# Form 990

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning <u>Jul 1, 2012</u> and c	enaing J	JN 30, 2013				
В	Check if	C Name of organization		D Employer iden	ntification number			
		MARICOPA COUNTY COMMUNITY COLLEGE						
	Addr							
	Name chan			86-0	0327449			
	lnitia returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber '			
	Term	n- 2419 W, 14TH STREET		480-	-731-8400			
	Amer returr	City, town, or post office, state, and ZIP code		G Gross receipts \$	7,836,320.			
	Appli	TEMPE AZ 85281-6919		H(a) Is this a grou	p return			
	pend	F Name and address of principal officer: STEVEN R. HELFGOT		for affiliates?	Yes X No			
		2419 W. 14TH STREET, TEMPE, AZ 85281		H(b) Are all affiliates	s included? Yes No			
1	Taxex	empt status: x 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attac	h a list. (see instructions)			
J	Websi	te: ▶ www.maricopa.edu/foundation		H(c) Group exemp	otion number 🕨			
K	Form o	forganization; x Corporation Trust Association Other	L Year	of formation: 1976	M State of legal domicile: Az			
	art I	Summary						
d)	1	Briefly describe the organization's mission or most significant activities: THE FOU	NDATION	ACTIVELY SEEKS				
Activities & Governance		CONTRIBUTIONS FROM A VARIETY OF PUBLIC AND PRIVATE SOURCES TO						
ELL	2	Check this box if the organization discontinued its operations or dispos		than 25% of its ne	t assets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3 27			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 26			
જ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		4	5 0			
žž	-6	Total number of volunteers (estimate if necessary)			6 38			
र्च	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			7b 0,			
				Prior Year	Current Year			
as.	8	Contributions and grants (Part VIII, line 1h)		3,198,75				
Revenue	9	Program service revenue (Part VIII, line 2g)	- 1		0. 0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,886,05				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		59.34				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	7,144,15	i			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,574,73				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.			
Ø	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	F -	79,36				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		265,02				
per	h	Total fundraising expenses (Part IX, column (D), line 25) > 289, 1						
핐	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		522.36	497,154,			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3.441.48				
	i	Revenue less expenses. Subtract line 18 from line 12	F	3.702.66	1			
Net Assets or Fund Balances	1.3			inning of Current Ye				
3 <u>E</u>	20	Total assets (Part X, line 16)		28,535,44	l l			
ABa	21	Total liabilities (Part X, line 26)		3,214,62				
žě,	22	Net assets or fund balances. Subtract line 21 from line 20		25,320,81	1			
Pa	art II	Signature Block		20,020,02	. 27,100,22.1			
		ulties of perjury, Leeclare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of	f my knowledge and belief, it is			
		it, and complete Beclafation of preparation in than officer) is based on all information of whi			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
	,	VIIIVIXI	, ,		2/12			
Sig	n	Signature of officer		Date	• /			
Her		Steven R. Helfgot, President	& C6	a				
	•	Type or print name and title	,					
		Print/Type preparer's name Peparer's signalture		ate Check	PTIN			
Paid	1	AMY A. O'LOUGHLIN WMW O'Mell	11	12-11-13 If self-employed P00869687				
	batet ,	Firm's name CBIZ MHM, LLC	16.2	Firm's EIN				
	Only			THRELIN	<u>&gt; 34-1004143 .</u>			
J30	Villy	Firm's address 3101 N. CENTRAL AVE., STE. 300		Phone no	CO2 264 C025			
h.a	the "	PHOENIX, AZ 85012		] F 110118 110,	602-264-6835			
<u>wa</u>	y une il	RS discuss this return with the preparer shown above? (see instructions)		************	Yes No			

