ATTACHED APPLICA	be submitted and informa		should include:		
c Any submission deadlines:					
SEE ATTACHED APPLICA			a lundo at mate de con-	ather feet	
d Any restrictions or limitations on award SEE ATTACHED APPLICA		ai areas, charitable field:	s, kinas of institutions, of	other factors:	

3 Grants and Contributions Paid During	the Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
MANDA STARKER	SEE PAGE 7; PART	ı	SCHOLARSHIP	
39022 S CRACKED CORN DR	IX-A		1	
FUCSON, AZ 85739				5,000
			(
ANDREW MCKALE	SEE PAGE 7; PART	I	SCHOLARSHIP	
7152 S MISSION SPRINGS DR	IX-A			
rucson az 85757			 	2,500
ANGEL RAMIREZ	SEE PAGE 7; PART	I	SCHOLARSHIP	
262 S PRINCESS ERICA DR	IX-A			
VAIL, AZ 85641				1,000
ARIELLA GONZALES	SEE PAGE 7; PART	I	SCHOLARSHIP	
11075 W OLD BUCKBOARD PL TUCSON, AZ 85743	IX-A			1 000
		 	 	1,000
ARIELLE HARDY 9118 E SCARLETT BLUFFS PL	SEE PAGE 7; PART	I	SCHOLARSHIP	
CORONA DE TUCSON, AZ 86641	- · ·			1,000
AUBREY LUFF	SEE PAGE 7; PART	ı	SCHOLARSHIP	
63981 E VIA DE DESCONSO	IX-A			
TUCSON, AZ 85739		 		2,500
BENJAMIN TRUMPINSKI	SEE PAGE 7; PART	ı	SCHOLARSHIP	
17071 S RUSTLING LEAF TRAIL	IX-A			
VAIL, AZ 85641	- 	 	- 	3,500
BO SHIMMIN	SEE PAGE 7; PART	I	SCHOLARSHIP	
60117 E CRESTVIEW CT TUCSON, AZ 85739	IX-A			2.50
10CSON, AZ 83739			_ -	2,500
BRIANNA MALINGS 9150 S ANTIQUE WAY	SEE PAGE 7; PART IX-A	I	SCHOLARSHIP	
TUCSON AZ 85735	<u> </u>			5,000
BROOK HARRIS	SEE PAGE 7; PART	ı	SCHOLARSHIP	
HC 70 BOX 4635	IX-A			
SAHUARITA, AZ 85629		<u> </u>		1,000
Total from continuation sheets			 · 	93,500

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the		т		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of pushiess)	or substantial contributor	recipient		
CAITLYNN OCEGUERA	SEE PAGE 7; PART	ı	SCHOLARSHIP	}
004 W GRANTHAM	IX-A			
/AIL, AZ 85641		<u> </u>		1,00
CARTER HAM	SEE PAGE 7; PART	ı	SCHOLARSHIP	1
17315 S CAMINO DE LAS QUINTAS	IX-A	ľ		
SAHUARITA, AZ 85629		 		2,00
		1		
COURTNEY BROWNING	SEE PAGE 7; PART	I	SCHOLARSHIP	
35419 S LONGHORN TRAIL	IX-A			
MARANA, AZ 85658		ļ		3,50
NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	777 7107 7 7177	_		
CYNTHIA SMALLING PO BOX 565	SEE PAGE 7; PART IX-A	I	SCHOLARSHIP	
VAIL AZ 85641	I.A.			2.5
VAIL, AZ 03041				2,5
EMILY HOPKINS	SEE PAGE 7; PART	ı	SCHOLARSHIP	
4989 W CAMINO DE MANANA	IX-A	_		1
rucson, AZ 85742		 		2,5
,				
HANNA CULVER-DEWEES	SEE PAGE 7; PART	I	SCHOLARSHIP	
11524 S CHEROKEE LN	TX-A			Ì
TUCSON, AZ 85736				5.0
HEATHER NEWBERRY	SEE PAGE 7; PART	I	SCHOLARSHIP	ĺ
15730 W DIAMOND BELL RANCH	IX-A			
TUCSON, AZ 85736				2,5
HIBRAM SANCHEZ	SEE PAGE 7; PART	ı	SCHOLARSHIP	İ
13470 W MUSTANG RD	IX-A	-	CHOMINGHIE	Į.
TUCSON, AZ 85743		ļ		2,5
HOLLY GALEN	SEE PAGE 7; PART	ı	SCHOLARSHIP	
1601 N BENTON AVE 250262	IX-A			
HELENA, MT 59601		 		2,5
JACOB ACUNA	SEE PAGE 7; PART	I	SCHOLARSHIP	
1430 W VIA VENTJOSA	IX-A	1		1
SAHUARITA, AZ 85629				2,5

