Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning

, and ending

26-2948288

SOUTHERN ARIZONA LAND TRUST, INC.

Net Asset / Fund Balance at Begins	ning of Year			9,854,014
Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming:		198,593 866,230 699 140,645		
Gross revenue Direct expenses Net income Other income Total revenue Expenses		0	3,924,877	
Program services Management and general Fundraising Total expenses Excess / (deficit)		336,024 130,751	1,466,775	2,458,102
Changes Net Asset / Fund Ba	alance at End of Year			12,312,116
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries		Less: Don	Reconciliation of spenses per financial statementated services or year adjustments	
Other Plus: Investment expenses Other Total revenue per return	234,000 3,924,877	Othe	estment expenses	234,000 1,466,775
Assets Liabilities Net assets	Beginning 13,245,970 3,391,956 9,854,014	Balance Shee Ending 16,570,3 4,258,3 12,312,3	Difference 385 269	
	Miscellaneous Amended return Return / extended due da Failure to file penalty	00/1=	<u>/16</u>	

Bitner and Collings PLLC 2930 N Swan Rd Ste 209 Tucson, AZ 85712-6014 520-321-1334

August 12, 2016

CONFIDENTIAL

SOUTHERN ARIZONA LAND TRUST, INC. 3044 N Alvernon Way Tucson, AZ 85712

Dear Paul:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bitner and Collings PLLC

Bitner and Collings PLLC 2930 N Swan Rd Ste 209 Tucson, AZ 85712-6014 520-321-1334

August 12, 2016

CONFIDENTIAL

SOUTHERN ARIZONA LAND TRUST, INC. 3044 N Alvernon Way Tucson, AZ 85712

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/15.

990 Return Summary

Amount due \$ 2,000.00

Filing Instructions

SOUTHERN ARIZONA LAND TRUST, INC.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2015

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/15 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Bitner and Collings PLLC 2930 N Swan Rd Ste 209 Tucson, AZ 85712-6014

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form

990. Retain them for your records. If previously signed and returned no further

action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Form **8879-F**

IRS e-file Signature Authorization for an Exempt Organization

ioi an Exompt Organization	

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning ________, 2015, and ending _______, 20 u Do not send to the IRS. Keep for your records. Department of the Treasury u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 26-2948288 SOUTHERN ARIZONA LAND TRUST, INC. Name and title of officer PAUL SORENSON CFO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b ___ _b Total revenue, if any (Form 990-EZ, line 9) _______2b 2a Form 990-EZ check here ▶ □ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b _____ 4a Form 990-PF check here ▶__ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b _ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only BITNER AND COLLINGS PLLC I authorize _ to enter my PIN as my signature Enter five numbers, but ERO firm name do not enter all zeros on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 08/12/16 Officer's signature Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 86179103883 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

PAUL A. COLLINGS, CPA

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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)

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

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

2015
Open to Public Inspection

For the 2015 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: SOUTHERN ARIZONA LAND TRUST, INC. Address change 26-2948288 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone numbe 520-352-2626 Initial return 3044 N ALVERNON WAY Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated TUCSON 5,348,422 AZ 85712 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JEFF SINGLETON H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c)(3) 501(c) 4947(a)(1) or) t (insert no.) HTTP://WWW.SALTPROPERTY.COM Website: U H(c) Group exemption number U Year of formation: 2008 X Corporation Trust Form of organization: Association M State of legal domicile: Summarv 1 Briefly describe the organization's mission or most significant activities: Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 8 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 137,213 3,198,593 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 705,457 866,230 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,403 -139,946 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 947,073 3,924,877 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 423,996 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ${f b}$ Total fundraising expenses (Part IX, column (D), line 25) ${f u}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,040,165 1,042,779 1,040,165 1,466,775 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,458,102 -93,092 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year ō 16,570,385 13,245,970 20 Total assets (Part X, line 16) 3,391,956 4,258,269 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 9,854,014 12,312,116 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. Signature of officer Sign Here PAUL SORENSON **CFO** Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid 08/12/16 self-employed P00441227 PAUL A. COLLINGS, CPA PAUL A. COLLINGS, CPA Preparer BITNER AND COLLINGS PLLC 20-3463883 Firm's EIN } **Use Only** 2930 N SWAN RD STE 209 520-321-1334 TUCSON, AZ 85712-6014 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part III		Service Accomplishmen			[X]
1 Briefly o	escribe the organization's missi	•	o any line in this Fait in .		
•	CHEDIII.E O	J			
		ficant program services during th	-		
prior Fo	m 990 or 990-EZ?				Yes X No
· ·	describe these new services on		our it conducts only program		
services	?	or make significant changes in ho			Yes X No
· ·	describe these changes on Sch	edule O. vice accomplishments for each c	of its three largest program con	vices as measured by	
		4) organizations are required to		•	
		for each program service reporte			
SALT CAN B AND J POVER' SALT	RT THE AFFORDABLITIES OF THE IND BELIEVES THAT HA E A KEY TO FAMIL OB SKILLS ENHANC TY THAT OFTEN RE	844,732 including gr E HOUSING AND ECUSTRIAL DEVELOPM VING A SAFE, DEC LY STABILITY, BE LEMENT. IT IS AN SULTS FROM A SU USING PROGRAMS F	CONOMIC DEVELOPMENT AUTHORITY (CONTROLLE) CENT, AND AFFORMED THER HEALTH, EDITORY TO BETANDARD OR COMMENT THIS IN MIN	OF THE COUNTY DABLE PLACE TO DUCATIONAL ACH O BREAK THE COUNTY ST BURDENSOME	OF PIMA. D CALL HOME IEVEMENT YCLE OF RESIDENCE.
AND W MEMBE AND N HOUSI INVES THE C RECEI MILLI TUCSO PROGR	ITH IT THE NEIGH R OF A LOCAL CON ONPROFIT ORGANIZ NG AND URBAN DEV IMENT PARTNERSHI OUNTRY AND WAS A VED THE LARGEST ON DOLLARS WITH N THAT WERE HIT AM, SALT WAS ABI	P (PNIP), HAD ON WARDED \$22 MILL: AWARD AMONG THE WHICH TO INVEST THE HARDEST IN LETO ACQUIRE AND	AN REINVESTMENT ZATION PROGRAM BY PIMA COUNTY IITTED A PROPOSA THE CONSORTIUM WE OF THE HIGHES ON DOLLARS IN CONSORTIUM MEMI IN AND HELP RET THE GREAT RECES TO REHABILITATE O	2 (NSP2). SAI CONSISTING OF AL TO THE DEPA M, PIMA NEIGH ST SCORING PRO NSP2 FUNDING. BERS, RECEIVIN VITALIZE THE A SION. THROUGH OVER SIXTY (6)	LT BECAME A GOVERNMENT ARTMENT OF BORHOOD OPOSALS IN SALT NG OVER \$8 AREAS OF I THE NSP2
THE A ALSO FOR S CLOSE REFLE TO CO	PPROXIMATELY \$14 PROGRAM RELATED ALE TOO LOW TO I D IN 2015, GENER CTS THE MARKET O	including gr 0,000 INVESTMENT ACTIVITY. SALT MODERATE INCOME ATING A NET LOSS CONDITIONS EXISTI OP AND BUILD AF	' (CAPITAL) LOSS COMPLETED TWELV FAMILIES. NINE S OF APPROXIMAT ING IN 2014-2015	INCLUDED ON VE (12) HOMES (9) OF THESE ELY \$140,000. IN WHICH IT G THAN IT WAS	IN 2015 HOMES WERE THIS LOSS CONTINUED
• • • • • • • • • • • • • • • • • • • •					
* • • • • • • • • • • • • • • • • • • •					
	rogram services (Describe in Sch				
(Expens	es \$ ogram service expenses u	including grants of \$ 1,336,024) (Revenue	\$)
το τυιαι βί	ogram ochrice expenses u	1,000,04T			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
3	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		2
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	44-		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Pa	art IV Checklist of Required Schedules (continued)		V	N ₂
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			1
	ampleyage? If "Vee " complete Cabadyle I	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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 defense any toy exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	i
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	5.44	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		х
	The state of the s		000	(2015)

Form 990 (2015) SOUTHERN ARIZONA LAND TRUST, INC. 26-2948288

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	'				🔲
						s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a						X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: u					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	its			
	(FBAR).			_		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	ction?			+	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	+	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				.
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	+-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		C.		
7				6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for a contribution and contrib	aoods				
а	and any face may falled to the masses.			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					+
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			·····		
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C	? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а					_	4
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a				
b	anning to an account of the contract and from the anning	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	In the executation licensed to increase qualified health plane in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the constitution reaction and represents for indeed together admire the territory			14a	1	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule)	

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

Sec	tion A. Governing Body and Management				<u> </u>	ı
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	4		
	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.		2			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1_		3.5
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:		37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_		3,5
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	evenue Co	oae.)		T
40				40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	tne to	orm?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nnicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	х	
40	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		
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?			150	х	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130	22	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a tayable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			IUa		22
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		l
17	List the states with which a copy of this Form 000 is required to be filed as 77					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50					
.5	available for public inspection. Indicate how you made these available. Check all that apply.	, , (0)(0)	,c omy)			
	Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interded	est noli	cv and			
	financial statements available to the public during the tax year.	Jor Holl	oy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: ••				
	DUTHERN ARIZONA LAND TRUST 3044 N ALVERNON WAY	.uo. U				
	JCSON AZ 8571	2	520	-35	2-2	626

