

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

2013**Open to Public Inspection****A For the 2013 calendar year, or tax year beginning 11/01/13, and ending 10/31/14****B** Check if applicable:☐ Address change☐ Name change☐ Initial 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**86-0287464****E** Telephone number**602-257-0335****G** Gross receipts \$ **886,457****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 27****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 27****5** Total number of individuals employed in calendar year 2013 (Part V, line 2a)**5 6****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**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

875,066**844,121****9** Program service revenue (Part VIII, line 2g)**34,540****16,300****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**2,508****7,066****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**8,730****12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)**912,114****876,217****13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)**241,122****224,484****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)**298,212****347,431****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **45,463****343,105****316,774****17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)**882,439****888,689****18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)**29,675****-12,472****19** Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year

End of Year

434,093**440,544**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**110,731****129,228****21** Total liabilities (Part X, line 26)**323,362****311,316****22** Net assets or fund balances. Subtract line 21 from line 20**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

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**RACHEL R. LOCKE, CPA****RACHEL R. LOCKE, CPA****05/13/15**

self-employed

P00450405**Preparer Use Only**

Firm's name

FESTER & CHAPMAN PCFirm's EIN ▶ **86-0494040**Firm's address ▶ **4001 N 3RD ST STE 275**Phone no. **602-264-3077****PHOENIX, AZ 85012-2086**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

DAA

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 ☒ 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 ☒ 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 \$ **612,087** including grants of \$ **224,484**) (Revenue \$)

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 HOST TRAVELING EXHIBITIONS TO RURAL COMMUNITIES, AND PRESENT THE ANNUAL ARTS AND HUMANITIES FESTIVAL, IN

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 **612,087**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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 so, 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):	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	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	35a	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	X
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	37	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	38 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		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	38	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	6	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 ☒

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 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.	27	
1b	Enter the number of voting members included in line 1a, above, who are independent	27	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

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.
☒ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: **ARIZONA HUMANITIES COUNCIL** **1242 NORTH CENTRAL AVENUE** **602-257-0335**
PHOENIX **AZ 85004**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 organizations 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAIL BRADLEY	2.00									
DIRECTOR	0.00	X						0	0	0
(2) REGI ADAMS	2.00									
DIRECTOR	0.00	X						0	0	0
(3) DIANA SOE MYINT	2.00									
DIRECTOR	0.00	X						0	0	0
(4) CARRIE GUSTAVSON	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(5) RITA HAMILTON	2.00									
DIRECTOR	0.00	X						0	0	0
(6) TINA CLARK	2.00									
DIRECTOR	0.00	X						0	0	0
(7) TAMIKA LAMB	2.00									
DIRECTOR	0.00	X						0	0	0
(8) BARBARA BADERMAN	2.00									
DIRECTOR	0.00	X						0	0	0
(9) ANNE CATHERINE DOYLE	2.00									
DIRECTOR	0.00	X						0	0	0
(10) TRUDY SCHUETT	2.00									
DIRECTOR	0.00	X						0	0	0
(11) SHIRLEY MCKEAN	2.00									
SECRETARY	0.00	X		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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ANDREA AHMED	2.00									
DIRECTOR	0.00	X						0	0	0
(13) JACLYN ROESSEL	2.00									
DIRECTOR	0.00	X						0	0	0
(14) ROBERT ASHCRAFT	2.00									
DIRECTOR	0.00	X						0	0	0
(15) EVAN BURKS	2.00									
TREASURER	0.00	X		X				0	0	0
(16) JOHN WARE	2.00									
DIRECTOR	0.00	X						0	0	0
(17) RANDALL HOLDRIDGE	2.00									
DIRECTOR	0.00	X						0	0	0
(18) MAIRE SIMINGTON	2.00									
CHAIR	0.00	X		X				0	0	0
(19) SHARON WILLIAMS	2.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								79,972		
d Total (add lines 1b and 1c)								79,972		

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

- 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
- 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
- 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

