

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

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section containing organization details: A For the 2004 calendar year, or tax year beginning 7/1/2004 and ending 6/30/2005; B Check if applicable; C Name of organization Yavapai College Foundation, Inc; D Employer identification number 23-7232985; E Telephone number; F Accounting method: Accrual; G Website: N/A; J Organization type: 501(c)(3); K Check here; L Gross receipts: 1,445,105

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess of net assets; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	47,649		47,649	
26	Other salaries and wages	8,967		8,967	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	11,411		11,411	
30	Professional fundraising fees	0			
31	Accounting fees	7,200		7,200	
32	Legal fees	13,840		13,840	
33	Supplies	3,500		3,500	
34	Telephone	0			
35	Postage and shipping	78		78	
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	3,145		3,145	
39	Travel	0			
40	Conferences, conventions, and meetings	206		206	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	0			
43	Other expenses not covered above (itemize) a Advertising	577		577	
b	Functional Expenses See Schedule	315,375	309,912		5,463
c	Dues and Subscriptions	270		270	
d	Fundraising Expenses	26,433			26,433
e	Scholarships	3,560		3,560	
f	Misc	7,673		7,673	
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	449,884	309,912	108,076	31,896

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ ,

(iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Support Yavapai College Objectives and Activities	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a PROVIDED SCHOLARSHIPS TO YAVAPAI COLLEGE STUDENTS FOR THE 2002-2003 ACADEMIC YEAR  (Grants and allocations \$ )	182,631
b ASSISTANCE TO YAVAPAI COLLEGE PERFORMANCE HALL  (Grants and allocations \$ )	46,174
c ASSISTANCE TO YAVAPAI COLLEGE ART DEPARTMENT AND PROGRAMS  (Grants and allocations \$ )	15,906
d ASSISTANCE TO THE YAVAPAI COLLEGE ATHLETIC DEPARTMENT  (Grants and allocations \$ )	39,612
e Other program services (attach schedule) (Grants and allocations \$ )	25,589
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	309,912

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing			16,589	<b>45</b>	175,863
	<b>46</b> Savings and temporary cash investments			1,617,732	<b>46</b>	1,379,078
	<b>47 a</b> Accounts receivable	<b>47a</b>	0			
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	0	0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable	<b>48a</b>	418,650			
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	22,604	0	<b>48c</b>	396,046
	<b>49</b> Grants receivable				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0			
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges				<b>53</b>	
	<b>54</b> Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			3,734,222	<b>54</b>	4,509,937
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b>	749,480			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	269,409	493,670	<b>55c</b>	480,071
	<b>56</b> Investments—other (attach schedule)			0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b>	0			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>	0	0	<b>57c</b>	0
	<b>58</b> Other assets (describe <input type="checkbox"/> See attached worksheet )			419,711	<b>58</b>	559,271
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)			6,281,924	<b>59</b>	7,500,266	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses			20,372	<b>60</b>	10,559
	<b>61</b> Grants payable				<b>61</b>	
	<b>62</b> Deferred revenue				<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)			0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)			0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> Scholarships Payable )			82,028	<b>65</b>	121,522
<b>66 Total liabilities</b> (add lines 60 through 65)			102,400	<b>66</b>	132,081	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted			1,718,664	<b>67</b>	2,079,094
	<b>68</b> Temporarily restricted			1,924,418	<b>68</b>	2,607,385
	<b>69</b> Permanently restricted			2,536,442	<b>69</b>	2,681,706
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	<b>70</b> Capital stock, trust principal, or current funds				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds				<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)			6,179,524	<b>73</b>	7,368,185
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			6,281,924	<b>74</b>	7,500,266

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,654,608
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments	\$	209,502
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify)	\$	
	-----	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	209,502
<b>c</b>	Line a minus line b	<b>c</b>	1,445,106
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):		
	Expenses Net	\$	-16,064
	Against Rev	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	-16,064
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,429,042

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	465,947
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):	\$	
	-----	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	465,947
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):		
	Expenses Net	\$	-16,064
	Against Rev	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	-16,064
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	449,883

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name See attached stmt Str See stmt City ST ZIP	Title Hr/WK	0	0	0
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			
Name ----- Str ----- City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 92 with various organizational details and financial information.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	39,773	
<b>96</b> Dividends and interest from securities			14	103,704	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	82,000	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		225,477	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					225,477

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/a

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please

Dec 2, 2005  
Date

COLLEGE FOUNDATION PRESIDENT

(Check if

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

Yavapai College Foundation, Inc.

23-7232985

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str none ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name none Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule.** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	280,932	1,023,251	272,229	674,881	2,251,293	
<b>16</b> Membership fees received					0	
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	261,262				261,262	
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	115,271	318,247	125,015	258,510	817,043	
<b>19</b> Net income from unrelated business activities not included in line 18					0	
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0	
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
<b>23</b> Total of lines 15 through 22	657,465	1,341,498	397,244	933,391	3,329,598	
<b>24</b> Line 23 minus line 17	396,203	1,341,498	397,244	933,391	3,068,336	
<b>25</b> Enter 1% of line 23	6,575	13,415	3,972	9,334		
<b>26 Organizations described on lines 10 or 11:</b>						
<b>a</b> Enter 2% of amount in column (e), line 24					26a 61,367	
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,068,336	
<b>d</b> Add: Amounts from column (e) for lines	18 817,043	19 0			26d 817,043	
	22 0	26b 0			26e 2,251,293	
<b>e</b> Public support (line 26c minus line 26d total)					26e 2,251,293	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.37%	
<b>27 Organizations described on line 12:</b>						
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2003) .....	(2002) .....	(2001) .....	(2000) .....		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003) .....	(2002) .....	(2001) .....	(2000) .....		
<b>c</b> Add: Amounts from column (e) for lines	15 0	16 0			27c 0	
	17 0	20 0	21 0			27d 0
<b>d</b> Add: Line 27a total	and line 27b total				27e 0	
<b>e</b> Public support (line 27c total minus line 27d total)					27e 0	
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 0	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15						