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Criccit tale box il ricitaler tale org	T	1		9-			•	r	1	Τ
(A) Name and Title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per					than on		compensation	compensation from	amount of
	week (list any					is both a or/trustee		from the	related organizations	other compensation
	hours for							organization	(W-2/1099-MISC)	from the
	related organizations	divid	stitu	Officer	еу е	nplo	Former	(W-2/1099-MISC)		organization and related
	below dotted	dual	tions		mpl	yee cc	4			organizations
	line)	Individual trustee or director	=		Key employee) mpc				
		tee	Institutional trustee			Highest compensated employee				
(1) CECILIA CRUZ						\Box				
	0.00									
BOARD CHAIR	0.00	X						0	0	0
(2) FRANK VALENZUELZ	Α.									
	0.00									
DIRECTOR	0.00	X						0	0	0
(3) KENNETH SILVERM										
	0.00									
DIRECTOR	0.00	X						0	0	0
(4)										
(5)										
(6)										
(7)										
•										
(8)										
(9)						\forall				
(40)										
(10)										
• • • • • • • • • • • • • • • • • • • •										
(11)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			· ·
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe nd a	rson i	than os both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	С	(F) Estimat amount other ompensa	of r ation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organiza and rela organizat	tion ated
1b	Sub-total							u					
C	Total from continuation shee							u 			 		
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	imite	d to				abov	re) who received more than	\$100,000 of			Yes No
3	Did the organization list any for	ormer officer, dir	ecto	r, or	trust	ee, l	key e	emp	loyee, or highest compensa	ated	Γ		
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of roth	eport \$15	able 60,00	con 0? It	npen: f "Ye	satio s," o	on and other compensation complete Schedule J for su	from the ch		3	X
5	individual	1a receive or acc	crue	com	 pens	ation	 n froi	 m ai	ny unrelated organization o	r individual		4	X
_	for services rendered to the or	rganization? If "Y										5	X
<u>Sect</u>	ion B. Independent Contractor Complete this table for your fire		ensa	ated	inde	pend	lent o	cont	ractors that received more	than \$100,000 of			
	compensation from the organi		ompe	ensat	ion f	or th	ne ca	lend T			ear.		(C)
	Name and HORBE CONSTRUCTION	(A) business address	TNO	: т.	T.C	400	1 1	NT.		(B) tion of services		Cor	(C) mpensation
	USCON			57					CONSTRUCTION			1	,061,15
2	Total number of independent received more than \$100,000								se listed above) who	1			

		Check	if Schedule (O cont	tains a	response c	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
nts nts	1a	Federated car	mpaigns	1a						
ira our		Membership o		1b						
Ĕ,		Fundraising e		1c						
iifts ar /		Related organ		1d	1.	197,561				
η, Β≌		Government grants		1e		971,037				
Sir				16		J/1/03/				
utic her	'	All other contribution and similar amounts	s not included above	1f		29,995				
뎚	_				2,	827,865				
Contributions, Gifts, Grants and Other Similar Amounts	9		ns included in lines 1a	,			3,198,593			
	n	Total. Add line	es 1a-1f				3,190,393			
'nu						Busn. Code	700 405	700 405		
Seve	2a		PROPERTIES				788,495	788,495		
Se F	b		ING INCOME				77,055	77,055		
ivi	С			ITY FEE INCOME			600	600		
Se	d	MORTGAGI	MORTGAGE DISCOUNT AMORTIZATIO				80	80		
ram	е									
Program Service Revenue	f		ram service reve				244 222			
Д	g		es 2a–2f				866,230		T	
	3		come (including	dividen	ds, intere	est,				
		and other sim				u	699			699
	4	Income from i	nvestment of tax	k-exemp	ot bond p	roceeds u				
	5	Royalties				u				
			(i) Real		(ii) F	Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
		Net rental inco	ome or (loss)			u				
	/a	sales of assets			Other					
		other than inventory	,		1,	282,900				
	b	Less: cost or other								
		basis & sales exps.			1,	423,545				
	С	Gain or (loss)			_	140,645				
	d	Net gain or (lo	oss)			u	-140,645	-140,645		
a)	8a	Gross income from	om fundraising eve	ents [
nue		(not including \$								
eve		of contributions r	reported on line 1c).						
S.			18							
Other Reven	b	Less: direct ex	xpenses	Р						
Ŏ			(loss) from fund		events .	u				
			om gaming activitie	г						
			19							
	b	Less: direct ex	xpenses	b						
			r (loss) from gan		tivities	u				
			f inventory, less	- Г						
			lowances							
	h	Less: cost of		b						
			(loss) from sale	" L	/entory					
	-		cellaneous Revenue	3 01 111	veritory	Busn, Code				
	11a									
		*								
	b									
	C C									
	d		nue							
			es 11a–11d e. See instructio				3,924,877	725,585	0	699
	12	TOTAL revenue	e. See instructio	HS.		u l	J,J44,0//	143,303	UI	099

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must concern the contains a response of the contains a respo	•		mplete column (A).	
	<u>'</u>			(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	423,996	339,197	84,799	
8	Pension plan accruals and contributions (include	2,220		,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Downell toyen				
11	Fees for services (non-employees):				
a	Management	24,817	24,817		
b	Land	19,319	10,625	8,694	
C	Accounting	4,500	2,475	2,025	
d	Lobbying	-,,,,,		_, -, -, -	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q.	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	5,951		5,951	
12		3,752		3,752	
13	Office expenses	17,749	10,649	7,100	
14	Information technology			.,===	
15	Royalties				
16	Occupancy	14,114	7,057	7,057	
17	Travel	19,517	17,565	1,952	
18	Payments of travel or entertainment expenses			_,,,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	177,251	177,251		
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	8,454	4,227	4,227	
23	Insurance	49,874	48,378	1,496	
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.)				
а	REPAYMENT OF PIMA COUNTY	234,000	234,000		
b	DEPRECIATION ON RENTAL PR	218,971	218,971		
С	PROPERTY EXPENSES	118,852	118,852		
d	PROPERTY TAXES	115,470	110,747	4,723	
е	All other expenses	13,940	11,213	2,727	
25	Total functional expenses. Add lines 1 through 24e	1,466,775	1,336,024	130,751	0
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 u if following SOP 98-2 (ASC 958-720)				

P	art)	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			288,157	1	647,135
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,851	3	
	4	Accounts receivable, net			3,393	4	10,745
	5	Loans and other receivables from current and former	officers, di	rectors,			
		trustees, key employees, and highest compensated e					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe	ersons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)		- ' '			
		sponsoring organizations of section 501(c)(9) voluntary					
şţ		organizations (see instructions). Complete Part II of So				6	
Assets	7	Notes and loans receivable, net			1,732	7	10,838
⋖	8	Inventories for sale or use		L		8	
	9	Prepaid expenses and deferred charges			24,212	9	46,008
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	12,535,178			
	b	Less: accumulated depreciation	10b	842,651	52,123		11,692,527
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			10 700 017	12	4 004 045
	13	Investments—program-related. See Part IV, line 11			12,738,317	13	4,031,947
	14	Intangible assets			121 105	14	121 105
	15	Other assets. See Part IV, line 11			131,185		131,185
	16	Total assets. Add lines 1 through 15 (must equal line			13,245,970	16	16,570,385
	17	Accounts payable and accrued expenses			167,344	17	74,669
	18	Grants payable			40 210	18	02.600
	19	Deferred revenue			49,310	19	83,600
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
ies	22	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated emplo	yees, and			-00	
Lia					3,175,302	22	4,100,000
	23	Secured mortgages and notes payable to unrelated the			3,173,302	23	7,100,000
	24	Unsecured notes and loans payable to unrelated third Other liabilities (including federal income tax, payables				24	
	25	parties, and other liabilities not included on lines 17-24					
		•				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,391,956	26	4,258,269
	20	Organizations that follow SFAS 117 (ASC 958), che			3,332,330	20	1,230,203
es		complete lines 27 through 29, and lines 33 and 34.		4/14			
anc anc	27	Unrestricted net assets			9,854,014	27	12,312,116
3al	28	Temporarily restricted net assets			2,002,022	28	
힏	29	D d die de de				29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 9					
ō		complete lines 30 through 34.	,.				
ets	30	One that a to also are toward and a standard and a summer of founds		30			
Assets or	31	Paid-in or capital surplus, or land, building, or equipme				31	
Net /	32	Retained earnings, endowment, accumulated income,				32	
Z	33				9,854,014	33	12,312,116
	34	Total liabilities and net assets/fund balances			13,245,970	34	16,570,385

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,92		
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,46		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	85,65	54,0	014
5	Net unrealized gains (losses) on investments	5				
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	12	2,31	.2,1	L16
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	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?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
	The state of the s					

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the	organization	SOUTHERN ARI	ZONA LAND TRUST	I, INC	1.	Employer iden 26-294	tification number				
Pa	art I	Reas		Status (All organizations								
			•	se it is: (For lines 1 through 11,			<u> </u>					
1				sociation of churches described								
2	Н			(A)(ii). (Attach Schedule E (For			-76-767-					
3	Н		,	ice organization described in s			iii).					
4	Н			d in conjunction with a hospital			•	nospital's name.				
	ш	city, and stat	•	,				, , , , , , , , , , , , , , , , , , , ,				
5		An organizat	ion operated for the benefit	of a college or university owned	d or operat	ed by a g	overnmental unit described in					
			(b)(1)(A)(iv). (Complete Part	,								
6	Н	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Ш	•	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support for suppor	rom a gove	ernmental	unit or from the general public					
8				170(b)(1)(A)(vi). (Complete Pa	rt II.)							
9	H	-		1) more than 33 1/3% of its su	,	contributi	ons, membership fees, and gr	oss				
_	ш	J	,	npt functions—subject to certain								
				nd unrelated business taxable i	•	•	,					
				30, 1975. See section 509(a)(2								
10			•	exclusively to test for public sa			•					
11	X	•	•	exclusively for the benefit of, to	•		,	oses of				
• • •	لتت	•	•	tions described in section 509	•		• • •					
			. ,	scribes the type of supporting o			• • • • • • • • • • • • • • • • • • • •	· Onook				
а	\Box		ŭ	ed, supervised, or controlled by	Ū							
u	ш			to regularly appoint or elect a n		-		ıa				
			You must complete Part I	• • • • • • • • • • • • • • • • • • • •	najority or	ine directi	or indices of the supporting	9				
b	X	•	•	vised or controlled in connection	n with ite o	cupported	organization(s) by baying					
b				organization vested in the san			• ,, ,					
			• •	•	ie persons	triat cont	ioi oi manage the supported					
_		•	s). You must complete Par		aanna atia	م سائند م	d functionally integrated with					
С	Ш			porting organization operated in			•					
_			• , , ,	ctions). You must complete Pa								
d	Ш			supporting organization operat)				
				ganization generally must satis	•	•						
	₹.	•	` '	t complete Part IV, Sections								
е	X		· ·	ed a written determination from			ype i, Type ii, Type iii					
	Г л4	•	•	unctionally integrated supporting	organizat	ion.		1				
f			r of supported organizations wing information about the s					<u> </u>				
					/5 A 1- 45-		() ()	(7.4				
(1		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
	3			above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)	IN	DUSTRIA	L DEV AUTHORI	TY OF PIMA COUN	ΤΥ							
. ,			86-0445981	6	x			0				
(B)												
(C)												
(D)												
(E)												
Tota							0	0				