	Yes	No
3		X
4		X
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 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TOM CHAPMAN	2.00									
DIRECTOR	0.00	X						0	0	0
(13) LISA HEIDINGER	2.00									
DIRECTOR	0.00	X						0	0	0
(14) EDGAR OLIVO	2.00									
DIRECTOR	0.00	X						0	0	0
(15) GEORGE JUSTICE	2.00									
DIRECTOR	0.00	X						0	0	0
(16) LAUREL KIMBALL	2.00									
DIRECTOR	0.00	X						0	0	0
(17) RYAN BRUCE	2.00									
DIRECTOR	0.00	X						0	0	0
(18) EDUARDO PAGAN	2.00									
DIRECTOR	0.00	X						0	0	0
(19) CARLOS VELASCO	2.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
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 in reportable compensation from the organization

- 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
- 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
- 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

	Yes	No
3		
4		
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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRENDA THOMSON	40.00									
EXECUTIVE DIRECTOR	0.00			X				79,972	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								79,972		
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 in reportable compensation from the organization

- 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
- 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
- 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

	Yes	No
3		
4		
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

Part VIII Statement of RevenueCheck 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	788,739		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,382		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		844,121		
Program Service Revenue	2a	PROGRAM REVENUE	Busn. Code 611710	16,300	16,300	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		16,300		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,159	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real (ii) Personal			
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 (ii) Other	13,147		
b		Less: cost or other basis & sales exps.		10,240		
c		Gain or (loss)		2,907		
d		Net gain or (loss)		2,907	2,907	
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	8,730	8,730		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		8,730			
12	Total revenue. See instructions.		876,217	27,937	0	4,159

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 governments and organizations in the U.S. See Part IV, line 21	224,484	224,484		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,972	49,472	26,383	4,117
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	196,699	121,682	64,890	10,127
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,745	8,879	4,289	577
9 Other employee benefits	36,261	20,210	7,778	8,273
10 Payroll taxes	20,754	13,319	6,326	1,109
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,559	13,582	6,697	5,280
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.)	11,531		7,933	3,598
12 Advertising and promotion	1,287	1,287		
13 Office expenses				
14 Information technology	12,730	6,358	4,872	1,500
15 Royalties				
16 Occupancy	23,140		23,140	
17 Travel	20,501	5,170	15,162	169
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	975		933	42
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,418		5,418	
23 Insurance	9,285	6,818	194	2,273
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 CONSULTANTS	87,947	85,697	2,200	50
b SPONSORSHIP	25,000	22,500	2,500	
c EQUIPMENT RENTAL	20,366	11,878	4,499	3,989
d SUPPLIES	18,576	7,796	10,190	590
e All other expenses	54,459	12,955	37,735	3,769
25 Total functional expenses. Add lines 1 through 24e	888,689	612,087	231,139	45,463
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	109,271	1	22,119
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	164,438	3	252,860
	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	7,536	7	3,040
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,593	9	7,622
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,629		
	b Less: accumulated depreciation	10b 22,636		
		19,936	10c	25,993
	11 Investments—publicly traded securities	113,319	11	120,910
	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)	434,093	16	440,544	
Liabilities	17 Accounts payable and accrued expenses	32,247	17	30,194
	18 Grants payable	67,500	18	85,500
	19 Deferred revenue	7,984	19	10,534
	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	110,731	26	129,228
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		311,921	27	300,775
28 Temporarily restricted net assets		3,441	28	2,541
29 Permanently restricted net assets		8,000	29	8,000
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		323,362	33	311,316
34 Total liabilities and net assets/fund balances	434,093	34	440,544	

Part XI Reconciliation of Net AssetsCheck 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	876,217
2	Total expenses (must equal Part IX, column (A), line 25)	2	888,689
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	323,362
5	Net unrealized gains (losses) on investments	5	426
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	311,316

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

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:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

2013Open to Public
Inspection

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464**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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	962,646	894,543	724,811	875,066	844,121	4,301,187
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	962,646	894,543	724,811	875,066	844,121	4,301,187
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.						4,301,187

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	962,646	894,543	724,811	875,066	844,121	4,301,187
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,375	1,675	3,829	2,255	4,159	13,293
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,314,480
12 Gross receipts from related activities, etc. (see instructions)					12	25,030
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.69 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.73 %
16a 33 1/3% support test—2013. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464

