Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 11/01, 2016, and ending 10/31, 20 17

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo*.**

OMB No. 1545-1878

**2016**

| Name of exempt organization | Employer identification number |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

Name and title of officer: BRENDA THOMSON
EXECUTIVE DIRECTOR

## Part I — Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | |
|---|---|---|---|---|
| **1a** Form 990 check here ▶ [X] | **b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | 922,947 |
| **2a** Form 990-EZ check here ▶ [ ] | **b** **Total revenue,** if any (Form 990-EZ, line 9) | **2b** | |
| **3a** Form 1120-POL check here ▶ [ ] | **b** **Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a** Form 990-PF check here ▶ [ ] | **b** **Tax based on investment income** (Form 990-PF, Part VI, line 5) | **4b** | |
| **5a** Form 8868 check here ▶ [ ] | **b** **Balance Due** (Form 8868, line 3c) | **5b** | |

## Part II — Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

[X] I authorize FESTER & CHAPMAN, PLLC (**ERO firm name**) to enter my PIN 02500 as my signature (**Enter five numbers, but do not enter all zeros**) on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Brenda Thomson  Date ▶ 07/13/18

## Part III — Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. ***********
**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ RACHEL R. LOCKE, CPA  Date ▶ 08/13/18

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

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 private foundations)**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A** For the 2016 calendar year, or tax year beginning 11/01/16 , and ending 10/31/17

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: ARIZONA HUMANITIES COUNCIL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1242 N CENTRAL AVENUE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: PHOENIX AZ 85004

**D** Employer identification number: **-***7464

**E** Telephone number: 602-257-0335

**G** Gross receipts$ 923,405

**F** Name and address of principal officer:
BRENDA THOMSON
1242 N. CENTRAL AVENUE
PHOENIX AZ 85004

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.AZHUMANITIES.ORG

**H(c)** Group exemption number ▶

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1988

**M** State of legal domicile: AZ

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 9 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 50 |
| 7a | 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 |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 838,225 | 879,986 |
| | 9 | Program service revenue (Part VIII, line 2g) | 26,878 | 30,800 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,388 | 9,161 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,980 | 3,000 |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 873,471 | 922,947 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 179,725 | 155,852 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 377,650 | 387,859 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,498 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 310,963 | 314,910 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 868,338 | 858,621 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 5,133 | 64,326 |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 412,723 | 478,202 |
| | 21 | Total liabilities (Part X, line 26) | 51,374 | 42,226 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 361,349 | 435,976 |

## Part II Signature Block

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

**Sign Here**

Signature of officer | Date

BRENDA THOMSON EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| RACHEL R. LOCKE, CPA | RACHEL R. LOCKE, CPA | 08/13/18 | | ********* |

Firm's name ▶ FESTER & CHAPMAN, PLLC — Firm's EIN ▶ **-***5657

Firm's address ▶ 9019 E. BAHIA DR STE 100, SCOTTSDALE, AZ 85260 — Phone no. 602-264-3077

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ..... X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 530,158 including grants of$ 155,852 ) (Revenue $ 30,800 )

OUR MISSION IS TO BUILD A JUST AND CIVIL SOCIETY BY CREATING OPPORTUNITIES TO EXPLORE OUR SHARED HUMAN EXPERIENCES THROUGH DISCUSSION, LEARNING AND REFLECTION. ARIZONA HUMANITIES (AH) IS A PROMINENT AND INFLUENTIAL LEADER IN THE CULTURAL LIFE OF ARIZONA. WE FUND ACCESSIBLE AND EDUCATIONAL PUBLIC PROGRAMS THROUGH MUSEUMS, LIBRARIES, AND OTHER CULTURAL ORGANIZATIONS THAT SERVE COMMUNITIES STATEWIDE. ALL PROGRAMS AND ACTIVITIES PROMOTE UNDERSTANDING OF THE HUMAN EXPERIENCE THROUGH THE HUMANITIES DISCIPLINES OF HISTORY, LITERATURE, LANGUAGE, ETHICS, PHILOSOPHY, AND OTHER STUDIES THAT EXAMINE HUMAN CULTURE. WE PROVIDE GRANTS TO SCHOOLS, COMMUNITY AND CULTURAL ORGANIZATIONS, AND PRESENT TRAVELING SPEAKERS, YOUTH LITERACY PROGRAMS, VETERANS PROGRAMS, BOOK AND FILM DISCUSSIONS, AND TRAVELING

4b (Code: ) (Expenses $ including grants of$ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of$ ) (Revenue $ )

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of$ ) (Revenue $ )

4e Total program service expenses ▶ 530,158

## 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 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 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. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| 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 | | X |
| 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 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* (see instructions) | 17 | | X |
| 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 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | 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): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | 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 | | |
| 36 | **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 | | X |
| 37 | 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 | | X |
| 38 | 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 | X | |

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

Check if Schedule O contains a response or note to any line in this Part V ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 47 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| | **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 gross income of $1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | 3b | | |
| 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)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 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? | | | 6b | | |
| 7 | **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? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **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 | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |

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

Check if Schedule O contains a response or note to any line in this Part VI ... X

## Section 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 23<br>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 23 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

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) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ARIZONA HUMANITIES COUNCIL 1242 NORTH CENTRAL AVENUE
PHOENIX AZ 85004 602-257-0335