2 3 4	DISTRICT FOUNDATION  Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  THE FOUNDATION ACTIVELY SEEKS CONTRIBUTIONS FROM A VARIETY OF PUBLIC & PRIVATE SOURCES TO PROVIDE SUPPORT FOR THE STUDENTS & PROGRAMS OF  MARICOPA COUNTY COMMUNITY COLLEGES.  Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any profit "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services in 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,585,718. including grants of \$ 1,585	ot listed on  rogram services?  gram services, as measured by expe	Yes X No Yes X No enses.
2 3 4	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  THE FOUNDATION ACTIVELY SEEKS CONTRIBUTIONS FROM A VARIETY OF PUBLIC & PRIVATE SOURCES TO PROVIDE SUPPORT FOR THE STUDENTS & PROGRAMS OF MARICOPA COUNTY COMMUNITY COLLEGES.  Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any prif "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services in 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	ot listed on  rogram services?  gram services, as measured by expe	Yes X No Yes X No
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2 3 4	PRIVATE SOURCES TO PROVIDE SUPPORT FOR THE STUDENTS & PROGRAMS OF  MARICOPA COUNTY COMMUNITY COLLEGES.  Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any prior of "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service is any, for each program service reported.	rogram services?	Yes X No
2 3 4	Did the organization undertake any significant program services during the year which were no the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any prior of "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest programs to 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	rogram services?	Yes X No
2 3 4	Did the organization undertake any significant program services during the year which were not the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any proof of the organization cease conducting. Or make significant changes in how it conducts, any proof of the organization of these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest proof Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	rogram services?	Yes X No
3 4 4a	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any prior of the organization cease conducting. On Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	rogram services?	Yes X No
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4a	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.	gram services, as measured by exp	enses.
4 4a	Describe the organization's program service accomplishments for each of its three largest prog Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.		
4a	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a revenue, if any, for each program service reported.		
4a	revenue, if any, for each program service reported.	allocations to others, the total exper	ses, and
4a			
,	(Code: ) (Expenses \$ 1,585,718. including grants of \$ 1,58		
:		35 , 718 . ) (Revenue \$	)
	A MAJOR FOCUS OF THE MARICOPA COUNTY COMMUNITY COLLEGE		
	DISTRICT FOUNDATION IS TO PROVIDE SCHOLARSHIPS FOR STUDENTS ATTENDING		
	THE 10 COMMUNITY COLLEGES, TWO SATELLITE CAMPUSES AND THE MULTIPLE		
	LEARNING CENTERS THAT MAKE UP THE MARICOPA COUNTY COMMUNITY		
	COLLEGE DISTRICT. SCHOLARSHIP SUPPORT TYPICALLY INCLUDES FULL OR		
	PARTIAL PAYMENT OF TUITION AND FEES AND ALSO MAY INCLUDE PAYMENT		
	FOR BOOKS AND INSTRUCTIONALLY RELATED MATERIALS OR SUPPLIES.		
	(Code: )(Expenses \$ 956,944. including grants of \$ 89  THE MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT FOUNDATION PROVIDES  FINANCIAL SUPPORT TO THE MARICOPA COUNTY COMMUNITY COLLEGE  DISTRICT WHICH IS USED TO ENHANCE EDUCATIONAL AND STUDENT SERVICE  PROGRAMS AT THE DISTRICT'S 10 COMMUNITY COLLEGES, TWO SATELLITE  CAMPUSES AND THE MULTIPLE LEARNING CENTERS. THAT FINANCIAL SUPPORT  ULTIMATELY IS USED FOR A WIDE RANGE OF PURPOSES. EXAMPLES INCLUDE  THE FOLLOWING: STAFF SALARIES AND BENEFITS, THE PURCHASE OF  EQUIPMENT, TECHNOLOGY, SOFTWARE, SUPPLIES AND LEARNING MATERIALS,  EDUCATIONALLY RELATED TRAVEL EXPENSES, AND OTHER PROGRAM SUPPORT.	70,641. ) (Revenue \$	12,000.
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
•			

4e Total program service expenses ▶ 232002 12-10-12

Form **990** (2012)

including grants of \$

2,542,662.

) (Revenue \$

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## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		A
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		<del></del>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		х
<b>2</b> 0a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

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21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
6	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l "
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
4	contributions? If "Yes," complete Schedule M	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
2		32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
3	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
•	Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

Personal Content   Personal Co		Check if Schedule O contains a response to any question in this Part V				Ш
b Enter the number of Forms W26 included in line 1a. Enter of Find applicable   10   10   10   10   10   10   10   1					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (againsting) winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5b If at least one is reported on line 24, did the organization file all required federal employment tax returns?  2b If all least one is reported on line 24, did the organization file all required federal employment tax returns?  2c Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business great seems of 10,000 or more during the year?  3a X X  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b Land A at my time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account; a foreign country such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibeted tax shelter transaction or 5b. But the state of the foreign country.  5b Life and the state of the foreign country is with a sense than 100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Life and Dest the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  5c Life the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c A year is a file the organization near included with every solicitation an explose statement that such contributions or great the organization selection of the year per premiums on a personal benefit contract?  7c Did the organization selective any funds, directly or indirectly, to pay pre	1a			-		