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	\perp	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
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.							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's firs						
	organization, check this box and stop her	e						▶
Sec	tion C. Computation of Public Si	upport Percen	tage					_
14	Public support percentage for 2015 (line 6	, column (f) divide	d by line 11, colur	nn (f))			14	%
15	Public support percentage from 2014 Sche	edule A, Part II, lin	e 14				15	%
16a	33 1/3% support test—2015. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		
	box and stop here. The organization qual	ifies as a publicly	supported organiz	ation				▶ ∟
b	33 1/3% support test—2014. If the organicheck this box and stop here. The organi	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	iore,		▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee	=						
	Part VI how the organization meets the "f				-			
	_			•		•		▶□
b	organization 10%-facts-and-circumstances test—201	4. If the organizat	on did not check a	a box on line 13, 1	6a, 16b, or 17a, ar	nd line		····························
	15 is 10% or more, and if the organization	•						
	Explain in Part VI how the organization m				•			
	supported organization			_		-		▶□
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ее		
	instructions							▶ [

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.)

Sec	tion A. Public Support	, ,		· •	•	,	
	ndar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(a) 2011	(b) 2012	(6) 2013	(u) 2014	(e) 2013	(i) Total
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	e		-			▶ _
Sec	tion C. Computation of Public So						
15	Public support percentage for 2015 (line 8						%
16	Public support percentage from 2014 School						%
	tion D. Computation of Investme			- 1 m		1 1	
17	Investment income percentage for 2015 (I		III II:aa 47			40	%
18	Investment income percentage from 2014 33 1/3% support tests—2015. If the orga						%
19a	17 is not more than 33 1/3%, check this be						▶□
b	33 1/3% support tests—2014. If the orga		-				
~	line 18 is not more than 33 1/3%, check th						►□
20	Private foundation. If the organization did						

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		X
3a		X
3b		
3с		
4a		x
4a		
4b		
_		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
		71
9a		X
9b		X
00		X
9c		A
10a		Х
10b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		<u>X</u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secu	on B. Type I Supporting Organizations		V	NI.
	Did the discount for the control of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Secti	supervised, or controlled the supporting organization. On C. Type II Supporting Organizations			
<u> </u>	on o. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	X	
Secti	on D. All Type III Supporting Organizations		21	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 of 990-EZ) 2015 SOUTHERN ARTZONA HAND TROST	<u>, </u>	NC. 20-2340	200 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiza [.]	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, 19	970. See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Section	ns A thi	rough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated	d Type	III supporting organization	(see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)			1200 Page 1
	ion D - Distributions	Supporting Organiza	itions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	Odirent real		
2	Amounts paid to perform activity that directly furthers exempt purpos			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sur	oported organizations		
4	Amounts paid to acquire exempt-use assets	sported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organi	ization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

2015

Employer identification number

26-2948288 SOUTHERN ARIZONA LAND TRUST, INC. Organization type (check one): Filers of: Section: **X** 501(c)(**3**) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution. An organization that 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

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

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SOUTHERN ARIZONA LAND TRUST, INC.

Employer identification number 26-2948288

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	FAMILY HOUSING RESOURCES INC 1700 E FORT LOWELL RD #101 TUCSON AZ 85719	\$ 1,197,561	Person X Payroll Noncash X (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
2	INDUSTRIAL DEVELOPMENT AUTHORITY 6700 NORTH ORACLE ROAD, SUITE 100 TUCSON AZ 85704	\$ 1,874, 050	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

SOUTHERN ARIZONA LAND TRUST, INC.

Employer identification number 26-2948288

Part II	Noncash Property (see instructions). Use duplicate		ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SEVEN (7) RESIDENTIAL PROPERTIES	\$ 938,795	04/01/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FORGIVENESS OF LOAN	\$ 1,874,050	12/31/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization

S	OUTHERN ARIZONA LAND TRUST, INC.		26-2948288
	rt I Organizations Maintaining Donor Advised Funds of		
	Complete if the organization answered "Yes" on Form		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	A series and a series of a ser		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the a	ssets held in donor advised	
·	funds are the organization's property, subject to the organization's exclusive		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing		
•	only for charitable purposes and not for the benefit of the donor or donor advi		
	conferring impermissible private benefit?		Yes No
Pa	urt II Conservation Easements.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that		_
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	ant land area
	Protection of natural habitat	Preservation of a certified historic	
	Preservation of open space]	
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a conserv	vation
_	easement on the last day of the tax year.	i communication in the form of a concert	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure included i		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguis	hed, or terminated by the organization	
-	tax year u	,,	3
4	Number of states where property subject to conservation easement is located	du	
5	Does the organization have a written policy regarding the periodic monitoring		
-	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viola		
	u	, g	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations	, and enforcing conservation easeme	nts during the year
	u \$	•	Ç
8	Does each conservation easement reported on line 2(d) above satisfy the re	quirements 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 organ	nization's financial statements that des	scribes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Histo		milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to r	eport in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in further	ance of
	public service, provide, in Part XIII, the text of the footnote to its financial star	tements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo	rt in its revenue statement and baland	ce sheet
	works of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in further	ance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		u \$
2	If the organization received or held works of art, historical treasures, or other		
	following amounts required to be reported under SFAS 116 (ASC 958) relating	~	
а	Revenue included on Form 990, Part VIII, line 1		u \$
	Assets included in Form 990. Part X		u \$

26-2948288 Schedule D (Form 990) 2015 SOUTHERN ARIZONA LAND TRUST, INC.

Sche	dule D (F	orm 990) 2015	SOUTHERN	ARIZONA	LAND	TRUST,	INC.	26-29482	88		Page 2
Pa	rt III	Organizatio	ns Maintaining	Collections	of Art,	Historical	Treasures,	or Other Sim	lar Assets	(continu	ued)
3		ne organization's a n items (check al	acquisition, accession Il that apply):	on, and other rec	ords, chec	k any of the	following that a	re a significant us	e of its		
а	Pub	lic exhibition		a l	Loan	or exchange	programs				
b	\vdash	olarly research		e							
C	\vdash	servation for futur	e generations	١							
4	_		the organization's co	ollections and evi	olain how t	hav furthar tl	ne organization'	's evemnt nurnose	in Part		
7	XIII.	a description of t	inc organization 3 of	onections and exp	Jani now t	incy futurer u	ic organization	3 exempt purpose	iii i ait		
5		ho year did the	organization solicit o	or roccivo donatio	one of art	historical tros	ocurae or other	cimilar			
3	-	•	funds rather than t							□Ye	s No
Pa	rt IV		d Custodial Ar		as part or	ine organiza	tion's collection	*		16	5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
	990, Part X, line 21.										
1a	Is the o	rganization an ag	ent, trustee, custod	ian or other inter	mediary fo	r contribution	s or other asse	ts not		_	_
	included	l on Form 990, Pa	art X?							Ye	s 🔲 No
b			ngement in Part XIII								
										Amount	·
С	Beginnir	ng balance							1c		
d	Addition								1d		
е	Distribut	ions during the y	ear						1e		
f									1f		
2a	Did the	organization inclu	ide an amount on F	orm 990, Part X,	line 21, fo	or escrow or	custodial accou	nt liability?		Ye	s No
			gement in Part XIII.								П
Pa	rt V	Endowmen	t Funds.								
		Complete if	the organization	answered "Y	es" on F	orm 990, I	Part IV, line	10.			
				(a) Current year	(b) Prior year	(c) Two ye	ears back (d) Th	ree years back	(e) Four	years back
1a	Beginnir	ng of year balanc	e								
		itions									
		estment earnings,									
	losses										
d	Grants	or scholarships									
		xpenditures for fa									
	program	IS									
f											
2			rcentage of the curr	rent year end bal	ance (line	1g, column (a)) held as:	•			
а	Board d	lesignated or qua	si-endowment u	%		,					
b			%								
			ndowment u	%							
			2a, 2b, and 2c sho								
3a	Are ther	e endowment fun	nds not in the posse	ession of the orga	nization th	at are held a	and administered	d for the			
		ation by:	•	0						_ [Yes No
	(i) unre	elated organizatio	ns							3a(i)	
	(ii) rela	ted organizations								3a(ii)	
b	If "Yes"	on line 3a(ii), are	the related organiz								
4			intended uses of th								
Pa	rt VI	Land, Build	lings, and Equ	ipment.							
		Complete if	the organization	answered "Y	es" on F	orm 990, I	Part IV, line	11a. See Form	990, Part	X, line 1	0.
		Description of pro	pperty	(a) Cost or o	ther basis	(b) Cost	or other basis	(c) Accumulat	ed	(d) Book	value
				(investr			(other)	depreciation			
1a	Land				20,880		46,300				7,180
b	Building	S			32,322	?	278,176	841	,151	9,61	9,347
С	Leaseho	old improvements	8								
							7,500	1	,500		6,000
е	Other .										
Total	. Add line	es 1a through 1e.	(Column (d) must	equal Form 990,	Part X, co	lumn (B), line	e 10c.)		u	11,69	2,527

Part VII	Investments—Other Securities.	Form 000 Port IV line	11h Soo Form 000 F	Oort V line 12
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(2) 2001. Value	Cost or end-of-year	
(1) Financial	derivatives		•	
	derivatives eld equity interests			
(3) Other	oquity increase			
(A)				
(G)				
(H)				
	in (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.	I		
1 6.11	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11c. See Form 990. P	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
	,,		Cost or end-of-year	
(1) OTHER	R REAL ESTATE	4,031,947	COST	
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 13.) u	4,031,947		
Part IX	Other Assets.	, , .		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.
	(a) Description	, ,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 25.) u	1		

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.