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) BARBARA BADERMAN<br>CHAIRMAN | 2.00<br>0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) RYAN BRUCE<br>VICE-CHAIRMAN | 2.00<br>0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) CHRISTINE SZUTER<br>TREASURER | 2.00<br>0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) REGI ADAMS<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (5) ANNE CATHERINE DOYLE<br>SECRETARY | 2.00<br>0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) ANDREA AHMED<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (7) GAIL BRADLEY<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (8) LYDIA BREUNIG<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (9) TINA CLARK<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (10) JULIE CODELL<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (11) SHARONAH FREDERICK<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (12) RITA HAMILTON<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (13) ALAIN-PHILIPPE DURAND<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (14) SHERMAN ELLIOTT<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (15) DANA A JAMISON<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (16) KARL KENDALL<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (17) EVE KRAHE<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (18) MARY LU NUNLEY<br>MEMBER AT LARGE | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (19) ESHE PICKETT<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 84,960 | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 84,960 | | |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 824,815 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 55,171 | | | | |
| | g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| | h Total. Add lines 1a–1f ▶ | | | 879,986 | | | |
| Program Service Revenue | | Busn. Code | | | | | |
| | 2a PROGRAM REVENUE | 611710 | | 30,800 | 30,800 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a–2f ▶ | | | 30,800 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 4,683 | | | 4,683 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities: 4,936 | (ii) Other | | | | |
| | b Less: cost or other basis & sales exps. | 458 | | | | | |
| | c Gain or (loss) | 4,478 | | | | | |
| | d Net gain or (loss) ▶ | | | 4,478 | 4,478 | | |
| | 8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | Busn. Code | | | | | |
| | 11a MISCELLANEOUS INCOME | 611710 | | 3,000 | 3,000 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a–11d ▶ | | | 3,000 | | | |
| | 12 Total revenue. See instructions. ▶ | | | 922,947 | 38,278 | 0 | 4,683 |

## 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 or note to any line in this Part IX . . . . ☐

| ***Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 155,852 | 155,852 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 84,960 | 44,432 | 25,793 | 14,735 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 220,735 | 115,440 | 67,012 | 38,283 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 14,055 | 6,968 | 4,501 | 2,586 |
| 9 Other employee benefits | 46,445 | 29,423 | 17,022 | |
| 10 Payroll taxes | 21,664 | 11,591 | 6,309 | 3,764 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 34,080 | 9,994 | 22,420 | 1,666 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 3,117 | 75 | | 3,042 |
| 12 Advertising and promotion | 1,748 | 126 | 120 | 1,502 |
| 13 Office expenses | 19,278 | 2,008 | 11,415 | 5,855 |
| 14 Information technology | 10,259 | 4,456 | 5,803 | |
| 15 Royalties | | | | |
| 16 Occupancy | 28,822 | 164 | 28,576 | 82 |
| 17 Travel | 33,475 | 16,424 | 11,206 | 5,845 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 2,544 | 1,095 | 747 | 702 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,744 | | 6,744 | |
| 23 Insurance | 12,224 | 7,334 | 3,668 | 1,222 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM HONORARIUM | 77,537 | 77,037 | | 500 |
| b PROGRAM REIMBURSEMENTS | 36,308 | 36,308 | | |
| c DUES & MEMBERSHIP | 17,287 | 104 | 957 | 16,226 |
| d EQUIPMENT RENTAL | 13,400 | 8,040 | 4,020 | 1,340 |
| e All other expenses | 18,087 | 3,287 | 10,652 | 4,148 |
| 25 Total functional expenses. Add lines 1 through 24e | 858,621 | 530,158 | 226,965 | 101,498 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest bearing | | 243,263 | 1 | 187,955 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | 91,874 |
| | 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 instructions). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 6,292 | 7 | 19,641 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 5,475 | 9 | 8,324 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 62,594 | | | |
| | b | Less: accumulated depreciation | 10b 41,908 | 27,430 | 10c | 20,686 |
| | 11 | Investments—publicly traded securities | | 122,263 | 11 | 141,722 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 8,000 | 15 | 8,000 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 412,723 | 16 | 478,202 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 37,274 | 17 | 27,051 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 11,100 | 19 | 12,175 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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 | | 3,000 | 25 | 3,000 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 51,374 | 26 | 42,226 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 342,120 | 27 | 427,476 |
| | 28 | Temporarily restricted net assets | | 11,229 | 28 | 500 |
| | 29 | Permanently restricted net assets | | 8,000 | 29 | 8,000 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 361,349 | 33 | 435,976 |
| | 34 | Total liabilities and net assets/fund balances | | 412,723 | 34 | 478,202 |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 922,947 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 858,621 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 64,326 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 361,349 |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,301 |
| 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 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 435,976 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | X | |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (20) ALBERT MONREAL QUIHUIS<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (21) JACLYN ROESSEL<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (22) DIANNA SOE MYINT<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (23) EMERSON G YEARWOOD<br>DIRECTOR | 2.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (24) BRENDA THOMSON<br>EXECUTIVE DIRECTOR | 40.00<br>0.00 | | | X | | | | 84,960 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 84,960 | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# 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.**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization**
ARIZONA HUMANITIES COUNCIL, INC.

**Employer identification number**
**-***7464

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ........

5 ☐ 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).**

7 ☒ 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.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ........