gamblingly winnings to prize winners?  a Effect frethe number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life of for the calendar year ending with or within the year covered by this return  b I hat least on to is reported on line 2a, did the organization line all required federal employment tax returns?  2b   Worte, I the sum of lines 1 and 2 is greater than 250, you may be required to e-fife (see instructions)  3c   Old the organization have unrelated business gross income of \$1,000 or more during the year?  3c   All a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4c   Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4c   Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account;  5c   Was the organization for film grequirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts.  5c   Was the organization approach to a prohibited tax shelter transaction at any time during the tax year?  5c   Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?  6c   Week	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return    b   frat least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b	С					
tiled for the calendary year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?		1c	Х	
If at least one is reported on line 2a, did the organization file all required federal employment tax returnis?  2b   National Content of the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of 51,000 or more during the year?  3a   X   1	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	<b>2a</b>			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, 'has it filed a Form 990°T for this year? If 'No.' "provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5b If 'Yes, 'enter the name of the foreign country: ►  5ce instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial accounts.  5c Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5c If 'Yes, 'to line 5a or 5b, did the organization file Form 8886 1?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  6d If 'Yes, 'to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 If If 'Yes, 'tid the organization receive apayment in excess of 3/6 made partly as a contribution and partly for goods and services provided to the payor?  9 If 'Yes, 'tid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If 'Yes, 'tid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 organization for eceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If If the organization maintaining door a divised funds and section 890(a) supporting organizations. Did the supporting organizations maintaining door advised funds as section 890(a) supporting organization file form 1041?  10a   Foreign the payor organization make any t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization that it was or is a party to a prohibited tax shelter transaction?  5b U X If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b U Ys, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes," to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided that any contributions include with every solicitation and party for goods and services provided to the payor?  7c Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X If Yes," did the organization notity the donor of the value of the goods or services provided?  7b If Yes," indicate the number of Forms 8282 filled during the year  7c Did the organization, during the year of the year of the post of the post of the payor of the post o				3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "  see instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable or the good or services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization that excess of \$15 made party as a contribution and party for goods and services provided to the payor?  7 If "Yes," indicate the number of Forms 8282 filed during the year  b If "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If X  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-07  7 The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-07  7 S Sponsoring organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations.  8 Sponsoring organization maintaining donor advised funds as excess business holdings at any time during the year.  9 Sponsoring organization maintaining donor advised funds.  1 Section 501(c)		,		3b		
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See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1f If the organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  b Cores receipts, included on Form 990, Part VIII, line 12  b Gross income from members or shareholders  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from			ccount)?	4a		X
Sa   X   D   D   dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   Sb   X   C   If Yes, it is line 5a or 5b, of the organization file Form 8886-7?   Sc   Sc   If Yes, it is line 5a or 5b, of the organization file Form 8886-7?   Sc   Sc   If Yes, it is line organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   Sc   Sc   Sc   Sc   Sc   Sc   Sc   S	b					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms £282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 If the organization received a contribution of cars, boats, anylpanes, or other vehicles, did the organization file a Form 1098-0?  8 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distribution sunder section 4966?  9 Section 501(c)(7) organizations. Enter:  a fross income from members or shareholders  a initiation fees and capital contribution to donor, donor advisor, or related person?  9 Section 501(c)(12) organizations. Enter:  a fross income from members or shareholders  11a						
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on	А			-		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f				7e		х
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c			
						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	U	_	000	(0040)