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group      Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Line 1a (990) - Direct public support**

1	Contributions	1	1,203,564
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	1,203,564

**Line 20 (990) - Other changes in net assets or fund balances**

1	Unrealized increase in Fair Market Value of Assets	1	209,502
2	Rounding	2	2
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	209,504

**Line 48 (990) - Pledges receivable**

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1		418,650		22,604
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	0	418,650	0	22,604

**Line 55 (990) - Investments land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	.....	747,015	749,480	253,345	269,409
8	.....				
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	747,015	749,480	253,345	269,409
18	Buildings and equipment (less accumulated depreciation)			493,670	480,071
19	Total land, buildings and equipment			493,670	480,071

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total	0	0	0

**Line 58 (990) - Other assets**

		Beginning	End
1	Land for Educational Construction Projects	61,364	61,364
2	Construction in Process	100,447	244,007
3	Works of Art and Historical Treasures	257,900	253,900
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total other assets	419,711	559,271

**Line 65 (990) - Other liabilities**

		Beginning	End
1	Scholarships Payable	82,028	121,522
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	82,028	121,522

<b>OFFICERS, DIRECTORS, TRUSTEES, ETC.</b>		<b>Total:</b>	<b>0</b>
1	Jamie Drew, President, 12 Northfield Lane Prescott AZ 86305 - 10 hrs/wk	1	
2	Oren Thompson, 1st Vice President, 780 Kopavi Trail Prescott AZ 86303 - 4 hrs/wk	2	
3	Fred Vail, 2nd Vice President, 1331 Sierry Peaks Dr Prescott AZ 86305- 4 hrs/wk	3	
4	Dr. Bill Black, Secretary, 2212 Aspen Acres Rd. Prescott AZ 86303 - 4 hrs/wk	4	
5	Randy Kern, Treasurer, 1055 Iron Springs Road, Prescott, AZ 86305 - 4 hrs/wk	5	
6	Chuck Walker, Imm Past Pres., 1150 Plaza West Drive Prescott AZ 86303 - 2hrs/wk	6	
7	Dr. Mike Murphy, Interim YC Pres., - Yav Coll Box 6901 3 hrs/wk	7	
8	Ralph J. Weiger, 79 N. French Pl, Prescott, AZ 86301 - 3 hrs/wk	8	
9	Dr. Ed Berger, 125 Overlook Lane Prescott AZ 86303 - 3 hrs/wk	9	
10	Jean N Phillips, Scholarships, 1001 Norris Road, Prescott, AZ 86305 - 2 hrs/wk	10	
11	Dr. Geri Marr Burdman 1004 Main St Ste 305 Bellevue WA 98004	11	
12	Patricia Bruneau-Gaber 6191 Nugget Patch Trail Prescott AZ 86303	12	
13	Bob Drew, 12Northfield Lane Prescott AZ 86305	13	
14	Ray A Elliot, Jr MD; PO Box 2332 Sedona AZ 86339	14	
15	Frank T. Fitzgerald PO Box 12938 Prescott AZ 86304	15	
16	Greg Miller; 450 High Chapparal Loop Prescott AZ 86303	16	
17	Ray Newton, 941 Lupine Drive Prescott AZ 86336	17	
18	Barbara Polk, 515 Fairway View Dr. Prescott AZ 86305	18	
19	Karen Rizk, 3016 Hozhoni Rd Prescott AZ 86305	19	
20	Mr. Richard Sims, 415 Gurley Prescott AZ 86301	20	
21	Dr. Doug Wall, 1831 N Bluff Top Dr. Prescott Valley, AZ 86314	21	
22	Ralph J Weiger, 79 French Place Prescott AZ 86303	22	
23		23	

YAVAPAI COLLEGE FOUNDATION  
 STATEMENT OF FUNCTIONAL EXPENSES - LINE 43 a Form 990  
 June 30 2005

23-7232985

Description	(A) Total	(B) Program Services	(C) MGT & GEN	(D) FUNDRSG
Donor Recognition	1,712			1,712
Food Costs	3,752			3,752
Insurance	0			
Other	0			
Scholarships	182,631	182,631		
Support for Yavapai College Arts	15,906	15,906		
Support for Yavapai College Athletics	39,612	39,612		
Support for Performing Arts	46,174	46,174		
Sundermand Foundation Expenses	18,725	18,725		
Aristotelian Logic Expenses	6,865	6,865		
	<u>315,376</u>	<u>309,912</u>	<u>0</u>	<u>5,463</u>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>Yavapai College Foundation, Inc.</b>	Employer identification number <b>23-7232985</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1100 East Sheldon Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Prescott, AZ 86301</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Corporation

Telephone No. ▶ (928) 776-2063 FAX No. ▶ \_\_\_\_\_

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) n/a. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15/2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 7/1/2004 and ending 6/30/2005

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3 a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.