Page 4

INC.

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	3,690,877
1		1	3,090,011
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a		
a			
D			
4	g-a		
a		20	
3	Add lines 2a through 2d	2e 3	3,690,877
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	3,030,077
	Investment expenses not included on Form 990, Part VIII, line 7b		
	· · · · · · · · · · · · · · · · · · ·	4c	234,000
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,924,877
	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	_	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ota.	••
1	·	1	1,232,775
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, - , -
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,232,775
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.) 4b 234,000		
	Add lines 4a and 4b	4c	234,000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,466,775
Pa	art XIII Supplemental Information.		
	ide 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part V, lines 4; Part IV, lines 1b and 2b; Part IV, lines 1b	art X, I	ne
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
P.	ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHE	R	
R	EPAYMENT OF G.O. BONDS \$		234,000
Ρ.	ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTH	ER	
_			004 000
R	EPAYMENT OF G.O. BONDS \$		234,000

SOUTHERN ARIZONA LAND TRUST,

Schedule D (F	orm 990) 2015	SOUTHERN	ARIZONA	LAND	TRUST,	INC.	26-2948288	Page 5
Part XIII	Supplementa	l Information	(continued)					
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

 ${f u}$ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open To Public

Internal Revenue Service Name of the organization

Inspection Employer identification number

	SOUTHERN ARIZONA LAN	D TRUST, I	NC.				26-2	9482	88				
Part I	Excess Benefit Transactions	(section 501	(c)(3), section	501(c)(4)	, and 501(c)(29)	organizations onl	y).					
	Complete if the organization answered	I "Yes" on For	m 990, Part IV	, line	25a	or 25b, or Form	n 990-EZ, Part V,	line 4	0b.				
1	(a) Name of disqualified person	(b) Relatio	nship between disq	ualified	d pers	son and	(c) Description of tra	ansactio	n		(d)	Correct	ted?
	(4)		organization				(0) = 0000 p 000 000 000				Yes	<u> </u>	No
(1)												_	
(2)												_	
(3)												_	
(4)												-	
(5)												+	
(6)	ne amount of tax incurred by the organization	tion manager	o or diognolific	d 50	*000								
	ection 4958							u \$	6				
3 Enter th	ne amount of tax, if any, on line 2, above	, reimbursed b	by the organiza	tion				ี น \$; <u> </u>				
Part II	Loans to and/or From Intere	sted Perso	ns.										
	Complete if the organization answered	l "Yes" on For	m 990-EZ, Par	t V, I	line	38a or Form 990	, Part IV, line 26;	or if t	he				
	organization reported an amount on F												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to om the		(f) Balance due	(g) In	default?		oproved oard or		/ritten ment?
		mur organization	lou.		g.?	piniopai amean					nittee?	ug. oo	
				То	From			Yes	No	Yes	No	Yes	No
(4)													
(1)													
(2)													
(2)													
(3)													
(0)													
(4)													
(5)													
(6)													
(-)													
(7)							+						
(0)													
(8)													
(9)													
(*)													
(10)													
Total						u \$							
Part III	Grants or Assistance Benefi												
	Complete if the organization answered	d "Yes" on For	m 990, Part IV	, line	27.								
	(a) Name of interested person	1 ' '	ship between intere		(c) A	mount of assistance	(d) Type of assistance		(e)	Purpos	e of ass	istance	
(1)		person a	and the organization	1	-			+					
(1)								+					
(2)						+		+					
(4)								+					
(5)						+		+					
(6)								\top					
(7)													
(8)													

Schedule L (Form 990 or 990-EZ) 2015 SOUTHERN A	RIZONA LAND I	RUST, INC.	26-2948288	Page 2
Part IV Business Transactions Involving In				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 28	3a, 28b, or 28c.		(e) Sharing
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of org.
	organization	transaction		revenues?
(1) PIMA COUNTY IDA	BOARD MEMBER			x
(2) PIMA COUNTY IDA	BOARD MEMBER			х
(3) THE INSURANCE HOUSE	OWNER	51,424	INSURANCE PROVIDER	х
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Part V Supplemental Information				1 1
Provide additional information for responses to	questions on Schedule L	(see instructions).		
SCHEDULE L, PART V - ADDITION	AL INFORMATIO	N		
			CMT11TMTHS OF M11TM	D.T.143
SALT WAS FORMED TO SUPPORT TH	E ECONOMIC DE	VELOPMENT A	CTIVITIES OF THE	PIMA
COUNTY IDA. AS SUCH, TWO OF T	HE THREE VOTI	NG BOARD ME	MBERS MUST BE IN	
COMIT IDII. IID DOCITY INO OF I	IID IIIICDD VOII	NO DOTIND TILL	INDUKO NODI DE IN	
COMMON WITH THE BOARD OF THE	IDA. FOR 2015	, THESE TWO	MEMBERS WERE CE	CILIA
		-		
CRUZ AND FRANK Y. VALENZUELA.				
KENNETH SILVERMAN, A NEWLY AP	POINTED BOARD	MEMBER, OW	NS AN INSURANCE	
•		•		
COMPANY NAMED THE INSURANCE H	OUSE. SALT RE	GULARLY PUR	CHASES INSURANCE	
		•		
THROUGH THIS COMPANY. DURING	2015, SALT PU	RCHASED \$51	,424 IN INSURANCI	E FROM
MILTO COMPANY				
THIS COMPANY.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

 ${f u}$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. u Attach to Form 990.

 ${f u}$ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

SOUTHERN ARIZONA LAND TRUST, INC.

26-2948288

Pa	rt I Types of Property			-	•			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles					,		
7	Boats and planes							
8	Intellectual property					,		
9	Securities — Publicly traded					,		
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential	X	1	938,795				
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other u ()	X	2	1,889,070				
26	Other u ()							
27	Other u ()							
28	Other u ()							
29	Number of Forms 8283 received by	-	•					
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	y contribution any proper	ty reported in Part I, lines	1 through			i
	28, that it must hold for at least three							
	to be used for exempt purposes for t	the entire I	nolding period?			30a		_X_
b	If "Yes," describe the arrangement in							i
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard				
						31		_X_
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell n	oncash			.
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an a	amount in	column (c) for a type of	property for which column ((a) is checked,			
	describe in Part II.							

Schedule M (Form 9	990) (2015)	SOUTH	IERN	ARIZON	A LAND	TRUST,	INC.	26-29482	88	Page 2
Part II	Supplem the organ	ental In	formati s reporti	ion. Provid	le the info	rmation requ	uired by Par	t I, lines 30b, 3	88 2b, and 33, and wheth number of items receive	her /ed.
	or a com	oination	of both.	Also com	plete this	part for any	additional in	nformation.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2015**

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

SOUTHERN ARIZONA LAND TRUST, INC.

Employer identification number 26-2948288

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITES CURRENTLY, SALT IS THE OWNER/MANAGER OF OVER 100 SINGLE FAMILY DETACHED RENTAL UNITS DEDICATED TO SERVING LOW TO MODERATE AND MIDDLE INCOME THESE ASSETS ARE LARGELY IN SERVICE AS AFFORDABLE RENTAL FAMILIES (LMMI). HOMES, WITH OTHER LAND INVESTMENTS IN THE QUEUE FOR FUTURE DEVELOPMENT AND SALE, OR CONVERSION TO RENTAL PROPERTIES AND ADDED TO THE PORTFOLIO OF AFFORDABLE RENTALS. APPROXIMATELY TWENTY-FIVE PERCENT (25%) OF THE RENTALS SERVE FAMILIES AT OR BELOW FIFTY PERCENT (50%) AREA MEDIAN INCOME (AMI), AND APPROXIMATELY THIRTY-FIVE (35%) OF THE RENTALS ARE UNRESTRICTED, BUT GENERALLY SERVE THE 80% AMI AND BELOW SEGMENT. THE REMAINING UNITS ARE AVAILABLE TO THOSE UP TO 120% AMI. THE AVERAGE AMI FOR THE TOTAL PORTFOLIO IS JUST OVER 50%. AS A RESULT, SALT HAS BEEN SUCCESSFUL IN OBTAINING THE DESIGNATION OF QUALIFYING CHARITABLE ORGANIZATION FROM THE ARIZONA DEPARTMENT OF REVENUE FOR SERVING THE WORKING POOR IN ITS COMMUNITY. THIS ENABLES SALT TO RECEIVE DONATIONS THAT QUALIFY AS TAX CREDITS FOR THE DONOR.

SALT IS ALSO DILIGENTLY PURSUING OPPORTUNITIES TO MAKE HOME OWNERSHIP A REALITY FOR FAMILIES IN WHICH IT HAS BEEN OUT OF REACH. IN 2014, SALT BEGAN THE CONSTRUCTION OF NINE (9) NEW ENERGY EFFICIENT AND AFFORDABLE HOMES, ALSO TARGETED FOR THE BELOW 80% AMI SEGMENT. THESE HOMES WERE ALL COMPLETED IN 2015, WITH SALES AND CLOSINGS OCCURRING INTO THE FIRST QUARTER OF 2016.

FORM 990 - ORGANIZATION'S MISSION

Employer identification number

SOUTHERN ARIZONA LAND TRUST, INC.

26-2948288

SOUTHERN ARIZONA LAND TRUST (SALT) IS A TUCSON, AZ BASED 501(C)(3)

NONPROFIT CORPORATION THAT HAS BEEN SERVING THE TUCSON COMMUNITY SINCE

2008. SALT'S MISSION IS TO HELP LOW TO MODERATE INCOME HOUSEHOLDS BY

PROVIDING AFFORDABLE HOMES FOR RENT OR SALE, AND INVESTING IN THE TUCSON

COMMUNITY BY TRANSFORMING NEIGHBORHOODS THROUGH REHABILITATION, NEW

CONSTRUCTION, AND NEIGHBORHOOD IMPROVEMENT PROJECTS THAT MAKE A DIFFERENCE.