DISTRICT FOUNDATION

Form 990 (2012)
Part VI Gov Page 6

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

	Check if Schedule O contains a response to any question in this Part VI					Х					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other									
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervisio	n								
	of officers, directors, or trustees, or key employees to a management company or other person?		<u></u>	3	Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	<u></u>	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	<u></u>	5		Х					
6											
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or									
	persons other than the governing body?		<u></u>	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:									
а	The governing body?			8a	Х						
	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)									
			г		Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,		10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13		·····	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·····	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," aescribe			. l						
40	in Schedule O how this was done		·····	12c	X						
13	Did the organization have a written whistleblower policy?		·····	13	Х						
14 15	Did the organization have a written document retention and destruction policy?		·····	14	^						
15	Did the process for determining compensation of the following persons include a review and approve										
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150		Х					
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a 15b		X					
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		·····	וטטו							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a									
· - u	taxable entity during the year?			16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			100							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure			<u> </u>	<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)	s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.	,									
		in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest po	olicy, and	l finan	cial						
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the o	organizati	ion: 🕨	·						
	DIANA WASHINGTON - 480-731-8572										
	2419 W. 14TH STREET TEMPE, AZ 85281										

232006 12-10-12

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an		(D) (E) Reportable Reportable		(F) Estimated				
	hours per week (list any	offi	, unle cer ar					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ANTONIO HAMPTON CHAIR	0.50	x		x				0.	0.	0.
(2) HEIDI SCHAEFER	0.50	^		Λ				0.	0.	<u> </u>
VICE CHAIR	0.30	x		x				0.	0.	0.
(3) LYDIA ARANDA	0.50									
SECRETARY		х		х				0.	0.	0.
(4) RUSSELL JOHNSON	0.50									
TREASURER		х		х				0.	0.	0.
(5) DR. STEVEN HELFGOT	34.00									,
PRESIDENT/CEO		х		Х				212,831.	0.	37,300.
(6) EDMUNDO HIDALGO	0.50									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(7) RICHARD BOALS	0.30	]								
BOARD MEMBER		Х						0.	0.	0.
(8) CHERYL A. FARMER	0.30									
BOARD MEMBER		Х						0.	0.	0.
(9) LEROY GAINTNER	0.30	1								
BOARD MEMBER		Х						0.	0.	0.
(10) ANDREW GEIER	0.30	ļ								
BOARD MEMBER		Х						0.	0.	0.
(11) LES GIN	0.30	ł								
BOARD MEMBER	0.20	Х						0.	0.	0.
(12) MARCI L. HENDRICKSON BOARD MEMBER	0.30	x						0.	0.	0.
(13) ALEXANDER JAMISON	0.30								-	
BOARD MEMBER		х						0.	0.	0.
(14) CATHEY JOSEPH	0.30									
BOARD MEMBER		х						0.	0.	0.
(15) ASHLEY KASARJIAN	0.30									
BOARD MEMBER		х	L			L	L	0.	0.	0.
(16) MICHAEL KELLY	0.30									
BOARD MEMBER		х	L	L	L	L	L	0.	0.	0.
(17) DAVID P. KOHNE	0.30									
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			ono	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	an	nount	of
	week	offi	cer an	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	trustee or director	ao			ated		organization	(W-2/1099-MIS	.C)		om th	
	related	stee (	ruste			benss		(W-2/1099-MISC)			•	anizat	
	organizations below	al tru	onalt		loyee	m os						d relat	
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) TAMMY MCLEOD	0.30	Ĕ	Ë	₽	ā.	主旨	요			-+			
BOARD MEMBER	0.30	X						0.		0.			0.
(19) CHERY MILOVICH	0.30	┢						0.		<del>- '  </del>			
BOARD MEMBER	0.30	x						0.		0.			0.
(20) DENNIS MITCHEM	0.50	<del> </del>								<del>-                                    </del>			
BOARD MEMBER		x						0.		0.			0.
(21) KEVIN MORAN	0.30	H											
BOARD MEMBER		x						0.		0.			0.
(22) DR. IOANNA MORFESSIS	0.30												
BOARD MEMBER		х						0.		0.			0.
(23) GREGG OSTRO	0.30												
BOARD MEMBER		х						0.		0.			0.
(24) LINDA ROSENTHAL	0.30												
BOARD MEMBER		х						0.		0.			0.
(25) ED SMITH	0.30												
BOARD MEMBER		х						0.		0.			0.
(26) WENDY VILLA	0.30												
BOARD MEMBER		х						0.		0.			0.
1b Sub-total	•					▶	•	212,831.		0.		37,	,300.
c Total from continuation sheets to Part V								115,176.		0.		20,	,191.
d Total (add lines 1b and 1c)								328,007.		0.		57,	,491.
2 Total number of individuals (including but r							no re	eceived more than \$100	,000 of reportable	<u></u> е			
compensation from the organization						•			•				2
*												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	, or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the st	um of reportab	le co											
and related organizations greater than \$15									· ·		4		х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr/	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J t	or su	uch	pers	son .					5	Х	
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	tion f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax y	/ear.				
(A)							$\top$	(B)			(C	;)	
Name and business	address						]	Description of s	ervices	Co		nsatio	n
PHOENIX PHILANTHROPY GROUP							$\sqcap$						
3301 E GLENROSA AVE, PHOENIX, AZ 850	18						k	CAMPAIGN PREP./FAC	ILITATOR			120,	,000.
	-						Т	-					

(A) Name and business address	(B) Description of services	(C) Compensation
PHOENIX PHILANTHROPY GROUP		
3301 E GLENROSA AVE, PHOENIX, AZ 85018	CAMPAIGN PREP./FACILITATOR	120,000.
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 DISTRICT FOU									86-032744	9
Part VII Section A. Officers, Directors, Tru		mplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl		Pos	c) ition that	app	oly)	(D)  Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatic from the organizatior and related organization
27) JESSICA CATLIN	0.30									
OARD MEMBER		Х						0.	0.	
28) MARY O'CONNOR	34.00	ł						445.456		00.46
HIEF OPERATING OFFICER				Х				115,176.	0.	20,19
		_								
		1								
		_								
		-								
		_								
	ı			<u> </u>		<u> </u>	<u> </u>	445 4-4		20.5
otal to Part VII, Section A, line 1c								115,176.		20,1

Form	199	0 (2	2012)	T FOUNDATION				86-0327449	Page 9
Pa	rt \	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	to any question in	n this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512, 513, or 514
ıts Its	1	а	Federated campaigns	1a	50,747.				·
irar oun			Membership dues						
S, G			Fundraising events		65,800.				
a' i				1d					
is, (			Government grants (contribut						
tion r S		f	All other contributions, gifts, gran	ts, and					
ibu			similar amounts not included above	ve 1f	3,888,132.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$	124,020.				
ă Ö		h	Total. Add lines 1a-1f		▶	4,004,679.			
					Business Code				
ice	2	а							
er ue		b							
m S		С							
gra Re		d							
Program Service Revenue		e	All able an area areas a series areas						
_			All other program service reve <b>Total.</b> Add lines 2a-2f						
	3		Investment income (including						
	Ū		other similar amounts)		· .	589,564.			589,564.
	4		Income from investment of tax		. г	•			,
	5		Royalties		·				
			•	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		▶				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	3,094,127.					
		b	Less: cost or other basis	0 000 566					
			and sales expenses						
			Gain or (loss)			261,561.			261 561
	_		Net gain or (loss)		····· •	201,501.			261,561.
nue	8	а	Gross income from fundraising including \$ 65						
ver			contributions reported on line						
r Re			Part IV, line 18	· ·	135,950.				
Other Revenue		b	Less: direct expenses						
0			Net income or (loss) from fund			30,708.			30,708.
	9		Gross income from gaming ac						
			Part IV, line 19	а					
		b	Less: direct expenses						
		С	Net income or (loss) from gam	ning activities	<b></b>				
	10	а	Gross sales of inventory, less						
			and allowances		$\square$				
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale						
			Miscellaneous Revenu	e	Business Code	40.000	40.000		
	11		MANAGEMENT FEES		900999	12,000.	12,000.		
		b							
		q	All other revenue		<del>                                     </del>				
			All other revenue <b>Total.</b> Add lines 11a-11d			12,000.			
		~	. e.an / wa mico i la i la			,,			

Form **990** (2012)

0.