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- **a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- **b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- **c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- **d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- **e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- **f** Enter the number of supported organizations ........
- **g** Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| **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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 875,066 | 844,121 | 836,912 | 838,225 | 879,986 | 4,274,310 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 875,066 | 844,121 | 836,912 | 838,225 | 879,986 | 4,274,310 |
| 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) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 4,274,310 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 875,066 | 844,121 | 836,912 | 838,225 | 879,986 | 4,274,310 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,255 | 4,159 | 902 | 4,948 | 4,683 | 16,947 |
| 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 VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 4,291,257 |

12 Gross receipts from related activities, etc. (see instructions) | 12 | 33,800

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.61 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 99.61 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 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 VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2015** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.*** | 11c | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* | 2 | | |

## Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

## Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

## Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (* ***see instructions*** *).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. ***Answer (a) and (b) below.*** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. ***Answer (a) and (b) below.*** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.* | 3b | | |

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4). | 8 | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in **Part VI**). See instructions. | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 | Distributable amount for 2016 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| | **Section E - Distribution Allocations (see instructions)** | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2016** | **(iii) Distributable Amount for 2016** |
|---|---|---|---|---|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| d | From 2014 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| e | From 2015 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | **Excess distributions carryover to 2017.** Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| c | Excess from 2014 . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| d | Excess from 2015 . . . . . . . . . . . . . . . . . . . . . . . . | | | |
| e | Excess from 2016 . . . . . . . . . . . . . . . . . . . . . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** ***www.irs.gov/form990.***

OMB No. 1545-0047

**2016**

| **Name of the organization** | **Employer identification number** |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 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, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . . . . ▶ $ . . . . . . . .

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**
ARIZONA HUMANITIES COUNCIL, INC.

**Employer identification number**
**-***7464

**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 | NAT'L ENDOWMENT FOR THE HUMANITIES<br>1100 PENNSYLVANIA AVENUE NW<br>WASHINGTON DC 20506 | $ 824,815 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
**2016**
**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ $

**(ii)** Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

## Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 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 | 32,564 | 32,461 | 32,646 | 30,805 | 26,170 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 4,195 | 103 | -185 | 1,841 | 4,635 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 36,759 | 32,564 | 32,461 | 32,646 | 30,805 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 76.88 %

b Permanent endowment ▶ 21.76 %

c Temporarily restricted endowment ▶ 1.36 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | X | |
| (ii) related organizations | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 62,594 | 41,908 | 20,686 |
| e Other | | | | |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 20,686

## Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

## Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶ | | |

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

## Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) REFUNDABLE ADVANCES | 3,000 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 3,000 |

**2.** Liability for uncertain tax positions. 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 ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 957,248 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 10,301 | | |
| b | Donated services and use of facilities | 2b | 24,000 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 34,301 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 922,947 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 922,947 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 882,621 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 24,000 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 24,000 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 858,621 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 858,621 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII** **Supplemental Information** *(continued)*

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047
**2016**
**Open to Public Inspection**

Name of the organization: ARIZONA HUMANITIES COUNCIL, INC.
Employer identification number: **-***7464

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) 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 noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) AMERIND FOUNDATION<br>PO BOX 400<br>DRAGOON AZ 85609 | **-***2680 | 3 | 10,000 | | FMV | | PROJECT GRANT |
| (2) ARCHAEOLOGY SOUTHWEST<br>300 N ASH ALLEY<br>TUCSON AZ 85701 | **-***0183 | 3 | 9,000 | | FMV | | PROJECT GRANT |
| (3) ARIZONA STATE UNIVERSITY<br>PO BOX 876011<br>TEMPE AZ 85287 | **-***6696 | 3 | 15,000 | | FMV | | PROJECT GRANT |
| (4) KORE PRESS<br>PO BOX 42315<br>TUCSON AZ 85733 | **-***1144 | 3 | 10,000 | | FMV | | PROJECT GRANT |
| (5) MARICOPA COMMUNITY COLLEGE DISTRICT<br>2419 W. 14TH STREET<br>TEMPE AZ 85281 | **-***7449 | 3 | 10,000 | | FMV | | PROJECT GRANT |
| (6) MUSEUM OF NORTHERN ARIZONA<br>3101 N. FORT VALLEY ROAD<br>FLAGSTAFF AZ 86001 | **-***8920 | 3 | 11,500 | | FMV | | PROJECT GRANT |
| (7) NATIONAL ORPHAN TRAIN COMPLEX INC<br>PO BOX 322<br>CONCORDIA KS 66901 | **-***9621 | 3 | 6,000 | | FMV | | PROJECT GRANT |
| (8) VETERAN'S HERITAGE PROJECT<br>PO BOX 1297<br>CAREFREE AZ 85377 | **-***2636 | 3 | 10,000 | | FMV | | PROJECT GRANT |
| (9) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I (Form 990)** | **Supplemental Information** | **2016**

For calendar year 2016, or tax year beginning 11/01/16 , and ending 10/31/17

Name of the organization: ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number: **-***7464

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EVERY APPLICANT FOR REGRANT FUNDS MUST SUBMIT A DIGITAL APPLICATION THROUGH THE GRANTS PORTAL. GRANTS MANAGER TRACKS INFORMATION RELATED TO GRANTS AND AWARDS. ALL REGRANT APPLICATIONS MUST BE APPROVED BY THE BOARD OF DIRECTORS. ONCE A REGRANT IS APPROVED, THE GRANTS MANAGER WILL PREPARE A CHECK REQUEST AND INCLUDE THE ACCOUNT CODES AND GIVE TO THE EXECUTIVE DIRECTOR TO REVIEW AND APPROVE. THE CHECK REQUEST IS RETURNED TO THE INDEPENDENT CPA TO CUT THE CHECK. THE EXECUTIVE DIRECTOR WILL SIGN THE CHECK AND THE GRANTS MANAGER/DESIGNATED STAFF WILL MAKE A SCAN OF THE CHECK AND UPLOAD IT TO THE RECIPIENT PORTAL FILE. MONTH AND YEAR-END PROCESSES RECONCILE OUTSTANDING OBLIGATIONS POSTED IN QUICKBOOKS TO THE GRANT MANAGEMENT DATABASE. SUCH RECONCILIATIONS ARE COORDINATED EFFORTS BY THE INDEPENDENT CPA AND GRANTS MANAGER. REGRANTS ARE TO BE PAID AT THE TIME OF GRANT AWARD. GRANTEES SUBMIT A FINAL REPORT INCLUDING A FINAL FINANCIAL STATEMENT AT THE END OF THE GRANT PERIOD. THE GRANTS MANAGER/DESIGNATED STAFF CONTACTS PROJECT DIRECTORS WHO HAVE NOT SUBMITTED THE REQUIRED REPORTS. THE GRANTS MANAGER PROVIDES A COPY OF THE FINAL REPORT TO THE EXECUTIVE DIRECTOR FOR REVIEW AND SIGNATURE.