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 1100 PENNSYLVANIA AVENUE NW WASHINGTON DC 20506	\$ 788,739	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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," to 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

2013Open to Public
Inspection

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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	30,805	26,170	23,121		250
b Contributions				26,613	
c Net investment earnings, gains, and losses	1,841	4,635	3,049	-3,492	
d Grants or scholarships					
e Other expenditures for facilities and programs					250
f Administrative expenses					
g End of year balance	32,646	30,805	26,170	23,121	

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

- a Board designated or quasi-endowment ▶ 67.71 %
 b Permanent endowment ▶ 24.51 %
 c Temporarily restricted endowment ▶ 7.78 %

The percentages in 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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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		48,629	22,636	25,993
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,993

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	900,743
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	426
b	Donated services and use of facilities	2b	24,100
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	24,526
3	Subtract line 2e from line 1	3	876,217
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	876,217

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	912,789
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	24,100
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	24,100
3	Subtract line 2e from line 1	3	888,689
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	888,689

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)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464

OMB No. 1545-0047

2013**Open to Public
Inspection**☒ Yes ☐ No**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?**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	ARIZONA STATE UNIVERSITY PO BOX 873503 TEMPE AZ 85287-3503	86-0196696	3	22,983		FMV		PROJECT GRANT
(2)	BISBEE COUNCIL ON THE ARTS & HUMANI PO BOX 14 BISBEE AZ 85603	23-7042402	3	7,500		FMV		PROJECT GRANT
(3)	DESERT CABALLEROS WESTERN MUSEUM 21 N FRONTIER ST WICKENBURG AZ 85390	86-0204201	3	8,000		FMV		PROJECT GRANT
(4)	IZABOUTIME PRODUCTIONS 402 S STAR TUCSON AZ 85719	86-0689767	3	9,900		FMV		PROJECT GRANT
(5)	MUSEUM OF NORTHERN ARIZONA 3101 N. FORT VALLEY ROAD FLAGSTAFF AZ 86001	86-0098920	3	8,000		FMV		PROJECT GRANT
(6)	NORTHERN ARIZONA UNIVERSITY PO BOX 4130 FLAGSTAFF AZ 86011	74-2579628	3	21,923		FMV		PROJECT GRANT
(7)	UNIVERSITY OF ARIZONA THE UNIVERSITY OF AZ TUCSON AZ 85721	74-2652689	3	25,405		FMV		PROJECT GRANT
(8)	ARIZONA WILDERNESS COALITION PO BOX 40340 TUCSON AZ 85717	20-0412328	3	5,700		FMV		PROJECT GRANT
(9)	PUEBLO GRANDE MUSEUM AUXILIARY 4619 E WASHINGTON PHOENIX AZ 85034	86-0405182	3	9,000		FMV		PROJECT GRANT

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

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

DAA

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

86-0287464

OMB No. 1545-0047
2013
Open to Public
Inspection

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? ☐ 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	COCHISE COWBOY POETS INC PO BOX 3201 SIERRA VISTA AZ 85636-3201	86-0796745	3	9,000		FMV		PROJECT GRANTS
(2)	TOLANI LAKE ENTERPRISES HC 61 BOX 320 WINSLOW AZ 86047	86-0999543	3	10,000		FMV		PROJECT GRANT
(3)	AGUA FRIA HIGH SCHOOL 540 RILEY AVONDALE AZ 85323	86-6004326	3	7,400		FMV		PROJECT GRANT
(4)								
(5)								
(6)								
(7)								
(8)								
(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

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

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

EVERY APPLICANT FOR REGRANT FUNDS MUST SUBMIT AN APPLICATION FOR REGRANT FUNDS BY A CERTAIN DEADLINE. 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 COPY OF THE CHECK AND ATTACH IT TO THE CHECK REQUEST AND PLACE THIS IN THE REGRANT FILE, BY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

RECIPIENT. GRANTS MANAGER/DESIGNATED STAFF WILL ENTER PAYMENT INFORMATION

INTO GRANTS MANAGEMENT DATABASE WHICH KEEPS TRACK OF GRANTEE NUMBER,

AMOUNT DUE, AMOUNT PAID AND AMOUNT TO BE PAID (OBLIGATION). MONTH AND

YEAR-END PROCESSES ARE TO 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. THE GRANTS MANAGER GENERATES THE

GRANT INFORMATION SHEET. THE GRANTS MANAGER/DESIGNATED STAFF PREPARES

FOLDERS FOR EACH OF THE FUNDED PROJECTS, UPDATES THE MAILING LIST, ENTERS

CALENDAR INFORMATION AND INFORMATION ABOUT THE SCHOLARS INTO THE DATABASE,

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.						