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) or substantial contributor recipient JACOB HOUDEK SEE PAGE 7; PART I SCHOLARSHIP TX-A 10515 W ANTHONY DR TUCSON, AZ 85743 1,000, JAMIE HOANG SEE PAGE 7; PART Ι SCHOLARSHIP 12324 N LOST SHADOW CT A-XE MARANA AZ 85658 2,500. JENNIFER WEISBROD SEE PAGE 7; PART SCHOLARSHIP Ι 4653 S SOLEDAD AVE IX-A TUCSON AZ 85746 1,000. JULIA HAMM SEE PAGE 7; PART I SCHOLARSHIP TX-A 12292 W JESSICA RAE LN TUCSON, AZ 85736 1,000, JUSTINE BACCHUS SEE PAGE 7; PART Ι SCHOLARSHIP HC 70 BOX 4531 IX-A SAHUARITA, AZ 85629 2,500. KANESA GAY SEE PAGE 7; PART I SCHOLARSHIP 16961 S CAMINO DE LAS QUINTAS A-XI SAHUARITA, AZ 85629 2,500. KARALEIGH MILLET SEE PAGE 7; PART I SCHOLARSHIP 17255 CAMINO DEL LAS QUINTAS TX-A SAHUARITA AZ 85629 2,500, KAYLA CHRISTIANSEN SEE PAGE 7; PART I SCHOLARSHIP HC 70 BOX 4790 IX-A SAHUARITA, AZ 85629 2,500, MADISON DUNN SEE PAGE 7; PART I SCHOLARSHIP 4333 W CLOUD RANCH PL IX-A MARANA AZ 85658 1,000, MELINA CASILLAS SEE PAGE 7; PART I SCHOLARSHIP A-XI 86 W PASEO CELESTIAL SAHUARITA, AZ 85629 1,000. Total from continuation sheets

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
AICKEY MCCULLOUGH-CRUZ	SEE PAGE 7; PART	ı	SCHOLARSHIP	
1263 W CALLE DE LA PLAZA	IX-A	_		
SAHUARITA, AZ 85629				2,5
MIKAYLA DEDRICK	SEE PAGE 7; PART	ı	SCHOLARSHIP	
11504 W STONE HEARTH ST	TX-A	ĺ		
MARANA AZ 85658				1,0
NICHOLAS HOUDEK	SEE PAGE 7; PART	I	SCHOLARSHIP]
10515 W ANTHONY DR	IX-A			
TUCSON, AZ 85743			 	1,0
REBECCA WOODS-LUBBERT	SEE PAGE 7; PART	I	SCHOLARSHIP	
4521 W BOPP RD	IX-A			
TUCSON, AZ 85746		 	 	2,5
RYNE REDD	CEE DAGE 7. DARM	_	CCUOI ADOUT D	
RYNE REDD 470 S DOUGLAS WASH RD	SEE PAGE 7; PART IX-A	I	SCHOLARSHIP	
VAIL AZ 85641		1		2.5
				· · ·
TALYR WEST	SEE PAGE 7; PART	I	SCHOLARSHIP	
4470 W MEGGAN PL	IX-A			
TUCSON, AZ 85741			+	1,0
TIMOTHY WILS	SEE PAGE 7; PART	r	SCHOLARSHIP	
28 W ERIC DORMAN ST	IX-A	1		
VAIL, AZ 85641		 		5,0
TINA MURASKI	SEE PAGE 7; PART	ı	SCHOLARSHIP	
12314 N WIND RUNNER PKWY	IX-A	1	BCUOTAVSUIL	
MARANA, AZ 85658				2,5
VALAREE CAVAZOS-COVARRUBIAS	SEE PAGE 7; PART	I	SCHOLARSHIP	
12561 N BOSCOMBE DR	IX-A			
MARANA, AZ 85653		 	 	2,5
VALERIE VESTERDAL	SEE PAGE 7; PART	I	SCHOLARSHIP	
PO BOX 924	IX-A			
SAHUARITA, AZ 85629 Total from continuation sheets			<u></u>	1,0