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is *at www.irs.gov/form990*.

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

FORM 990 - ORGANIZATION'S MISSION

OUR MISSION IS TO BUILD A JUST AND CIVIL SOCIETY BY CREATING OPPORTUNITIES TO EXPLORE OUR SHARED HUMAN EXPERIENCES THROUGH DISCUSSION, LEARNING AND REFLECTION. ARIZONA HUMANITIES (AH) IS A PROMINENT AND INFLUENTIAL LEADER IN THE CULTURAL LIFE OF ARIZONA. WE FUND ACCESSIBLE AND EDUCATIONAL PUBLIC PROGRAMS THROUGH MUSEUMS, LIBRARIES, AND OTHER CULTURAL ORGANIZATIONS THAT SERVE COMMUNITIES STATEWIDE. ALL PROGRAMS AND ACTIVITIES PROMOTE UNDERSTANDING OF THE HUMAN EXPERIENCE THROUGH THE HUMANITIES DISCIPLINES OF HISTORY, LITERATURE, LANGUAGE, ETHICS, PHILOSOPHY, AND OTHER STUDIES THAT EXAMINE HUMAN CULTURE. WE PROVIDE GRANTS TO SCHOOLS, COMMUNITY AND CULTURAL ORGANIZATIONS, AND PRESENT TRAVELING SPEAKERS, YOUTH LITERACY PROGRAMS, VETERANS PROGRAMS, BOOK AND FILM DISCUSSIONS, AND TRAVELING EXHIBITIONS TO RURAL COMMUNITIES, IN ADDITION TO OTHER ACTIVITIES THAT CELEBRATE ARIZONA'S RICH CULTURE AND HISTORY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

EXHIBITIONS TO RURAL COMMUNITIES, IN ADDITION TO OTHER ACTIVITIES THAT CELEBRATE ARIZONA'S RICH CULTURE AND HISTORY.

FORM 990, PART VI, LINE 4 – SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION AMENDED ITS BYLAWS AS OF AUGUST 18, 2017.

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

THE 990 FORM IS COMPLETED BY THE CPA AND THE EXECUTIVE DIRECTOR WITH FINAL REVIEW BY THE TREASURER.

Name of the organization: ARIZONA HUMANITIES COUNCIL, INC.

**Employer identification number**: **-***7464

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

BOARD MEMBERS ARE TRAINED DURING ORIENTATION REGARDING THEIR FIDUCIARY DUTIES. BOARD DUTIES ARE OUTLINED IN THE BOARD MANUAL, AND PROHIBIT BOARD MEMBERS FROM BENEFITING FINANCIALLY DIRECTLY OR INDIRECTLY FROM THE ORGANIZATION. IF A CIRCUMSTANCE ARISES REGARDING A CONFLICT, THE BOARD MEMBER AND THE EXECUTIVE DIRECTOR WOULD FACILITATE DISCLOSURE TO THE BOARD TO ASSURE COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION PARTICIPATES IN COMPENSATION SURVEYS PERIODICALLY WITH THE NEH AND LOCAL NON-PROFIT MANAGMENT ORGANIZATIONS TO ASCERTAIN PAY RANGES WITHIN THE INDUSTRY AND RETAINS THE RESEAERCH. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR MAINTAINING A CURRENT JOB DESCRIPTION AND SALARY RANGE FOR THE EXECUTIVE DIRECTOR ONLY.  THE ORGANIZATION PAYS SALARIES COMPETITIVE WITH THOSE OFFERED BY OTHER NONPROFIT CULTURAL ORGANIZATIONS.  THE SALARY RANGES ARE REVIEWED EVERY 1-3 YEARS. ANNUAL EMPLOYEE PERFORMANCE REVIEWS AND COMPENSATION AWARDS ARE DOCUMENTED IN EACH EMPLOYEE FILE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BOARD MEMBERS DO NOT RECEIVE COMPENSATION FOR THEIR VOLUNTEER SERVICE, EXCEPT FOR REIMBURSEMENT FOR TRAVEL, MILEAGE OR LODGING EXPENSES INCURRED TO ATTEND BOARD MEETINGS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization

**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

**2016**

Attachment Sequence No. 179

Name(s) shown on return: ARIZONA HUMANITIES COUNCIL, INC.

Identifying number: **-***7464

Business or activity to which this form relates: INDIRECT DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,010,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2015 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 6,744 |

## Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2016 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

### Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only–see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

## Part IV Summary (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 6,744 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |



THERE ARE NO AMOUNTS FOR PAGE 2

# Federal Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | | | | | |
| 1 | Fixed assets | 1/01/11 | 62,594 | | | | 62,594 | 5 | MO | S/L | 35,164 | 6,744 |
| | **Total Other Depreciation** | | 62,594 | | | | 62,594 | | | | 35,164 | 6,744 |
| | **Total ACRS and Other Depreciation** | | 62,594 | | | | 62,594 | | | | 35,164 | 6,744 |
| | **Grand Totals** | | 62,594 | | | | 62,594 | | | | 35,164 | 6,744 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 62,594 | | | | 62,594 | | | | 35,164 | 6,744 |