AND ENTERS FUNDING REASONS INTO THE GRANTS MANAGEMENT DATABASE AND GENERATES THE GRANT REVIEW MINUTES. GRANTEES SUBMIT BOTH A FINAL FINANCIAL REPORT AND A PROJECT DIRECTOR'S EVALUATION 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 FINANCIAL REPORT TO THE EXECUTIVE DIRECTOR. THE GRANTS MANAGER/DESIGNATED STAFF SENDS A THANK YOU LETTER TO THE SCHOLARS INVOLVED WITH THE PROJECT.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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

2013**Open to Public
Inspection**

Employer identification number

ARIZONA HUMANITIES COUNCIL, INC.**86-0287464****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 HOST TRAVELING EXHIBITIONS TO RURAL COMMUNITIES, AND PRESENT THE ANNUAL ARTS AND HUMANITIES FESTIVAL, IN ADDITION TO OTHER ACTIVITIES THAT CELEBRATE ARIZONA'S RICH HISTORY AND CULTURE.

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

ADDITION TO OTHER ACTIVITIES THAT CELEBRATE ARIZONA'S RICH HISTORY AND CULTURE.

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.

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

BOARD MEMBERS ARE TRAINED DURING ORIENTATION REGARDING THEIR FIDUCIARY

Name of the organization

ARIZONA HUMANITIES COUNCIL, INC.

Employer identification number

86-0287464

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 MANAGEMENT ORGANIZATIONS TO ASCERTAIN PAY RANGES WITHIN THE INDUSTRY AND RETAINS THE RESEARCH. 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**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

ARIZONA HUMANITIES COUNCIL, INC.

Identifying number

86-0287464

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	2,000,000
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 2012 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	5,418

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	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 2013 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 2013 Tax Year Using the Alternative Depreciation System

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	5,418
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

86-0287464

Federal Statements

FYE: 10/31/2014

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS AND INTEREST	\$ 4,159		14			
TOTAL	\$ 4,159					

Federal Statements

86-0287464

FYE: 10/31/2014

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES - OTHER	\$ 11,531	\$	\$ 7,933	\$ 3,598
TOTAL	\$ 11,531	\$ 0	\$ 7,933	\$ 3,598

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & MEMBERSHIP	\$ 17,022	\$ 835	\$ 16,187	\$
FACILITIES, CATERING	13,300	5,589	6,382	1,329
FACILITIES RENTAL	5,196		4,796	400
TELEPHONE	5,093	2,456	1,776	861
LICENSES & PERMITS	3,990	3,850	140	
TRAINING AND DEVELOPMENT	2,989		2,989	
POSTAGE AND SHIPPING	2,911	74	1,658	1,179
PRINTING	2,731	151	2,580	
FIXTURES, FURNITURE, EQUI	1,227		1,227	
TOTAL	\$ 54,459	\$ 12,955	\$ 37,735	\$ 3,769

Schedule A, Part II, Line 1(e)

Description	Amount
REIMBURSED EXPENSE INCOME	\$ 6,412
CONTRIBUTIONS	35,442
OTHER	13,528
NAT'L ENDOWMENT FOR THE HUMANITIES	788,739
CASH CONTRIBUTION	
TOTAL	\$ 844,121

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDENDS AND INTEREST	\$ 4,159
TOTAL	\$ 4,159

Schedule A, Part II, Line 12

Description	Amount
PROGRAM REVENUE	\$ 16,300
MISCELLANEOUS INCOME	8,730
TOTAL	\$ 25,030

ARIZONA FORM

99

Arizona Exempt Organization Annual Information Return

2013

For the ☐ calendar year 2013 or ☒ fiscal year beginning 11/01/2013 and ending 10/31/2014

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name ARIZONA HUMANITIES COUNCIL, INC.		Employer Identification Number (EIN) 86-0287464
	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

A Date Arizona operations began: 06/10/1973

B Nature of Arizona activities: SEE STATEMENT 1

C Federal form filed: ☒ 990 ☐ 990-EZ ☐ Other (specify) _____

Attach a copy of the organization's federal return.