881,833.

4,898,512.

232009 12-10-12

e Total. Add lines 11a-11d

Total revenue. See instructions.

12,000.

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DISTRICT FOUNDATION

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX (B) (D) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 890,641 890,641 organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 1,585,718 1,585,718 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 65.387 65.387 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,056 17,056 Payroll taxes 10 Fees for services (non-employees): Management 8.521 8.521 28,500 28,500 С Accounting Lobbying 148,400 148,400. Professional fundraising services. See Part IV, line 17 Investment management fees 149,221 149,221 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 63,386 500 331 62.555. 12 Advertising and promotion 10,375 10,375 13 Office expenses 41,443 41,443 Information technology 14 15 Royalties Occupancy 16 1,091 54,457 53,336 30. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,917 4,519 4,398. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 8,201 8,201. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 31,394 31,394. EVENTS 6,271 PRINTING & PUBLICATIONS 27,731 8.479 12,981. ANNUITY PAYMENTS 22,398 22,398 C 9,404 DEVELOPMENT/CULTIVATION 218 9,186. d 33,206 5,978 7,065 20,163. All other expenses е 2,542,662 372,587 289,107. 3,204,356 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Page **11** 

# Form 990 (2012) Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	247,352.	1	260,544.
	2	Savings and temporary cash investments	3,060,291.	2	1,168,363.
	3	Pledges and grants receivable, net	712,898.	3	742,998
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges	10,222.	9	15,237
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	Investments - publicly traded securities	23,998,857.	11	28,349,538.
	12	Investments - other securities. See Part IV, line 11	0.	12	2,739,949.
	13	Investments - program-related. See Part IV, line 11		13	, ,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	505,822.	15	498,845.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,535,442.	16	33,775,474.
	17	Accounts payable and accrued expenses	2,795.	17	1,963.
	18	Grants payable	226,037.	18	372,855.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,803,995.	21	5,419,431.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
api		key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	181,799.	25	242,108.
	26	Total liabilities. Add lines 17 through 25	3,214,626.	26	6,036,357.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Se		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	1,142,604.	27	812,745.
ala	28	Temporarily restricted net assets	7,976,094.	28	9,554,620.
Б	29	Permanently restricted net assets	16,202,118.	29	17,371,752.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u></u>		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
1886	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	25,320,816.	33	27,739,117.
	34	Total liabilities and net assets/fund balances	28,535,442.	34	33,775,474.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,512.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,356.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,156.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25		,816.
5	Net unrealized gains (losses) on investments	5		711,	<u>,135.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		13,	,010.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27	,739,	,117.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Inspection

Name of the organization

MARICOPA COUNTY COMMUNITY COLLEGE

DISTRICT FOUNDATION

Employer identification number

86-0327449 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4,008,110.	2,983,519.	3,220,154.	3,198,759.	4,004,679.	17,415,221.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	214,700.	190,670.	178,392.	662,838.	718,569.	1,965,169.
4	Total. Add lines 1 through 3	4,222,810.	3,174,189.	3,398,546.	3,861,597.	4,723,248.	19,380,390.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,129,462.
6	Public support. Subtract line 5 from line 4.						18,250,928.
	ction B. Total Support			·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,222,810.	3,174,189.	3,398,546.	3,861,597.	4,723,248.	19,380,390.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	750,289.	717,987.	805,262.	891,370.	589,564.	3,754,472.
9	Net income from unrelated business	·		·	•		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						23,134,862.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	954,859.
13				I. fourth. or fifth ta	x vear as a sectio	n 501(c)(3)	<u> </u>
	organization, check this box and <b>stop</b>	-			•		<b>&gt;</b>
Se	ction C. Computation of Publ						·
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	78.89 %
	Public support percentage from 2011					15	73.83 %
	33 1/3% support test - 2012. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2011. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"		•	•	•	· ·	. $\square$
r	10% -facts-and-circumstances test	_	•	* * * * * * * * * * * * * * * * * * * *	-		
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
<u></u>	rearragation in the organization	sia not oncon a i	22.( 0.) 10 10, 100	., ,		dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul>	the organization's	L s first second thir	L d fourth or fifth to	ax vear as a section	1 nn 501(c)(3) organia	zation
•	ū	•		•		· . 🗀
Section C. Computation of Publi						
15 Public support percentage for 2012 (li			column (f))		15	<u></u> %
<b>16</b> Public support percentage from 2011					16	%
Section D. Computation of Inves					• •	
17 Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box ar	-					
<b>b 33 1/3% support tests - 2011.</b> If the						
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>&gt;</b>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

**Employer identification number** 

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT FOUNDATION 86-0327449 Organization type (check one): Filers of Section: 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MARICOPA COUNTY COMMUNITY COLLEGE
DISTRICT FOUNDATION

Employer identification number

86-0327449

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$100,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$138,033.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$618,367.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$82,365.	Person X Payroll			

Name of organization
MARICOPA COUNTY COMMUNITY COLLEGE
DISTRICT FOUNDATION

Employer identification number

86-0327449

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	101,670.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	207,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	179,003.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10		\$_	161,162.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	200,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$_	100,000.	Person X Payroll