# AZ Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | AZ Prior | AZ Current | Federal Current | Difference Fed - AZ |
|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | |
| 1 | Fixed assets | 1/01/11 | 62,594 | 62,594 | 35,164 | 6,744 | 6,744 | 0 |
| | **Total Other Depreciation** | | 62,594 | 62,594 | 35,164 | 6,744 | 6,744 | 0 |
| | **Total ACRS and Other Depreciation** | | 62,594 | 62,594 | 35,164 | 6,744 | 6,744 | 0 |
| | **Grand Totals** | | 62,594 | 62,594 | 35,164 | 6,744 | 6,744 | 0 |
| | **Less: Dispositions** | | 0 | 0 | 0 | 0 | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | 0 | 0 | 0 | 0 | 0 |
| | **Net Grand Totals** | | 62,594 | 62,594 | 35,164 | 6,744 | 6,744 | 0 |

# Depreciation Adjustment Report
## All Business Activities

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---|---|---|---|---|---|---|

**There are no assets that meet the criteria of this report**

# Future Depreciation Report FYE: 10/31/18



## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | |
| 1 | Fixed assets | 1/01/11 | 62,594 | 12,519 | 0 |
| | **Total Other Depreciation** | | 62,594 | 12,519 | 0 |
| | **Total ACRS and Other Depreciation** | | 62,594 | 12,519 | 0 |
| | **Grand Totals** | | 62,594 | 12,519 | 0 |

# AZ Future Depreciation Report FYE: 10/31/18



## Form 990, Page 1

| Asset | Description | Date In Service | Cost | AZ |
|---|---|---|---|---|
| **Other Depreciation:** | | | | |
| 1 | Fixed assets | 1/01/11 | 62,594 | 12,519 |
| | **Total Other Depreciation** | | 62,594 | 12,519 |
| | **Total ACRS and Other Depreciation** | | 62,594 | 12,519 |
| | **Grand Totals** | | 62,594 | 12,519 |

# Form 990 Two Year Comparison Report 2015 & 2016

For calendar year 2016, or tax year beginning 11/01/16 , ending 10/31/17

Name: ARIZONA HUMANITIES COUNCIL, INC.

Taxpayer Identification Number: **-***7464

| | | | 2015 | 2016 | Differences |
|---|---|---|---|---|---|
| Revenue | 1. Contributions, gifts, grants | 1. | 77,365 | 55,171 | -22,194 |
| | 2. Membership dues and assessments | 2. | | | |
| | 3. Government contributions and grants | 3. | 760,860 | 824,815 | 63,955 |
| | 4. Program service revenue | 4. | 26,878 | 30,800 | 3,922 |
| | 5. Investment income | 5. | 4,948 | 4,683 | -265 |
| | 6. Proceeds from tax exempt bonds | 6. | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | 1,440 | 4,478 | 3,038 |
| | 8. Net income or (loss) from fundraising events | 8. | | | |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | |
| | 11. Other revenue | 11. | 1,980 | 3,000 | 1,020 |
| | 12. **Total revenue.** Add lines 1 through 11 | 12. | 873,471 | 922,947 | 49,476 |
| Expenses | 13. Grants and similar amounts paid | 13. | 179,725 | 155,852 | -23,873 |
| | 14. Benefits paid to or for members | 14. | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | 82,667 | 84,960 | 2,293 |
| | 16. Salaries, other compensation, and employee benefits | 16. | 294,983 | 302,899 | 7,916 |
| | 17. Professional fundraising fees | 17. | | | |
| | 18. Other professional fees | 18. | 31,891 | 37,197 | 5,306 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | 30,652 | 28,822 | -1,830 |
| | 20. Depreciation and Depletion | 20. | 7,261 | 6,744 | -517 |
| | 21. Other expenses | 21. | 241,159 | 242,147 | 988 |
| | 22. **Total expenses.** Add lines 13 through 21 | 22. | 868,338 | 858,621 | -9,717 |
| | 23. **Excess or (Deficit).** Subtract line 22 from line 12 | 23. | 5,133 | 64,326 | 59,193 |
| Other Information | 24. Total exempt revenue | 24. | 873,471 | 922,947 | 49,476 |
| | 25. Total unrelated revenue | 25. | | | |
| | 26. Total excludable revenue | 26. | 35,246 | 42,961 | 7,715 |
| | 27. Total assets | 27. | 412,723 | 478,202 | 65,479 |
| | 28. Total liabilities | 28. | 51,374 | 42,226 | -9,148 |
| | 29. Retained earnings | 29. | 361,349 | 435,976 | 74,627 |
| | 30. Number of voting members of governing body | 30. | | 23 | |
| | 31. Number of independent voting members of governing body | 31. | | 23 | |
| | 32. Number of employees | 32. | | 9 | |
| | 33. Number of volunteers | 33. | | 50 | |

Form 990

# Tax Return History

2016

Name: ARIZONA HUMANITIES COUNCIL, INC.