CHECK BOX IF return filed under extension:
☒ **82C** 3-month federal
☐ **82F** 6-month Arizona/federal

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

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, attach a schedule that lists ownership information including 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) _____

H ☐ Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. Otherwise, attach a copy of the dispensary's federal return.

81 PM **66** RCVD

Sources of Income

1	Gross sales from business activities	1	16,300	00
2	Less: Cost of goods sold or of operations – attach itemized statement	2		00
3	Gross profit from business activities – subtract line 2 from line 1	3	16,300	00
4	Interest	4		00
5	Dividends	5	4,159	00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items	7	2,907	00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	844,121	00
11	Other income – attach itemized statement <u>SEE STATEMENT 2</u>	11	8,730	00
12	Total income – add lines 3 through 11	12	876,217	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	13	79,972	00
14	Salaries and wages – other than amounts included on line 2	14	196,699	00
15	Interest	15	975	00
16	Taxes	16	20,754	00
17	Rent expense	17	23,140	00
18	Depreciation – attach schedule <u>SEE STATEMENT 3</u>	18	5,418	00
19	Miscellaneous expenses – attach itemized statement <u>SEE STMT 4</u>	19	287,241	00
20	Total expenses – add lines 13 through 19	20	614,199	00

Disbursements

21	Disbursements from current income for exempt purposes – from page 2, line A6	21	274,490	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 – attach 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	-12,472	00
25	Accumulation of income at beginning of year	25	323,362	00
26	Accumulation of income at end of year – add lines 24 and 25	26	310,890	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1)

ARIZONA HUMANITIES COUNCIL, INC.

EIN

86-0287464

SCHEDULE A – Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1		00
A2	Contributions, gifts, grants, etc., paid	A2	224,484	00
A3	Benefit payments to or for members or their dependents:			
A3a	Death, sickness, hospitalization, disability, or pension benefits	A3a	13,745	00
A3b	Other benefits	A3b	36,261	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	274,490	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 attached schedules and in this column should be end of year amounts.

SCHEDULE C – Balance Sheet

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

		(a) Beginning of Year		(b) End of Year	
Assets					
C1	Cash	109,271	00	C1	22,119 00
C2a	Accounts receivable	252,860	00		
C2b	Less – allowance for doubtful accounts		00		
C2c	Line C2a less line C2b. Enter difference in column (b)	164,438	00	C2c	252,860 00
C3a	Other notes and loans receivable – attach schedule	3,040	00		
C3b	Less – allowance for doubtful accounts		00		
C3c	Line C3a less line C3b. Enter difference in column (b)	SEE STMT 5	7,536 00	C3c	3,040 00
C4	Inventories		00	C4	
C5	Investments (securities) – attach schedule	SEE STATEMENT 6	113,319 00	C5	120,910 00
C6	Investments (other) – attach schedule		00	C6	
C7a	Land, buildings, and equipment; basis	48,629	00		
C7b	Less – accumulated depreciation – attach schedule	22,636	00		
C7c	Line C7a less line C7b. Enter difference in column (b)	SEE STMT 7	19,936 00	C7c	25,993 00
C8	Other assets – describe	SEE STATEMENT 8	19,593 00	C8	15,622 00
C9	Total assets – add lines C1 through C8	434,093	00	C9	440,544 00
Liabilities					
C10	Accounts payable and accrued expenses	32,247	00	C10	30,194 00
C11	Mortgages and other notes payable – attach schedule		00	C11	
C12	Other liabilities – describe	SEE STATEMENT 9	78,484 00	C12	99,034 00
C13	Total liabilities – add lines C10 through C12	110,731	00	C13	129,228 00
Net Assets					
C14	Capital stock or trust principal		00	C14	
C15	Paid-in or capital surplus		00	C15	
C16	Retained earnings or accumulated income	323,362	00	C16	311,316 00
C17	Total net assets – add lines C14 through C16	323,362	00	C17	311,316 00
C18	Total liabilities and net assets – add lines C13 and C17	434,093	00	C18	440,544 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