	ntary Information				
3 Grants and Contributio		ear (Continuation)			
Recipien	nt	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (ho	me or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
•					
WILLIAM ROCKWELL		SEE PAGE 7; PART	ı	SCHOLARSHIP	
11655 N PLACITA MARCEL	A RD	IX-A	\ _		
MARANA, AZ 85653					1,000
ZACHARY BENNIE		SEE PAGE 7; PART	I	SCHOLARSHIP	
8900 S FILMORE RD		TX-A			
TUCSON, AZ 85736		 			2,000
	•				
			-	 	
			ļ		
		 	<u> </u>		
			<u> </u>		<u> </u>
•					
				 	
			-		
		 	<u> </u>		
Total from continuation s	hooto		'		

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution . Name and address (home or business) or substantial contributor recipient a Paid during the year ALAURA MILLET SEE PAGE 7; PART I SCHOLARSHIP 17255 S CAMINO DE LAS QUINTAS IX-A SAHUARITA, AZ 85629 2,500. ALEXANDRA SAINT-PAUL SEE PAGE 7; PART SCHOLARSHIP Ι 1631 W PLACITA SIN NIEVE IX-A SAHUARITA AZ 85629 2,500, ALEXANDREA PROVINE SEE PAGE 7; PART I SCHOLARSHIP TX-A 11390 W RUDASILL RD TUCSON, AZ 85743 5,000. ALISON ALLBRIGHT SEE PAGE 7; PART Ι SCHOLARSHIP 6220 N BOBCAT LN IX-A TUCSON, AZ 85743 1,000. ALISON COYNE SEE PAGE 7; PART Ι SCHOLARSHIP 29492 E KITTLE PL TX-Y MARANA AZ 85658 1 000. SEE CONTINUATION SHEET(S) Total ▶ 3a 105 500. b Approved for future payment NONE

Total

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF (2016)

nter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclud	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1				
d	_				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	54,873.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1		1 1	1	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	108,041.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			i '		
b					
c					
d	1				
e					
2 Subtotal. Add columns (b), (d), and (e)		. 0		162,914.	0.
3 Total. Add line 12, columns (b), (d), and (e)					162,914.
See worksheet in line 13 instructions to verify calculations.	.)				
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	Exemp	t Purposes	
Line No. Explain below how each activity for which is the foundation's exempt purposes (other the			-A contrib	buted importantly to the accom	plishment of
the foundation's exempt purposes (other th	ian by providing it	inus for such purposes).			
					
					
					
					
				 	
	 				
					
					
					
					
					
					
l l					
					

orm 990-PF		FOUND					<u>941045</u>		ge 13
Part XV			ransfers To a	nd Transactions a	and Relations	hips With Nonc	haritable)	
	Exempt Organ				- <u>-</u>				
	organization directly or indir					on 501(c) of	{	Yes	No
	de (other than section 501(c)				nizations?				
	ers from the reporting founda	ation to a none	charitable exempt org	janization of:			-		-
(1) Ca							1a(1)		X
(2) Ot	her assets						1a(2)		X
_	ransactions:							-	
	iles of assets to a noncharital						<u>1b(1)</u>		X
	urchases of assets from a no		· -				1b(2)		X
٠.	ental of facilities, equipment,		S				1b(3)		X
	eimbursement arrangements						1b(4)		X
	oans or loan guarantees						1b(5)		X
• •	erformance of services or me						1b(6)		X
	g of facilities, equipment, ma						_1c	X	<u> </u>
	inswer to any of the above is			• •	-	_		ets,	
	vices given by the reporting for			ed less than fair market val	lue in any transaction	or sharing arrangeme	ent, show in		
	n (d) the value of the goods,								
(a) Line no	(b) Amount involved			exempt organization		of transfers, transactions	, and sharing an	rangeme	ints
1C	0.	TRICO	ELECTRIC		SEE STA	ATEMENT 7			
									