Employer Identification Number: **-***7464

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants | 875,066 | 844,121 | 836,912 | 838,225 | 879,986 | |
| Membership dues | | | | | | |
| Program service revenue | 34,540 | 16,300 | 20,200 | 26,878 | 30,800 | |
| Capital gain or loss | 253 | 2,907 | 11,183 | 1,440 | 4,478 | |
| Investment income | 2,255 | 4,159 | 902 | 4,948 | 4,683 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | 8,730 | 2,185 | 1,980 | 3,000 | |
| **Total revenue** | 912,114 | 876,217 | 871,382 | 873,471 | 922,947 | |
| Grants and similar amounts paid | 241,122 | 224,484 | 165,912 | 179,725 | 155,852 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 82,401 | 79,972 | 86,192 | 82,667 | 84,960 | |
| Other compensation | 215,811 | 267,459 | 265,887 | 294,983 | 302,899 | |
| Professional fees | | 37,090 | 35,032 | 31,891 | 37,197 | |
| Occupancy costs | 22,313 | 23,140 | 41,418 | 30,652 | 28,822 | |
| Depreciation and depletion | 4,432 | 5,418 | 5,267 | 7,261 | 6,744 | |
| Other expenses | 316,360 | 251,126 | 209,848 | 241,159 | 242,147 | |
| **Total expenses** | 882,439 | 888,689 | 809,556 | 868,338 | 858,621 | |
| **Excess or (Deficit)** | 29,675 | -12,472 | 61,826 | 5,133 | 64,326 | |
| Total exempt revenue | 912,114 | 876,217 | 871,382 | 873,471 | 922,947 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 912,114 | 32,096 | 34,470 | 35,246 | 42,961 | |
| Total Assets | 434,093 | 440,544 | 384,575 | 412,723 | 478,202 | |
| Total Liabilities | 110,731 | 129,228 | 24,932 | 51,374 | 42,226 | |
| Net Fund Balances | 323,362 | 311,316 | 359,643 | 361,349 | 435,976 | |

Form **990T** **Tax Return History** **2016**

Name ARIZONA HUMANITIES COUNCIL, INC.

Employer Identification Number **-***7464

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Business activity profit/loss | | | | | | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | | | | | | |
| Rental income* | | | | | | |
| Debt-financed income* | | | | | | |
| Controlled organizations income/interest* | | | | | | |
| Investment income, specific organizations* | | | | | | |
| Exploited exempt activity income* | | | | | | |
| Other income | | | | | | |
| **Total trade or business income.** | | | | | | |
| Compensation of officers, ect. | | | | | | |
| Other salaries and wages | | | | | | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | | | | | | |
| Charitable contributions | | | | | | |
| Depreciation and Depletion | | | | | | |
| Deferred compensation plans | | | | | | |
| Employee benefit programs | | | | | | |

Form **990T** | **Tax Return History** | **2016**

Name: ARIZONA HUMANITIES COUNCIL, INC.

Employer Identification Number: **-***7464

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|---|
| Other deductions | | | | | | |
| Net operating loss deduction | | | | | | |
| Specific deduction | 1,000 | 1,000 | | | | |
| Income after expense and deductions | -1,000 | -1,000 | | | | |
| Income tax (corporate or trust) | | | | | | |
| Other taxes | | | | | | |
| **Total taxes** | | | | | | |
| General business credit | | | | | | |
| Other credits | | | | | | |
| **Net tax after credits** | | | | | | |
| Estimated tax payments | | | | | | |
| Other payments | | | | | | |
| **Balance due/Overpayment** | | | | | | |

* Income shown net of expenses

# Federal Statements

## Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | Acquired after 6/30/75 | US Obs ($ or %) |
|---|---|---|---|---|---|---|
| DIVIDENDS AND INTEREST | $ 4,683 | | 14 | | | |
| TOTAL | $ 4,683 | | | | | |

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---|---|---|---|---|
| PROFESSIONAL SERVICES - OTHER | $ 3,117 | $ 75 | $ | $ 3,042 |
| TOTAL | $ 3,117 | $ 75 | $ 0 | $ 3,042 |

## Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---|---|---|---|---|
| FACILITIES RENTAL | $ 5,888 | $ 275 | $ 5,163 | $ 450 |
| TELEPHONE | 5,729 | 3,012 | 2,081 | 636 |
| TRAINING AND DEVELOPMENT | 2,935 | | 2,483 | 452 |
| LICENSES & PERMITS | 2,710 | | 610 | 2,100 |
| SPONSORSHIP | 510 | | | 510 |
| MISCELLANEOUS | 315 | | 315 | |
| TOTAL | $ 18,087 | $ 3,287 | $ 10,652 | $ 4,148 |

## Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|---|---|
| PROGRAM REVENUE | $ 30,800 |
| MISCELLANEOUS INCOME | 3,000 |
| TOTAL | $ 33,800 |

# Arizona Form 99 — Arizona Exempt Organization Annual Information Return 2016

For the [ ] calendar year 2016 or [X] fiscal year beginning 11/01/2016 and ending 10/31/2017.

**CHECK ONE:**
[X] Original
[ ] Amended

Name: ARIZONA HUMANITIES COUNCIL, INC.

Employer Identification Number (EIN): **-***7464

Address – number and street or PO Box: 1242 N CENTRAL AVENUE

Business Telephone Number (with area code): 602-257-0335

City, Town or Post Office: PHOENIX State: AZ ZIP Code: 85004

68 **Check box if:** [ ] This is a first return [ ] Name change [ ] Address change

**Check box if return filed under extension:** 82 82F [X]

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.** 88

81 PM 66 RCVD

A Date Arizona operations began: 06/10/1973

B Nature of Arizona activities: SEE STATEMENT 1

C Federal form filed: [X] 990 [ ] 990-EZ [ ] Other (specify) ____

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**

D [ ] NMMD Registry Identification Number: ____

E What type of entity is the dispensary?
[ ] Corporation [ ] Limited Liability Company (LLC) [ ] Partnership [ ] S corporation
[ ] Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
[ ] Corporation [ ] Disregarded Entity [ ] Partnership [ ] S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: [ ] 1040 [ ] 1041 [ ] 1065 [ ] 1120 [ ] 1120-S [ ] Other (specify) ____