OUR TWO PRIMARY AREAS OF FOCUS ARE 1) HOUSING DEVELOPMENT, AND 2) PROPERTY

MANAGEMENT. HOUSING DEVELOPMENT IS FOCUSED ON ACQUIRING/REHABILITATING AND

NEW CONSTRUCTION OF PRIMARILY SINGLE FAMILY AFFORDABLE HOUSING. THE

PROPERTY MANAGEMENT OPERATION CURRENTLY INCLUDES OVER 100 SINGLE FAMILY

RESIDENCES PROVIDING AFFORDABLE RENTAL HOMES IN OUR COMMUNITY.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

FAMILY HOMES THAT HAVE BECOME PART OF SALT'S AFFORDABLE RENTAL HOUSE

PORTFOLIO. IN ADDITION, SALT ADDED TO ITS LAND BANK APPROXIMATELY FIFTY

(50) PARCELS OF LAND WHICH ARE BEING HELD FOR FUTURE DEVELOPMENT. SALT HAS ACTIVELY PURSUED OPPORTUNITIES TO INCREASE THE SIZE AND IMPACT OF THE NSP2

HOUSING PROGRAM AND HAS BECOME ONE OF THE LARGEST PROVIDERS OF AFFORDABLE SINGLE FAMILY RENTAL HOMES IN THE TUCSON AREA. THE AVERAGE INCOME FOR FAMILIES RESIDING IN SALT NSP2 PROPERTIES IS CURRENTLY JUST OVER 50% OF THE LOCAL AREA MEDIAN INCOME (AMI).

TO CONTINUE TO GROW THE AFFORDABLE RENTAL PORTFOLIO, SALT MUST RELY ON OTHER FUNDING SOURCES. THE PRIMARY REASON THAT SALT REQUIRES OUTSIDE FUNDING SOURCES IS BECAUSE THE NET INCOME FROM THE NSP2 FUNDED HOUSES (WHICH MAKE UP APPROXIMATELY 60 PERCENT OF THE RENTAL UNITS) MUST BE REINVESTED INTO THE PROGRAM. IN ORDER TO CONTINUE TO EXPAND THE NSP2

Employer identification number

SOUTHERN ARIZONA LAND TRUST, INC.

26-2948288

HOUSING PROGRAM, SALT SEEKS PRIVATE PHILANTHROPY, GOVERNMENT FUNDING, AND GRANT OPPORTUNITIES WITH WHICH IT CAN LEVERAGE THE INCOME AVAILABLE FROM THE NSP2 PROGRAM INTO ADDITIONAL AFFORDABLE HOUSING UNITS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

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

ORGANIZATION ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY

REQUIRING ANNUAL DISCLOSURE STATEMENTS FROM OFFICERS, DIRECTORS AND KEY

EMPLOYEES. ORGANIZATION ALSO PERFORMS PERIODIC REVIEWS AS OUTLINED IN THE

POLICY.

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

THE COMPENSATION FOR THE TOP OFFICER IS DETERMINED BY THE BOARD OF

DIRECTORS AND IS BASED ON COMPARABLE SALARIES FOR THE SAME POSITIONS AT

SIMILAR ORGANIZATIONS.

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

THE COMPENSATION FOR THE TOP OFFICER IS DETERMINED BY THE BOARD OF

DIRECTORS AND IS BASED ON COMPARABLE SALARIES FOR THE SAME POSITIONS AT

SIMILAR ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990 AND OTHER RELATED DOCUMENTS ARE AVAILABLE UPON REQUEST, OR ON
GUIDESTAR.ORG'S WEBSITE.

PAGE 2 OF 3

Name of the organization	Employer iden	ification number
SOUTHERN ARIZONA LAND TRUST, INC.	26-294	18288
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLAN	ATION
REPAYMENT OF G.O. BONDS	\$	-234,000
REPAYMENT OF G.O. BONDS	\$	234,000
	PAGE	3 OF 3

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. u Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization SOUTHERN ARIZONA LAND TRUST, INC.	. .				Employer iden	ification number 288
Part I Identification of Disregarded Entities Complete if the	e organization ansv	vered "Yes" on F	orm 990, Part IV	, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign or		(d) al income En	(e) d-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the or	rganization answe	ered "Yes" on Fo	rm 990, Part IV,	ine 34 because	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) INDUSTRIAL DEVELOPMENT AUTHORITY O 6700 N ORACLE ROAD STE 100 86-0445981					/-	
TUCSON AZ 85704 (2) FAMILY HOUSING RESOURCES	FINANCING	AZ		6	N/A	X
1700 E FORT LOWELL ROAD 86-0750139 TUCSON AZ 85719	HOUSING	AZ	501C3	11B	I.D.A.	х
(3)						

(4)

(5)

Part III Identification of Related Organ because it had one or more rela	nizations Taxable ted organizations	as a	Partnership das a partners	Complete if the ship during the	organizatio tax year.	n ans	swered "Yes" o	n For	m 9	90, Pai	rt IV, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al	(g) Share of end-of- year assets	Dis porti all	(h) spro- ionate oc.?	amour of Scl	(i) e V—UBI nt in box 20 hedule K-1 rm 1065)	General managi partnei	or Perc ng own ?	(k) centage nership
(1)								103	110			103 1		,
(2)														
(3)														
(4)														
Part IV Identification of Related Organ line 34 because it had one or m	nizations Taxable ore related organiz	as a zations	Corporation streated as a	or Trust Comporporation or	olete if the o trust during	organi the ta	 ization answer ax year.	ed "Ye	es" (n Forn	n 990, Pa	rt IV,		
(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) Share f-year	of assets	(h) Percenta ownersi	age	Sec 512(l cont en	(i) ection (b)(13) trolled ntity?
(1)													Yes	No
(0)														<u> </u>
(2)														
(3)														
(4)														

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Comp	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more	re related organizations listed	in Parts II-IV?				
a Receipt	of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	ı
b Gift, gra	ant, or capital contribution to related organization(s)				1b		х
c Gift, gra	ant, or capital contribution from related organization(s)				1c	Х	
d Loans of	or loan guarantees to or for related organization(s)				1d		х
e Loans o	or loan guarantees by related organization(s)				1e	Х	
f Dividen	ds from related organization(s)				1f		х
g Sale of	assets to related organization(s)				1g		х
	se of assets from related organization(s)				1h		х
i Exchan	ge of assets with related organization(s)				1i		х
j Lease o	of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease o	of facilities, equipment, or other assets from related organization(s)				1k		х
I Perform	nance of services or membership or fundraising solicitations for related organization(s)				11		х
m Perform	nance of services or membership or fundraising solicitations by related organization(s)				1m		х
n Sharing	of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		х
Sharing	of paid employees with related organization(s)				10		х
-							
p Reimbu	rsement paid to related organization(s) for expenses				1р	Х	
q Reimbu	rsement paid by related organization(s) for expenses				1q		Х
r Other tr	ransfer of cash or property to related organization(s)				1r		х
s Other tr	ransfer of cash or property from related organization(s)				1s		Х
	nswer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amou	unt involve	ed	
(1)	FAMILY HOUSING RESOURCES	Q	17,488	ACTUAL PAID			
(2)	FAMILY HOUSING RESOURCES	С	1,197,561	FAIR MARKET VALU	E		
(3)	FAMILY HOUSING RESOURCES	E	3,750,000	CASH RECEIVED			
(4)	FAMILY HOUSING RESOURCES	A	64,667	INTEREST PAID			
(5)	INDUSTRIAL DEVELOPMENT AUTHORTY OF	С	1,874,050	LOAN BALANCE FOR	GIVE	N	
(6)							
1-7			1				

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	pal Predominant income (related, e or unrelated, excluded from tax under	Are all sec 501(organiz	partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R - ADDITIONAL INFORMATION

THE PIMA IDA IS A NONPROFIT CORPORATION DESIGNATED A POLITICAL SUBDIVISION OF THE STATE OF ARIZONA INCORPORATED WITH THE APPROVAL OF PIMA COUNTY, PURSUANT TO THE PROVISIONS OF THE ARIZONA CONSTITUTION AND THE STATUTES CURRENTLY TITLED "INDUSTRIAL DEVELOPMENT FINANCING", TITLE 35, CHAPTER 5, ARTICLES 1 THROUGH 5, ARIZONA REVISED STATUTES, AS AMENDED (SECTIONS 35-701 THROUGH 35-761, INCLUSIVE).

THE PIMA IDA HAS NO TAXING POWER NOR THE ABILITY TO PLEDGE THE GENERAL

CREDIT OR TAXING POWER OF ARIZONA OR ANY POLITICAL SUBDIVISION THEREOF.

THE PIMA IDA IS EMPOWERED TO ISSUE BONDS TO PROVIDE FUNDS FOR THE FINANCING

OR REFINANCING FOR A "PROJECT", AS DEFINED BY THE STATUTE.

THE PIMA IDA HAS THREE TYPE II SUPPORTING ORGANIZATIONS:

COMMUNITY INVESTMENT CORPORATION - CIC WAS INCORPORATED IN 1996 AS A NON-PROFIT CORPORATION DESIGNATED AS A TAX EXEMPT ENTITY UNDER IRC 501(C)3, WITH THE PURPOSES OF PROMOTING AND ENHANCING ECONOMIC DEVELOPMENT IN THE PIMA COUNTY.

SOUTHERN ARIZONA LAND TRUST - SALT WAS INCORPORATED IN 2008 AS A NON-PROFIT CORPORATION DESIGNATED AS A TAX EXEMPT ENTITY UNDER IRC 501(C)3, WITH THE PURPOSES OF LAND BANKING, DEVELOPMENT, CONSTRUCTION, AND RENOVATION OF AFFORDABLE HOUSING IN PIMA COUNTY.