		<u> </u>							
		ļ							
		ļ	<u> </u>						
		ļ							
							 -		
		ļ <u>.</u>							
1		<u> </u>						_	
	foundation directly or indirec			•	nizations described		(-	_	_
	tion 501(c) of the Code (othe		501(c)(3)) or in sect	tion 527?			X Yes	L_	No
b If Yes	," complete the following sch			(A) T. /		(10)			
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rela	tionsnip		
TRICO	ELECTRIC			501(C)(12)	SEE STA	PEMENT 8			
									
									
									
		that I have sugar	ala and distance and an alternative		<u> </u>	hast of our translation			
l	inder penaltide of perjury, I declare nd belief, it is true, correct, and 🕫						May the IRS return with the	discuss	this
Sign " Here	NI It, H	+		11/12/-	Capli	0.11	shown below	(see int	str)?
	Supplying of officer or trusto	du_			_ PCEOK	well Markeyer	X Yes	; L_	_ No
	Signature of officer or truster		December	Date	Title	Chack Fee 1 of 10	TIAL		
	Print/Type preparer's n	ame	Preparer's s	aure 1	Date	Check X If F self- employed	PTIN		
Paid) mm		\	XUI LX	1011011		D00440		
	MATT R. WI		MATT 'R	GILDEDE :	10/19/17		P00419		<u></u>
Prepar		INGER,	SEGARS,	GILBERT AND	MOSS LLP	Firm's EIN ► 75	-08820	37	
Use Or		1				 			
	Firm's address ► 8 2					100	C \ 17 4 17	200	
	<u> </u>	IRROCK,	TX 79423			Phone no. (80	<u>6)747-</u>	<u> 380</u>	16

FORM 990-PF	DIVIDENDS	AND INTER	EST F	ROM SECUR	ITIES SI	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE ER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
EDWARD JONES HOMESTEAD FUNDS -	12,151.	(0.	12,151.	12,151.		
VALUE HOMESTEAD FUNDS ST	30,823.	ı	0.	30,823.	30,823.		
BONDS PIMA FEDERAL	11,836.	(0.	11,836.	11,836.		,
CREDIT UNION	63.		0.	63.	63.		_
TO PART I, LINE 4	54,873.		0.	54,873.	54,873.		
			·				
FORM 990-PF		TAX	ES		Si	PATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
EXCISE TAXES		3,999.		0.			0.
TO FORM 990-PF, PG 1,	LN 18	3,999.		0.			0.
FORM 990-PF		OTHER E	XPENS	SES	S	FATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
SCHOLARSHIP ADMINISTR	ATIVE	1,287.		0.		1,2	87.
TO FORM 990-PF, PG 1,	LN 23	1,287.		0.		1,2	87.

FORM 990-PF	CORPORATE STOCK		STATE	EMENT	4		
DESCRIPTION	PTION BOOK VALUE				FAIR MARKET VALUE		
HOMESTEAD FUNDS - CORPORATE S	STOCKS	1,461,671	. 1,	1,461,671.			
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	1,461,671	. 1	1,461,671.			
FORM 990-PF	CORPORATE BONDS		STATI	EMENT	5		
DESCRIPTION		BOOK VALUE		FAIR MARKET VALUE			
EDWARD JONES - CORPORATE BON	DS -	25,220	•	25,220.			
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	25,220	•	25,220.			
	- LIST OF OFFICERS, DESTRUCTION MANAGEMENT TITLE AND AVRG HRS/WK	GERS E COMPEN- B	STATI MPLOYEE EN PLAN CONTRIB				
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 TREA	SURER/SECRET 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.	

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART XVII, LINE 1, COLUMN (D)

STATEMENT

7

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.

990-PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART XVII, LINE 2, COLUMN (C)

STATEMENT

8

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.