## Sources of Income

| | | | | | |
|---|---|---|---|---|---|
| 1 | Gross sales from business activities | 1 | 30,800 00 | | |
| 2 | Less cost of goods sold or of operations: Include itemized statement | 2 | 00 | | |
| 3 | Gross profit from business activities: Subtract line 2 from line 1 | 3 | 30,800 00 | | |
| 4 | Interest | 4 | 00 | | |
| 5 | Dividends | 5 | 4,683 00 | | |
| 6 | Rents and royalties | 6 | 00 | | |
| 7 | Gain or (loss) from sales of assets, excluding inventory items | 7 | 4,478 00 | | |
| 8 | Dues, assessments, etc., from members | 8 | 00 | | |
| 9 | Dues, assessments, etc., from affiliates | 9 | 00 | | |
| 10 | Contributions, gifts, grants, etc., received | 10 | 879,986 00 | | |
| 11 | Other income: Include itemized statement SEE STATEMENT 2 | 11 | 3,000 00 | | |
| 12 | Total income: Add lines 3 through 11 | | | 12 | 922,947 00 |

## Administrative Expenses

| | | | | | |
|---|---|---|---|---|---|
| 13 | Compensation of officers, directors, trustees, etc. | 13 | 84,960 00 | | |
| 14 | Salaries and wages other than amounts included on line 2 | 14 | 220,735 00 | | |
| 15 | Interest | 15 | 2,544 00 | | |
| 16 | Taxes | 16 | 21,664 00 | | |
| 17 | Rent expense | 17 | 28,822 00 | | |
| 18 | Depreciation: Include schedule SEE STATEMENT 3 | 18 | 6,744 00 | | |
| 19 | Miscellaneous expenses: Include itemized statement SEE STMT 4 | 19 | 276,800 00 | | |
| 20 | Total expenses: Add lines 13 through 19 | | | 20 | 642,269 00 |

## Disbursements

| | | | |
|---|---|---|---|
| 21 | Disbursements from current income for exempt purposes from page 2, line A6 | 21 | 216,352 00 |
| 22 | Disbursements from principal for exempt purposes from page 2, line B6 | 22 | 00 |
| 23 | Other disbursements not itemized on Schedule A or Schedule B: Include schedule | 23 | 00 |

## Accumulation of Income

| | | | |
|---|---|---|---|
| 24 | Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23 | 24 | 64,326 00 |
| 25 | Accumulation of income at beginning of year | 25 | 361,349 00 |
| 26 | Accumulation of income at end of year: Add lines 24 and 25 | 26 | 425,675 00 |

## Penalty

| | | | |
|---|---|---|---|
| 27 | Penalty for late filing or incomplete filing. See instructions | 27 | 00 |

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).


Continued on page 2 →

| Name (as shown on page 1) | EIN |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

## SCHEDULE A Disbursements From Current Income for Exempt Purposes

| | | | | | |
|---|---|---|---|---|---|
| A1 | Dues, assessments, etc., to affiliates | A1 | 00 | | |
| A2 | Contributions, gifts, grants, etc., paid | A2 | 155,852 00 | | |
| A3 | Benefit payments to or for members or their dependents: | | | | |
| | A3a Death, sickness, hospitalization, disability, or pension benefits | A3a | 14,055 00 | | |
| | A3b Other benefits | A3b | 46,445 00 | | |
| A4 | Dividends and other distributions to members, shareholders, or depositors | A4 | 00 | | |
| A5 | Other | A5 | 00 | | |
| A6 | Total: Add lines A1 through A5. Enter total here and on page 1, line 21 | | | A6 | 216,352 00 |

## SCHEDULE B Disbursements From Principal for Exempt Purposes

| | | | | | |
|---|---|---|---|---|---|
| B1 | Dues, assessments, etc., to affiliates | B1 | 00 | | |
| B2 | Contributions, gifts, grants, etc., paid | B2 | 00 | | |
| B3 | Benefit payments to or for members or their dependents: | | | | |
| | B3a Death, sickness, hospitalization, disability, or pension benefits | B3a | 00 | | |
| | B3b Other benefits | B3b | 00 | | |
| B4 | Dividends and other distributions to members, shareholders, or depositors | B4 | 00 | | |
| B5 | Other | B5 | 00 | | |
| B6 | Total: Add lines B1 through B5. Enter total here and on page 1, line 22 | | | B6 | 00 |

## SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

| | | | | (a) Beginning of Year | | (b) End of Year |
|---|---|---|---|---|---|---|
| | **Assets** | | | | | |
| C1 | Cash | | | 243,263 00 | C1 | 187,955 00 |
| C2a | Accounts receivable | C2a | 91,874 00 | | | |
| | C2b Less allowance for doubtful accounts | C2b | 00 | | | |
| | C2c Line C2a less line C2b. Enter difference in column (b) | | | 00 | C2c | 91,874 00 |
| C3a | Other notes and loans receivable: Include schedule | C3a | 19,641 00 | | | |
| | C3b Less allowance for doubtful accounts | C3b | 00 | | | |
| | C3c Line C3a less line C3b. Enter difference in column (b) SEE STMT 5 | | | 6,292 00 | C3c | 19,641 00 |
| C4 | Inventories | | | 00 | C4 | 00 |
| C5 | Investments (securities): Include schedule SEE STATEMENT 6 | | | 122,263 00 | C5 | 141,722 00 |
| C6 | Investments (other): Include schedule | | | 00 | C6 | 00 |
| C7a | Land, buildings, and equipment; basis: | C7a | 62,594 00 | | | |
| | C7b Less accumulated depreciation: Include schedule | C7b | 41,908 00 | | | |
| | C7c Line C7a less line C7b. Enter difference in column (b) SEE STMT 7 | | | 27,430 00 | C7c | 20,686 00 |
| C8 | Other assets (describe): SEE STATEMENT 8 | | | 13,475 00 | C8 | 16,324 00 |
| C9 | **Total assets: Add lines C1 through C8** | | | 412,723 00 | C9 | 478,202 00 |
| | **Liabilities** | | | | | |
| C10 | Accounts payable and accrued expenses | | | 37,274 00 | C10 | 27,051 00 |
| C11 | Mortgages and other notes payable: Include schedule | | | 00 | C11 | 00 |
| C12 | Other liabilities (describe): SEE STATEMENT 9 | | | 14,100 00 | C12 | 15,175 00 |
| C13 | **Total liabilities: Add lines C10 through C12** | | | 51,374 00 | C13 | 42,226 00 |
| | **Net Assets** | | | | | |
| C14 | Capital stock or trust principal | | | 00 | C14 | 00 |
| C15 | Paid-in or capital surplus | | | 00 | C15 | 00 |
| C16 | Retained earnings or accumulated income | | | 361,349 00 | C16 | 435,976 00 |
| C17 | **Total net assets: Add lines C14 through C16** | | | 361,349 00 | C17 | 435,976 00 |
| C18 | **Total liabilities and net assets: Add lines C13 and C17** | | | 412,723 00 | C18 | 478,202 00 |