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

Brenda Thomson
OFFICER'S SIGNATURE
BRENDA THOMSON

5/12/2015 EXECUTIVE DIRECTOR
DATE TITLE

Paid
Preparer's
Use
Only

RACHEL R. LOCKE, CPA
PAID PREPARER'S SIGNATURE

05/12/2015 P00450405
DATE PAID PREPARER'S PTIN

FESTER & CHAPMAN PC
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

86-0494040
FIRM'S ☒ EIN OR ☐ SSN

4001 N 3RD ST STE 275
FIRM'S STREET ADDRESS

602-264-3077
FIRM'S TELEPHONE NUMBER

PHOENIX
CITY

AZ
STATE

85012-2086
ZIP CODE

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

Arizona Statements**Statement 1 - Form 99 - Nature of Arizona Activities**Description

HUMANITIES PROGRAMS

Statement 2 - Form 99 - Other Income

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS INCOME	8,730
TOTAL	8,730

Statement 3 - Form 99 - Depreciation, Amortization and Depletion

<u>Description</u>	<u>Amount</u>
FIXED ASSETS	5,418
TOTAL	5,418

Statement 4 - Form 99 - Miscellaneous Expenses

<u>Description</u>	<u>Amount</u>
ACCOUNTING SERVICES	25,559
LEGAL FEES	
LODGINGS	
MEALS	
TRAVEL	20,501
PROFESSIONAL SERVICES - OTHER	11,531
PR/COMMUNICATIONS	1,287
INFORMATION TECHNOLOGY	12,730
INSURANCE EXPENSE	9,285
FACILITIES, CATERING	13,300
EQUIPMENT RENTAL	20,366
DUES & MEMBERSHIP	17,022
MISCELLANEOUS	
POSTAGE AND SHIPPING	2,911
PRINTING	2,731
TRAINING AND DEVELOPMENT	2,989
SUPPLIES	18,576
TELEPHONE	5,093
CONSULTANTS	87,947
FACILITIES RENTAL	5,196
FIXTURES, FURNITURE, EQUI	1,227
LICENSES & PERMITS	3,990
SPONSORSHIP	25,000
TOTAL	287,241

Arizona Statements**Statement 5 - Form 99, Schedule A - Other Notes and Loans Receivable**

Description	Beginning of Year	End of Year
PLEDGES AND OTHER RECEIVABLES	\$ 7,536	\$ 3,040
TOTAL	\$ 7,536	\$ 3,040

Statement 6 - Form 99, Schedule A - Investments in Securities

Description	Beginning of Year	End of Year
INVESTMENTS	\$ 113,319	\$ 120,910
TOTAL	\$ 113,319	\$ 120,910

Statement 7 - Form 99, Schedule A - Land, Buildings, and Equipment

Description	Beginning of Year	End of Year
BUILDINGS, EQUIPMENT	\$ 37,154	\$ 48,629
LESS: ACCUMULATED DEPRECIATION	-17,218	-22,636
TOTAL	\$ 19,936	\$ 25,993

Statement 8 - Form 99, Schedule A - Other Assets

Description	Beginning of Year	End of Year
OTHER ASSETS - DONATED ART	\$ 8,000	\$ 8,000
DEFERRED EXPENSE - REGRANTEES		
INTANGIBLE ASSETS	11,593	7,622
PREPAID EXPENSES		
TOTAL	\$ 19,593	\$ 15,622

Statement 9 - Form 99, Schedule A - Other Liabilities

Description	Beginning of Year	End of Year
GRANTS PAYABLE	\$ 67,500	\$ 85,500
DEFERRED REVENUE	7,984	10,534
REFUNDABLE ADVANCES	3,000	3,000
TOTAL	\$ 78,484	\$ 99,034