Name of organization

MARICOPA COUNTY COMMUNITY COLLEGE

DISTRICT FOUNDATION

Employer identification number

86-0327449

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$120,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
MARICOPA COUNTY COMMUNITY COLLEGE
DISTRICT FOUNDATION

86-0327449

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		  \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		    \$				

Name of orga			Employer identification nu	umber		
	COUNTY COMMUNITY COLLEGE		06 0307440			
Part III	FOUNDATION  Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501( he following line entry. For organizat c., contributions of \$1,000 or less fo	(c)(7), (8), or (10) organizations that total more than \$1,0 tions completing Part III, enter for the year. (Enter this information once.)	000 for the		
(a) No.	Ose duplicate copies of Fart III II addition	lai space is fieeded.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld		
	Transferee's name, address, a	(e) Transfer of g				
	Transferee's name, address, a	III ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld		
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld		
	T	(e) Transfer of g				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

MARICOPA COUNTY COMMUNITY COLLEGE

DISTRICT FOUNDATION

Employer identification number 86-0327449

Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		16
2	Aggregate contributions to (during year)		11,092.
3	Aggregate grants from (during year)		5,570.
4	Aggregate value at end of year		106,043.
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization	·	<u> </u>
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		1 I
3	Number of conservation easements modified, transferred, rele		
	year <b>&gt;</b>	, 3 ,	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	u Public exhibition d Loan or exchange programs								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		<u></u>	Yes		No
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if the organization	n answered "Yes" to	Form 990	), Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets no	t included		_		_
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII	l			X	]
Par	t V Endowment Funds. Complete in	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	19,120,104.	18,841,545.	15,339,259.					
b	Contributions	1,111,261.	963,185.	957,794.					
	Net investment earnings, gains, and losses	1,425,355.	45,013.	3,044,666.					
d	Grants or scholarships	497,299.	360,776.	338,287.					
	Other expenditures for facilities								
	and programs	41,125.	166,669.	95,890.					
f	Administrative expenses	120,919.	202,194.	65,997.					
	End of year balance	20,997,377.	19,120,104.	18,841,545.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.00	%						
	Permanent endowment > 78.97	%	_						
С	Temporarily restricted endowment ▶	21.03 %							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.						
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c) A	Accumulate	ed	(d) Book	value	e
		basis (investm	nent) basis	(other) de	epreciation	ı			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other	l l							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10(c).)		<b>•</b>			0.
	·	-				Sobodulo	D /Farm	000	2010

RICT	FOUNDATION	86-0327449	Page 3
	1 CONDITION	00 002/110	raue •

	Investments - Other Securities. See	e Form 990, Part X, lir	ne 12.		
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method	of valuation: Cost or end	d-of-year market value
(1) Financ	ial derivatives				
	y-held equity interests				
(3) Other					
	HEDGE EQUITY FUNDS	2,739,9	949. END-OF-YE	AR MARKET VALUE	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	(b) must equal Form 990, Part X, col. (B) line 12.)	2,739,9	949.		
	I Investments - Program Related. Se				
	(a) Description of investment type	(b) Book value		of valuation: Cost or en	d-of-year market value
(1)	,, ,	. ,			,
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)	(h) must aqual Form 000 Part V and (P) line 10 )				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets. See Form 990, Part X, line	15			
Part IX		Description			(b) Book value
(4)	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col. (B) line			<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part X, I	ine 25.			
<u>1.                                    </u>	(a) Description of liability		(b) Book value		
	deral income taxes				
(2) GI	FT ANNUITY LIABILITY		242,1	08.	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
$\overline{}$	umn (b) must equal Form 990, Part X, col. (B) line	25.)	242,1	08.	
	, ( /				

FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012

		MARICOPA COUNTY COMMUNITY COLLE	GE			
Sche	dule D	(Form 990) 2012 DISTRICT FOUNDATION		:	86-0327449	Page <b>4</b>
Par		Reconciliation of Revenue per Audited Financial	Statements With Reve	nue per R	eturn	
1	Total r	evenue, gains, and other support per audited financial statements			1	6,172,018.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains on investments	2a	711,135.		
		ed services and use of facilities		718,569.		
		eries of prior year grants				
		(Describe in Part XIII.)				
		nes <b>2a</b> through <b>2d</b>			2e	1,429,704.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	4,742,314.
		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	149,221.		
b	Other	(Describe in Part XIII.)	4b	6,977.		
		nes <b>4a</b> and <b>4b</b>			4c	156,198.
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	4,898,512.
Par	t XII	Reconciliation of Expenses per Audited Financia	Statements With Exp	enses per	Return	
1	Total	expenses and losses per audited financial statements			1	3,753,717.
		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	718,569.		
		rear adjustments				
		losses				
		(Describe in Part XIII.)				
		nes <b>2a</b> through <b>2d</b>			2e	718,569.
		act line <b>2e</b> from line <b>1</b>		r	3	3,035,148.
		nts included on Form 990, Part IX, line 25, but not on line <b>1</b> :				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	149,221.		
		(Describe in Part XIII.)		19,987.		
		nes <b>4a</b> and <b>4b</b>	<u></u>		4c	169,208.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, li			5	3,204,356.
		Supplemental Information	•	•	•	
X, line	2; Par	is part to provide the descriptions required for Part II, lines 3, 5, and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete LINE 2B: THE FOUNDATION ACTS AS A CUSTODIAN OF TH	this part to provide any additi			V, line 4; Part
FUND	S OF	THE FRIENDS OF PUBLIC RADIO ARIZONA, ("FRIENDS"),	WHOSE MISSION			
IS T	O SUP	PORT KJZZ/KBAQ RADIO AT RIO SALADO COLLEGE, A MAR	ICOPA COMMUNITY			
COLL	EGE.	THE FOUNDATION HAS INVESTED THE FUNDS IN ITS INV	ESTMENT POOL			
WHOS	E EAR	NINGS ARE ALLOCATED TO FRIENDS BASED ON ITS PRO R	ATA			
			-			