FAMILY HOUSING RESOURCES - FHR WAS INCORPORATED IN 1994 AS A NON-PROFIT CORPORATION DESIGNATED AS A TAX EXEMPT ENTITY UNDER IRC 501(C)3, WITH THE

Form **4562**

Department of the Treasury

(99)

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return. u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Internal Revenue Service Name(s) shown on return

SOUTHERN ARIZONA LAND TRUST, INC.

Identifying number 26-2948288

	NDIRECT DEPRECIAT	CION						
Pa	art I Election To Expe	nse Certain Prop	erty Under Se	ction 179				
	Note: If you have				complete Part	I.		
1	Maximum amount (see instructio	>					1	500,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 pro						3	2,000,000
4	Reduction in limitation. Subtract li						4	
5	Dollar limitation for tax year. Subtract li	ine 4 from line 1. If zero	or less, enter -0 If ma				5	
6	(a) Description	n of property		(b) Cost (business use	only) (c)	Elected cost		
7	Listed property. Enter the amount	t from line 29			7			
8	Total elected cost of section 179						8	
9	Tentative deduction. Enter the sr		0				9	
10	Carryover of disallowed deduction	from line 13 of your					10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.	Add lines 9 and 10, bu	ut do not enter more	e than line 11	<u>,</u>		12	
13	Carryover of disallowed deduction	n to 2016. Add lines 9	and 10, less line 1	2 ▶	13			
Note	: Do not use Part II or Part III belo	w for listed property. I	Instead, use Part V					
Pa	art II Special Depreciat	ion Allowance a	nd Other Depr	eciation (Do no	ot include list	ed prope	erty.) (See instructions.)
14	Special depreciation allowance for	or qualified property (o	ther than listed pro	perty) placed in ser	rvice			
	during the tax year (see instruction	<i>'</i>					14	
15	Property subject to section 168(f)	(1) election					15	
<u>16</u>	Other depreciation (including AC	RS)					16	6,954
Pa	art III MACRS Deprecia	tion (Do not inclu	ude listed prope	erty.) (See instru	ıctions.)			
			Section					
17	MACRS deductions for assets pla	aced in service in tax	years beginning be	fore 2015			17	0
18	If you are electing to group any assets place							
	Section B—	Assets Placed in Ser	T		e General Depr	eciation S	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investment only–see instruction	t use	(e) Convention	(f) Meth	iod	(g) Depreciation deduction
<u>19a</u>	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			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		ssets Placed in Serv	ice During 2015 T	ax Year Using the	Alternative De	oreciation	Syster	n
<u>20a</u>	Class life					S/L		
<u>b</u>	12-year			12 yrs.		S/L		
	40-year	<u> </u>		40 yrs.	MM	S/L	-	
	art IV Summary (See in	, , , , , , , , , , , , , , , , , , ,						
21	Listed property. Enter amount fro						21	1,500
22	Total. Add amounts from line 12,	_		·=·				0 4=4
	here and on the appropriate lines	-			ıctions		22	8,454
23	For assets shown above and place	_	the current year, en	ter the				
	portion of the basis attributable to	section 263A costs			23			

SOUTHERN ARIZONA LAND TRUST, INC. 20-2946266

Form 4562 (2015) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) X Yes 24b If "Yes," is the evidence written? X Yes No Do you have evidence to support the business/investment use claimed? 24a (e) Business/ Type of property Date placed Basis for depreciation Method/ Depreciation Elected section 179 Recovery Cost or other basis (list vehicles first) (business/investment cost in service period Convention deduction percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: TRUCK 7,500 01/09/15 100.00% 7,500 5.0 S/L-1,500 Property used 50% or less in a qualified business use: S/L-S/L-1,500 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) Vehicle 1 Vehicle 3 Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (**do not** include commuting miles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal Yes No Yes Yes No Yes Yes Yes No use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI **Amortization** (e) (c) (d) (b) Amortization (a) Date amortization Amortizable amount Code section Amortization for this year period or Description of costs begins percentage Amortization of costs that begins during your 2015 tax year (see instructions): Amortization of costs that began before your 2015 tax year 43 43

44

Total. Add amounts in column (f). See the instructions for where to report

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return. u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Internal Revenue Service Name(s) shown on return

Department of the Treasury

(99)

SOUTHERN ARIZONA LAND TRUST, INC.

Identifying number 26-2948288

	ess or activity t	to which this form relates PROPERTIES									
	art I	Election To Expen	se Certain Pron	erty Under Se	ection	179					
		Note: If you have a	-	-			ompl	ete Part	I		
1	Maximum	amount (see instruction) a)	,,						1	500,000
2		t of section 179 property	· · · · · · · · · · · · · · · · · · ·							2	200,000
3	Threshold	d cost of section 179 pro	perty before reduction	n in limitation (see	instructi	ons)				3	2,000,000
4		n in limitation. Subtract lir			`	,				4	
5		ation for tax year. Subtract lin								5	
6		(a) Description		·		(business use			Elected cost		
7	Listed pro	operty. Enter the amount	from line 29				7				
8	Total elec	cted cost of section 179 p	property. Add amount	s in column (c), lin	nes 6 and	7				8	
9		deduction. Enter the sm								9	
10	Carryove	r of disallowed deduction	from line 13 of your	2014 Form 4562						10	
11	Business	income limitation. Enter	the smaller of busine	ess income (not les	ss than z	ero) or line	5 (see	instructio	ns)	11	
12	Section 1	79 expense deduction. A	dd lines 9 and 10, bu	ut do not enter moi	re than li	ne 11	<u>,</u>			12	
13	Carryove	r of disallowed deduction	to 2016. Add lines 9	and 10, less line	12	>	13				
Note	: Do not u	se Part II or Part III belov									
Pa	art II	Special Depreciati	on Allowance a	nd Other Dep	reciatio	on (Do no	ot inc	lude list	ed prope	rty.) (See instructions.)
14	Special d	lepreciation allowance for	qualified property (o	ther than listed pro	operty) p	laced in ser	vice				
		e tax year (see instruction								14	
15	Property	subject to section 168(f)((1) election							15	
<u>16</u>		preciation (including ACF	RS)							16	218,971
Pa	art III	MACRS Depreciat	ion (Do not inclu			See instru	ction	s.)			
					ion A						
17	MACRS	deductions for assets pla-	ced in service in tax	years beginning be	efore 201	5				17	0
18	If you are el	ecting to group any assets placed									
		Section B—A	Assets Placed in Ser	1		ar Using the	e Gen	eral Depr	eciation S	ystem	
	(a) Clas	ssification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmer only–see instructi	nt use	(d) Recovery period	(e) (Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year p	property									
b	5-year p	property									
c	7-year p	oroperty									
d	10-year p	oroperty									
e	15-year p	property									
f	20-year p	oroperty									
g	25-year p	oroperty				25 yrs.			S/L		
h	Residenti	al rental				27.5 yrs.		MM	S/L		
	property					27.5 yrs.		MM	S/L		
i	Nonreside	ential real				39 yrs.		MM	S/L		
	property							MM	S/L		
		Section C—As	sets Placed in Serv	ice During 2015 T	Tax Year	Using the	Alterr	ative Dep	reciation	Syste	m
<u>20a</u>	Class life								S/L		
b	12-year					12 yrs.			S/L		
	40-year					40 yrs.		MM	S/L		
Pa	art IV	Summary (See ins	structions.)								
21	Listed pro	operty. Enter amount from	n line 28							21	
22	Total. Ad	ld amounts from line 12,	lines 14 through 17, I	lines 19 and 20 in	column (g), and line	21. Er	nter			
	here and	on the appropriate lines	of your return. Partn	erships and S corp	porations-	—see instru	ctions			22	218,971
23	For asset	ts shown above and place	ed in service during t	he current year, er	nter the						
	portion of	the basis attributable to	section 263A costs				23				

26-2948288

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Sec 179 Bonus _	Basis for Depr	Per Conv Meth	Prior	Current
188 3044 N Alve 190 3044 N Alve	n: er. IMPROVEMENTS er Office Bldg er Office Bldg - Land Fotal Other Depreciation	10/23/14 1/09/15 1/09/15	52,123 226,053 46,300 324,476	- -	52,123 226,053 46,300 324,476	40 MO S/L 40 MO S/L 40 Land	0 0 0	1,303 5,651 0 6,954
Total ACRS and Other Depreciation			324,476	=	324,476		0	6,954
Listed Property: 189 Truck		1/09/15 _	7,500 7,500	- =	7,500 7,500	5 MO S/L	0	1,500 1,500
I I	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	ers - =	331,976 0 0 331,976	- =	331,976 0 0 331,976		0 0 0	8,454 0 0 8,454