✍ PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

| Name (as shown on page 1) | EIN |
|---|---|
| ARIZONA HUMANITIES COUNCIL, INC. | **-***7464 |

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please Sign Here**

| OFFICER'S SIGNATURE | DATE | TITLE |
|---|---|---|
| Brenda Thomson | | EXECUTIVE DIRECTOR |

BRENDA THOMSON

**Paid Preparer's Use Only**

| PAID PREPARER'S SIGNATURE | DATE | PAID PREPARER'S PTIN |
|---|---|---|
| RACHEL R. LOCKE, CPA | 08/13/2018 | P00450405 |

| FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | FIRM'S [X] EIN OR [ ] SSN |
|---|---|
| FESTER & CHAPMAN, PLLC | **-***5657 |

| FIRM'S STREET ADDRESS | FIRM'S TELEPHONE NUMBER |
|---|---|
| 9019 E. BAHIA DR STE 100 | 602-264-3077 |

| CITY | STATE | ZIP CODE |
|---|---|---|
| SCOTTSDALE | AZ | 85260 |

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

# Arizona Statements

## Statement 1 - Form 99, Page 1, Line B - Nature of Arizona Activities

| Description |
|---|
| HUMANITIES PROGRAMS |

## Statement 2 - Form 99, Page 1, Line 11 - Other Income

| Description | Amount |
|---|---|
| MISCELLANEOUS INCOME | 3,000 |
| TOTAL | 3,000 |

## Statement 3 - Form 99, Page 1, Line 18 - Depreciation

| Description | Amount |
|---|---|
| FIXED ASSETS | 6,744 |
| TOTAL | 6,744 |

## Statement 4 - Form 99, Page 1, Line 19 - Miscellaneous Expenses

| Description | Amount |
|---|---|
| ACCOUNTING SERVICES | 23,580 |
| AUDIT | 10,500 |
| MEALS | 14,154 |
| TRAVEL | 19,321 |
| PROFESSIONAL SERVICES - OTHER | 3,117 |
| ADVERTISING/E-BLAST | 1,748 |
| SUPPLIES | 15,074 |
| INFORMATION TECHNOLOGY | 2,178 |
| WEB HOSTING | 8,081 |
| INSURANCE EXPENSE | 12,224 |
| POSTAGE AND SHIPPING | 2,137 |
| PRINTING | 2,067 |
| EQUIPMENT RENTAL | 13,400 |
| DUES & MEMBERSHIP | 17,287 |
| MISCELLANEOUS | 315 |
| TRAINING AND DEVELOPMENT | 2,935 |
| TELEPHONE | 5,729 |
| FACILITIES RENTAL | 5,888 |
| LICENSES & PERMITS | 2,710 |
| SPONSORSHIP | 510 |
| PROGRAM HONORARIUM | 77,537 |
| PROGRAM REIMBURSEMENTS | 36,308 |
| TOTAL | 276,800 |

# Arizona Statements

## Statement 5 - Form 99, Page 2, Line C3c - Other Notes and Loans Receivable

| Description | Beginning of Year | End of Year |
|---|---|---|
| PLEDGES AND OTHER RECEIVABLES | $ 6,292 | $ 19,641 |
| TOTAL | $ 6,292 | $ 19,641 |

## Statement 6 - Form 99, Page 2, Line C5 - Investments (Securities)

| Description | Beginning of Year | End of Year |
|---|---|---|
| INVESTMENTS | $ 122,263 | $ 141,722 |
| TOTAL | $ 122,263 | $ 141,722 |

## Statement 7 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment

| Description | Beginning of Year | End of Year |
|---|---|---|
| BUILDINGS, EQUIPMENT | $ 62,594 | $ 62,594 |
| LESS: ACCUMULATED DEPRECIATION | -35,164 | -41,908 |
| TOTAL | $ 27,430 | $ 20,686 |

## Statement 8 - Form 99, Page 2, Line C8 - Other Assets

| Description | Beginning of Year | End of Year |
|---|---|---|
| OTHER ASSETS - DONATED ART | $ 8,000 | $ 8,000 |
| INTANGIBLE ASSETS | | |
| PREPAID EXPENSES | 5,475 | 8,324 |
| TOTAL | $ 13,475 | $ 16,324 |

## Statement 9 - Form 99, Page 2, Line C12 - Other Liabilities

| Description | Beginning of Year | End of Year |
|---|---|---|
| DEFERRED REVENUE | $ 11,100 | $ 12,175 |
| REFUNDABLE ADVANCES | 3,000 | 3,000 |
| TOTAL | $ 14,100 | $ 15,175 |