PART V, LINE 4: ENDOWMENT FUNDS ARE INVESTED TO PROVIDE CONTINUAL

Schedule D (Form 990) 2012

PARTICIPATION IN THE FUND.

Part XIII   Supplemental Information (continued)
RETURNS FOR SCHOLARSHIPS, PROGRAMS, OR OTHER EDUCTIONAL PURPOSES.
PART X, LINE 2: THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS,
IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND
PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH
OUTSIDE EXPERTS. NONE OF THE INCOME IN 2013 AND 2012 HAS BEEN DETERMINED
TO BE UNRELATED BUSINESS TAXABLE INCOME.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 6,977.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
GAIN (LOSS) FROM UNCOLLECTIBLE PLEDGES 19,987.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT FOUNDATION 86-0327449 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants Internet and email solicitations g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) PHOENIX PHILANTHROPY GROUP -Yes No <120,000.> 3301 E GLENROSA AVE, PHOENIX Х 0 OPERATIONS 120,000 JESSICA FLOREZ - 2419 W. 14TH STREET, TEMPE, AZ 85281 O 8,400 <8,400.> DEVELOPMENT Х SWS PHILANTHROPY LLC - 1537 E LA VIEVE LANE, TEMPE, AZ DEVELOPMENT Х 0 20,000 <20,000.> 148,400 <148.400.> List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ΑZ

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

	edul <b>irt l</b>	le G (Form 990 or 990-EZ) 2012 DISTRICT F  Fundraising Events. Complete if the		"Yes" to Form 990. Pa		327449 Page <b>2</b> more than \$15.000
		of fundraising event contributions and gr	_			
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) Other events  NONE	(d) Total events
			HEROES DINNER			(add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	201,750.			201,750.
	2	Less: Contributions	65,800.			65,800.
	3	Gross income (line 1 minus line 2)	135,950.			135,950.
		, , , , , , , , , , , , , , , , , , , ,				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
rect	7	Food and beverages	70,149.			70,149.
Ö	8	Entertainment	775.			775.
	9	Other direct expenses				34,318.
	ı	Direct expense summary. Add lines 4 through				( 105,242)
<b>D</b> -	11	Net income summary. Combine line 3, colum				30,708.
Pa	ırt I		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	Ι	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	( )
	8	Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	
		ter the state(s) in which the organization opera	_	.1.1.0		N
		he organization licensed to operate gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re		rminated during the tax	year?	Yes No
b	) If "`	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2012 232082 01-07-13

#### MARICOPA COUNTY COMMUNITY COLLEGE

Schedule G (Form 990 or 990-EZ) 2012 DISTRICT FOUNDATION	86-0327	7449		Page 3
11 Does the organization operate gaming activities with nonmembers?			Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity former				
to administer charitable gaming?			Yes	☐ No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility		13a		%
<b>b</b> An outside facility		13b		<del></del>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and it		100		
THE LINE THE HAITE AND AUDIESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GATHING/Special events books and i	ecorus.			
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	·		Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount			
of gaming revenue retained by the third party  \$				
c If "Yes," enter name and address of the third party:				
- · · · · · · · · · · · · · · · · · · ·				
Name ▶				
Address >				
16 Gaming manager information:				
To Garning manager information.				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?			Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp				
organization's own exempt activities during the tax year ▶ \$				
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b.	, columns (iii) a	and (v	), and	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	al information	(see i	nstrud	ctions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I) NAME OF FUNDRAISER: PHOENIX PHILANTHROPY GROUP				
(I) ADDRESS OF FUNDRAISER: 3301 E GLENROSA AVE, PHOENIX, AZ 85018				
(I) NAME OF FUNDRAISER: SWS PHILANTHROPY, LLC				
(I) ADDRESS OF FUNDRAISER: 1537 E LA VIEVE LANE, TEMPE, AZ 85254				
<u>,</u>				
PART I, FUNDRAISING ACTIVITIES				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MARICOPA COUNTY COMMUNITY COLLEGE

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2012)