Asset	Description	Date In Service	Cost	Bus Sec Basis % 179 Bonus for Depr PerConv Meth Prior Current
Other	Depreciation: 6081 S Birchwood	4/20/09	113,338	113,338 40 MO S/L 16,056 2,834
2	6082 S Birchwood	4/01/09	125,816	125,816 40 MO S/L 18,086 3,145
3	8525 S Cmno Bengala	6/29/09	128,095	128,095 40 MO S/L 17,613 3,203
4	1602 W Carey Belle Ct.	7/24/09	106,584	106,584 40 MO S/L 14,433 2,665
5 6	5345 S Carriage Hills	5/15/09 12/22/09	87,286 100,260	87,286 40 MO S/L 12,366 2,182 100,260 40 MO S/L 12,533 2,506
7	3897 W Massingale 1821 W Oak Ridge	5/01/09	138,330	138,330 40 MO S/L 12,533 2,500 138,330 40 MO S/L 19,597 3,458
8	6262 S Rose Nicole	7/10/09	111,685	111,685 40 MO S/L 15,357 2,792
10	1751 W Rue De Fleuve	5/07/09	99,213	99,213 40 MO S/L 14,055 2,480
11	1757 W Rue Du Fleuve	7/03/09 8/03/10	109,373	109,373 40 MO S/L 15,039 2,734 97,132 40 MO S/L 10,725 2,428
13 14	1817 W Chardonney House 6660 S Hard Rock Way	4/30/10	97,132 73,455	73,455 40 MO S/L 8,570 1,836
15	4170 W Melinda Ln	5/28/10	106,408	106,408 40 MO S/L 12,193 2,660
16	5581 S Oak Ridge	2/13/10	121,048	121,048 40 MO S/L 14,879 3,026
18	1817 W Chardonney - Improvement	8/03/10	47,822	47,822 40 MO S/L 5,280 1,196
19 20	6660 S Hard Rock Way - Improvement 3897 W Massingale - Improvement	4/30/10 5/20/10	19,597 1,362	19,597 40 MO S/L 2,286 490 1,362 40 MO S/L 156 34
21	4170 W Melinda Ln - Improvement	5/28/10	28,864	28,864 40 MO S/L 3,307 722
22	5581 Oak Ridge - Improvement	2/13/10	2,531	2,531 40 MO S/L 311 63
23	6906 Missiondale Road	8/05/11	99,565	99,565 40 MO S/L 8,505 2,489
24 25	6081 S Birchwood 6082 Birchwood	4/20/09 4/01/09	23,214 25,769	23,214 0 Land 0 0 25,769 0 Land 0 0
26	8525 S Camino Bengala	6/29/09	26,236	26,236 0 Land 0 0
27	1602 W Carey Belle	7/24/09	21,830	21,830 0 Land 0 0
28	5345 S Carriage Hills	5/15/09	17,878	17,878 0 Land 0 0
29	3897 W Massingale	12/22/09	20,535	20,535 0 Land 0 0 28,333 0 Land 0 0
30 31	1821 W Oak Ridge 6262 S Rose Nicole	5/01/09 7/10/09	28,333 22,875	28,333 0 Land 0 0 22,875 0 Land 0 0
33	1751 W Rue Du Fleuve	5/07/09	20,321	20,321 0 Land 0 0
34	1757 W Rue Du Fleuve	7/03/09	22,402	22,402 0 Land 0 0
36	1817 W Chardonney	8/03/10	19,894	19,894 0 Land 0 0
37 38	6660 S Hard Rock Way 4170 W Melinda Ln	4/30/10 5/28/10	15,045 21,794	15,045 0 Land 0 0 21,794 0 Land 0 0
39	5581 W Oak Ridge	2/13/10	24,793	24,793 0 Land 0 0
40	5721 E Vuelta de Nuestro Pueblo	8/04/11	24,465	24,465 0 Land 0 0
41	5721 E Vuelta de Nuestro Pueblo	8/04/11	119,449	119,449 40 MO S/L 10,203 2,986
42 43	5723 E Vuelta de Nuestro Pueblo 5723 E Vuelta de Nuestro Pueblo	9/29/11 9/29/11	24,465 119,445	24,465 0 Land 0 0 119,445 40 MO S/L 9,705 2,986
44	7159 S Corona Place - Lot 14	11/17/11	18,211	18,211 0 Land 0 0
45	7159 S Corona Place - Lot 14	11/17/11	88,912	88,912 40 MO S/L 6,854 2,222
46	7151 S Corona Place - Lot 15	11/28/11	18,579	18,579 0 Land 0 0
47 50	7151 S Corona Place - Lot 15 7380 S. Camino de la Tierra	11/28/11 8/01/11	90,709	90,709 40 MO S/L 6,992 2,268 140,487 40 MO S/L 12,000 3,512
51	6713 S. Lundy Avenue	11/15/11	140,487 108,836	140,487 40 MO S/L 12,000 3,512 108,836 40 MO S/L 8,616 2,721
52	6751 South 5th Avenue	10/19/11	84,783	84,783 40 MO S/L 6,712 2,120
53	1617 W Ventura Drive	11/21/11	98,132	98,132 40 MO S/L 7,564 2,454
54	1823 W Dominy Road	12/08/11	70,919	70,919 40 MO S/L 5,467 1,773
55 56	7481 S Avenida Perlina 7130 S Camino Libertad	12/29/11 12/30/11	73,786 101,327	73,786 40 MO S/L 5,534 1,845 101,327 40 MO S/L 7,600 2,533
57	2070 W Bellagio Drive	12/30/11	80,217	80,217 40 MO S/L 6,016 2,006
58	1875 E. Calle Grandiosa	11/17/11	85,903	85,903 40 MO S/L 6,622 2,147
59 60	3595 W Center Mountain	10/13/11	85,922	85,922 40 MO S/L 6,981 2,148
60 61	1458 E Melridge Street 7043 S Harrier Loop	10/17/11 11/18/11	83,037 83,739	83,037 40 MO S/L 6,574 2,076 83,739 40 MO S/L 6,455 2,093
62	6354 S Sunrise Valley Drive	10/13/11	86,486	86,486 40 MO S/L 7,027 2,162
63	6906 Missiondale Road	8/05/11	20,393	20,393 0 Land 0 0
64	7380 S Camino del la Tierra	8/01/11	28,774	28,774 0 Land 0 0
65 66	6713 S Lundy Avenue 6751 South 5th Avenue	11/15/11 10/19/11	22,292 17,365	22,292 0 Land 0 0 17,365 0 Land 0 0
67	1617 W Ventura Drive	11/21/11	20,099	20,099 0 Land 0 0
68	1823 W Dominy Road	12/08/11	14,526	14,526 0 Land 0 0
69	7481 S Avenida Perlina	12/29/11	15,113	15,113 0 Land 0 0
70 71	7130 S Camino Liberta	12/30/11 12/30/11	20,754	20,754 0 Land 0 0 16,430 0 Land 0 0
71	2070 W Bellagio Drive 1875 E Calle Grandios	12/30/11 11/17/11	16,430 17,595	16,430 0 Land 0 0 17,595 0 Land 0 0
73	3595 W Center Mountain Way	10/13/11	17,598	17,598 0 Land 0 0
74	1458 E Melridge Street	10/17/11	17,007	17,007 0 Land 0 0
75 76	7043 S Harrier Loop	11/18/11	17,151	17,151 0 Land 0 0 17,714 0 Land 0 0
76 77	6354 S Sunrise Valley Drive LOAN ORIGINATION FEES	10/13/11 7/24/09	17,714 7,977	17,714 0 Land 0 0 7,977 2 MO S/L 7,977 0
,,			,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Sold/Scrapped: 12/31/15	1/01/12	05.025			0.7.02	40. 140. 57		2 200
78 79	7175 S CORONA PLACE - LOT 12 7158 S CORONA PLACE - LOT 7	1/31/12 3/19/12	95,927 93,753			95,927 93,753	40 MO S/L 40 MO S/L	6,995 6,446	2,398 2,343
82	7118 S CORONA PLACE - LOT 2	10/24/12	76,824			76,824	40 MO S/L	4,161	1,921
84 85	1751 W RUE De Fleuve - IMPROVEMENT 7175 S CORONA PLACE - LOT 12	8/31/12 1/31/12	6,800 19,648			6,800 19,648	40 MO S/L 0 Land	397 0	170 0
86	7173 S CORONA PLACE - LOT 12 7158 S CORONA PLACE - LOT 7	3/19/12	19,048			19,048	0 Land	0	0
89	7118 S CORONA PLACE - LOT 2	10/24/12	15,735			15,735	0 Land	0	0
91 92	1995 W ROMANY RD 102 E ELVIRA RD	1/13/12 2/01/12	111,139 125,287			111,139 125,287	40 MO S/L 40 MO S/L	8,335 9,136	2,779 3,132
93	6961 S VEREDA DE LAS CASITAS	2/02/12	88,109			88,109	40 MO S/L	6,425	2,202
94 95	743 W ACADIA DRIVE 6498 E COOPERSTOWN DRIVE	2/15/12 2/15/12	113,335 91,298			113,335 91,298	40 MO S/L 40 MO S/L	8,264 6,657	2,833 2,283
96	702 W SANTA PAULA ST	2/16/12	91,098			91,098	40 MO S/L	6,453	2,277
97 98	3169 W AVENIDA ISABEL	2/21/12 2/29/12	84,694			84,694 110,748		5,999 7.845	2,118
99	7077 S CAMINO LIBERTAD 2520 W VEREDA DE LAS FLORES	2/29/12	110,748 91,172			91,172	40 MO S/L 40 MO S/L	7,845 6,458	2,768 2,279
100	1625 W TWIN RIDGE RD	3/14/12	97,438			97,438	40 MO S/L	6,902	2,436
101 102	1650 E SAINT JEROME 7601 S CALLE DEL LAGO	3/30/12 4/13/12	95,056 132,307			95,056 132,307	40 MO S/L 40 MO S/L	6,535 9,096	2,377 3,308
103	4466 E SYLVANE SRIVE	4/17/12	79,306			79,306	40 MO S/L	5,287	1,983
104 105	4025 E 27TH STREET 5927 S FIESTA AVENUE	4/30/12 5/04/12	96,544 76,255			96,544 76,255		6,436 5,084	2,414 1,906
105	826 W CALLE MARGARITA	5/17/12	78,735			78,735	40 MO S/L	5,085	1,968
107	4601 E 27TH STREET	5/18/12	87,197			87,197		5,631	2,180
108 109	5255 E AGAVE VISTA 6658 S HIDDEN FLOWER WAY	5/25/12 6/01/12	111,754 99,948			111,754 99,948	40 MO S/L 40 MO S/L	7,217 6,455	2,794 2,499
110	5325 S ROYAL RICHMOND DRIVE	6/01/12	89,447			89,447	40 MO S/L	5,777	2,236
111 112	7142 S HASKINS DRIVE 7020 S BRICKELLBUSH LANE	6/22/12 6/28/12	112,997 120,178			112,997 120,178	40 MO S/L 40 MO S/L	7,062 7,511	2,825 3,005
113	1922 W PLACITA TRES RIOS	6/29/12	93,886			93,886	40 MO S/L	5,868	2,347
114 115	1537 W ISLINGTON AVENUE 7833 S PLINTER WAY	7/27/12 8/31/12	101,988 109,334			101,988 109,334	40 MO S/L 40 MO S/L	6,162 6,378	2,550 2,733
	5481 S PIN OAK DRIVE	8/31/12	115,085			115,085	40 MO S/L	6,713	2,733
	1542 W BLOOMFIELD PLACE	9/24/12	116,623			116,623	40 MO S/L	6,560	2,916
118 119	1950 W PINEY VIEW PLACE 7030 S PARSNIP LANE	9/28/12 9/28/12	110,112 129,554			110,112 129,554	40 MO S/L 40 MO S/L	6,194 7,287	2,753 3,239
120	6678 S HIDDEN FLOWER WAY	11/30/12	117,306			117,306	40 MO S/L	6,110	2,932
121 122	216 E INEZ ST 1366 W CALLE RIO ROJO	12/03/12 12/26/12	223,877 74,956			223,877 74,956	40 MO S/L 40 MO S/L	11,660 3,748	5,597 1,874
123	7277 E WEEPING WILLOW DRIVE	12/26/12	118,735			118,735	40 MO S/L	5,937	2,968
124 125	6426 E STAR MICA ST 7845 S SPLINTER WAY	12/26/12 12/28/12	125,392 101,332			125,392 101,332	40 MO S/L 40 MO S/L	6,270 5,067	3,134
125	7043 S Harrier Loop - IMPROVEMENTS	1/12/12	27			27	40 MO S/L	2,007	2,533 1
127	1617 W Ventura Drive - IMPROVEMENT	1/13/12	3,874			3,874	40 MO S/L	291	96
128 129	6713 S Lundy Avenue - IMPROVEMENT 7130 S Camino Liberta - IMPROVEMENT	1/31/12 2/14/12	60 1,925			60 1,925	40 MO S/L 40 MO S/L	4 140	2 48
130	2070 W Bellagio Drive - IMPROVEMENT	3/12/12	181			181	40 MO S/L	13	4
131 132	7481 S Avenida Perlina - IMPROVEMENT 1875 E Calle Grandios - IMPROVEMENT	5/18/12 8/01/12	943 106			943 106	40 MO S/L 40 MO S/L	61 6	23
133	1823 W Dominy Road - IMPROVEMENT	10/19/12	74			74	40 MO S/L	4	2
134 135	1995 W ROMANY RD 102 E ELVIRA RD	1/13/12 2/01/12	22,763 25,661			22,763 25,661	0 Land 0 Land	0	$0 \\ 0$
136	6961 S VEREDA DE LAS CASITAS	2/02/12	18,046			18,046	0 Land	ő	ő
137	743 W ACADIA DRIVE 6498 E COOPERSTOWN DRIVE	2/15/12 2/15/12	23,213 18,700			23,213 18,700	0 Land 0 Land	0	$\begin{array}{c} 0 \\ 0 \end{array}$
138 139	702 W SANTA PAULA ST	2/15/12	18,659			18,659	0 Land 0 Land	0	0
140	3169 W AVENIDA ISABEL	2/21/12	17,347			17,347	0 Land	0	0
141 142	7077 S CAMINO LIBERTAD 2520 W VEREDA DE LAS FLORES	2/29/12 2/29/12	22,683 18,674			22,683 18,674	0 Land 0 Land	0	$0 \\ 0$
143	1625 W TWIN RIDGE RD	3/14/12	19,957			19,957	0 Land	0	0
144 145	1650 E SAINT JEROME 7601 S CALLE DEL LAGO	3/30/12 4/13/12	19,469 27,099			19,469 27,099	0 Land 0 Land	0	$0 \\ 0$
146	4466 E SYLVANE SRIVE	4/17/12	16,243			16,243	0 Land	0	0
147	4025 E 27TH STREET 5927 S FIESTA AVENUE	4/30/12 5/04/12	19,774 15,618			19,774 15,618	0 Land 0 Land	0	0
148 149	826 W CALLE MARGARITA	5/04/12	16,126			15,618	0 Land 0 Land	0	0
150	4601 E 27TH STREET	5/18/12	17,860			17,860	0 Land	0	0
151 152	5255 E AGAVE VISTA 6658 S HIDDEN FLOWER WAY	5/25/12 6/01/12	22,889 20,471			22,889 20,471	0 Land 0 Land	0	$0 \\ 0$
153	5325 S ROYAL RICHMOND DRIVE	6/01/12	18,321			18,321	0 Land	0	0
154	7142 S Haskins Drive	6/22/12	23,144			23,144	0 Land	0	0