DISTRICT FOUR	IDATION						86-0327449
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's p	rocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to		•			anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi		ded.	(f) Mathemal of		
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT - 2411 W. 14TH STREET -							
TEMPE, AZ 85281	86-0185552	GOVERNMENT	890,641.	0.			EDUCATION
2 Enter total number of section 501(c)(3)							
3 Enter total number of other organization							
LHA For Paperwork Reduction Act Notic	e, see the Instruc <sup>.</sup>	tions for Form 990.					Schedule I (Form 990) (2012)

DISTRICT FOUNDATION

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0101	1 505 510			
SCHOLARSHIPS	2101	1,585,718.	0.		
Part IV Supplemental Information. Complete this part to	provide the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
SCHEDULE I, PART I, LINE 2: THE FOUNDATION DIS	BURSES SCHOLARSHI	P AND OTHER			
FUNDS TO THE COLLEGES IN ACCORDANCE WITH ESTAB	LISHED PROCEDURES	INTENDED TO			
VERIFY THE APPROPRIATE USE OF THE FUNDS. THE 1	FOUNDATION RELIES	ON THE			
DISTRICT AND THE COLLEGES TO MONITOR THE ULTIM					
DISTRICT AND THE COLLEGES TO MONTTOK THE ULTIME	ALE USE OF IME FOI	. פעמ			

# SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

MARICOPA COUNTY COMMUNITY COLLEGE

DISTRICT FOUNDATION

Part I Questions Regarding Compensation

Employer identification number 86-0327449

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			.,
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ı 9	1	I

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	in prior Form 990	
(1) DR. STEVEN HELFGOT	(i)	200,750.	0.	12,081.	22,937.	14,363.	250,131.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARY O'CONNOR	(i)	115,176.	0.	0.	12,757.	7,434.	135,367.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

DISTRICT FOUNDATION

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART II
COMPENSATION FOR DR. STEVEN HELFGOT AND MS. MARY O'CONNOR WAS PAID BY THE
MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT, AN UNRELATED ORGANIZATION.

# SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MARICOPA COUNTY COMMUNITY COLLEGE

DISTRICT FOUNDATION

Employer identification number

86-0327449

Pai	t I Types of Property	-						
	. The second	(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de	termin	ing	
		applicable	contributions or	amounts reported on	noncash contribu		_	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	124,020.	STOCK QUOTE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							—
19	Food inventory							—
20	Drugs and medical supplies							—
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other (							
29	Number of Forms 8283 received by the organi		-				_	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	outions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash	1			_ <b>_</b>
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.				<u> </u>			
	uescribe in Part II.							

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

MARICOPA COUNTY COMMUNITY COLLEGE Name of the organization **Employer identification number** DISTRICT FOUNDATION 86 - 0327449FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION ACTIVELY SEEKS CONTRIBUTIONS FROM A VARIETY OF PUBLIC AND PRIVATE SOURCES TO PROVIDE SUPPORT FOR THE STUDENTS AND PROGRAMS OF MARICOPA COUNTY COMMUNITY COLLEGES. FORM 990, PART VI, SECTION A, LINE 3: THE MARICOPA COMMUNITY COLLEGE DISTRICT PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES TO THE FOUNDATION WITHOUT CHARGE. PART VI, SECTION B, LINE 11: THE FORM 990 IS DELIVERED TO THE TREASURER AND FINANCE COMMITTEE FOR INITIAL REVIEW AND APPROVAL. A REQUEST IS THEN SENT TO EACH OF THE FOUNDATION'S DIRECTORS TO REVIEW THE FINAL FORM 990 ON THE BOARD'S SECURE SECTION OF THE FOUNDATION'S WEBSITE. COMMENTS TO THE FINAL FORM ARE DIRECTED TO THE TREASURER OR THE OUTSIDE ACCOUNTANTS PRIOR TO SIGNING AND FILING THE RETURN. AT THE NEXT REGULARLY SCHEDULED MEETING OF THE FOUNDATION'S BOARD OF DIRECTORS. THE COMPLETED FORM 990 IS PRESENTED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND STAFF WHO OR WHOSE RELATIVES HAVE A SUBSTANTIAL INTEREST IN ANY DECISION OF THE FOUNDATION OR WHO HAVE A SUBSTANTIAL INTEREST IN ANY CONTRACT, PURCHASE OR SERVICE TO THE FOUNDATION SHALL MAKE KNOWN SUCH INTEREST BY FILING AN ANNUAL DISCLOSURE STATEMENT. A BOARD MEMBER OR STAFF PERSON DISCLOSING SUCH AN INTEREST SHALL REFRAIN FROM VOTING UPON OR OTHERWISE PARTICIPATING IN ANY MANNER IN SUCH DECISION, CONTRACT, SALE, PURCHASE OR SERVICE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

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

Name of the organization MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT FOUNDATION	Employer identification number 86-0327449
FORM 990, PART VI, SECTION B, LINE 15: THE CHIEF EXECUTIVE OFFICER AND	
CHIEF FINANCIAL OFFICER ARE COMPENSATED BY AN UNRELATED ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ARTICLES OF INCORPORATION,	
BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE  AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CASH SURRENDER VALUE LIFE INSURANCE -6,977.	
GAIN (LOSS) FROM UNCOLLECTIBLE PLEDGES 19,987.	
TOTAL TO FORM 990, PART XI, LINE 9 13,010.	