		Date		Bus Sec Ba	sis			
Asset	Description	In Service	Cost		Depr Per	Conv Meth	Prior	Current
155 156	7020 S BRICKELLBUSH LANE 1922 W PLACITA TRES RIOS	6/28/12 6/29/12	24,615 19,230		24,615 0 19,230 0		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
157	1537 W ISLINGTON AVENUE	7/27/12	20,889		20,889 0		0	0
158	7833 S PLINTER WAY	8/31/12	22,394		22,394 0		0	0
159 160	5481 S PIN OAK DRIVE 1542 W BLOOMFIELD PLACE	8/31/12 9/24/12	23,572 23,887		23,572 0 23,887 0		0	$0 \\ 0$
160	1950 W PINEY VIEW PLACE	9/28/12	22,553		22,553 0		0	0
162	7030 S PARSNIP LANE	9/28/12	26,535		26,535 0	Land	0	0
163	6678 S HIDDEN FLOWER WAY	11/30/12	24,026		24,026 0		0	0
164 165	216 E INEZ ST 7845 S SPLINTER WAY	12/03/12 12/26/12	45,854 20,755		45,854 0 20,755 0		0	0
166	1366 W CALLE RIO ROJO	12/26/12	15,352		15,352 0		ő	ő
167	7277 E WEEPING WILLOW DRIVE	12/26/12	24,319		24,319 0		0	0
168 172	6426 E STAR MICA ST 6412 S. Bright Sun Ave	12/26/12 2/06/13	25,683 113,927		25,683 0 13,927 40	Land MO S/L	0 5,459	0 2,848
173	4103 E. Agate Knoll Dr	4/19/13	129,753			MO S/L MO S/L	5,406	3,244
174	3538 S. Mission Road	5/24/13	87,750		87,750 40	MO S/L	3,473	2,194
175 176	7277 E. Weeping Willow	1/10/13 2/27/13	13 5,680			MO S/L MO S/L	1 260	0 142
170	2070 W. Bellagio Drive 7043 S. Harrier Loop	2/27/13	5,110			MO S/L MO S/L	234	128
180	6412 S. Bright Sun Ave	2/06/13	23,334		23,334 0	Land	0	0
181	4103 E. Agate Knoll Drive	4/19/13	26,740		-0,7.0	Land	0	0
182 186	3538 S. Mission Road 3625 & 3627 S. 7th Ave	5/24/13 3/31/14	17,973 10,302		17,973 0 10,302 0		$0 \\ 0$	0
187	3625 & 3627 S. 7th Ave	3/31/14	103,034			MO S/L	ő	2,576
190	1821 W. Oak Ridge - A/C	9/10/15	5,200		5,200 15	MO S/L	0	116
192 194	6458 S. Sunrise Valley Dr 1884 E. Calle Grandiosa	9/09/15 9/30/15	111,296 85,228		,	MO S/L MO S/L	$0 \\ 0$	927 533
194	2075 W. Bramburgh Court	10/28/15	85,288			MO S/L MO S/L	0	355 355
197	6571 E. Cooperstown Drive	11/18/15	111,367	11	11,367 40	MO S/L	Ö	232
198	6001 S. Galiuro Drive	12/10/15	112,375			Land	0	0
199 200	7838 S. Sentinal Stone Dr 384 W. Elvira Rd	4/01/15 4/01/15	102,809 121,421		,	MO S/L MO S/L	0	1,928 2,277
201	7029 S. Ladys Thumb Lane	4/01/15	93,760		,	MO S/L	ő	1,758
202	7046 S. Parsnip Lane	4/01/15	129,140			MO S/L	0	2,421
203 204	4051 E. Coolbrooke Drive 1749 W. Ransom Oaks Dr	4/01/15 4/01/15	123,296 98,738		,	MO S/L MO S/L	$0 \\ 0$	2,312 1,851
204	1490 W. Thatcher St	4/01/15	110,036		,	MO S/L MO S/L	0	2,063
206	9970 E. Lucille Dr	8/05/15	97,455	Ģ	97,455 40	MO S/L	0	1,015
207	1995 W. Sauvignon Drive 1935 W. Banks Grove Place	8/10/15 8/27/15	93,736		,	MO S/L	$0 \\ 0$	976 876
208 209	3917 S. Dover Stravenue	8/13/15	105,172 96,276		,	MO S/L MO S/L	0	876 1,003
210	6161 E. Stonechat Drive	8/25/15	100,094		00,094 40	MO S/L	Ö	834
211	1705 E. Calle Grandiosa	9/03/15	97,500		. ,	MO S/L	0	813
212 213	4808 S. Brandywine Drive 2913 S. Foster Drive	9/09/15 9/25/15	93,978 108,553			MO S/L Land	$0 \\ 0$	783 0
214	1407 W. Eudora Place	10/01/15	107,742			MO S/L	ő	673
215	6171 E. Bramble Street	10/14/15	94,005		94,005 40	MO S/L	0	588
216 217	3525 W. Tetakusim Road	10/19/15 12/31/15	106,487 1,000	10	06,487 40 1,000 0	MO S/L	$0 \\ 0$	444 0
217	6300 S. Sunrise Valley Drive 7838 S. Sentinal Stone Dr - Land	4/01/15	21,057	2	'	Land Land	0	0
219	6458 S. Sunrise Valley Dr - Land	9/09/15	22,795	2	22,795 0	Land	0	0
220	2075 W. Bramburgh Court - Land	10/28/15	17,469		17,469 0		0	0
221 222	1884 E. Calle Grandiosa - Land 6571 E. Cooperstown Drive - Land	9/30/15 11/18/15	17,456 22,810		17,456 40 22,810 40		0	$0 \\ 0$
223	6001 S. Galiuro Drive - Land	12/10/15	23,017	2	23,017 40		0	ŏ
224	384 W. Elvira Rd - Land	4/01/15	24,869		24,869 40		0	0
225 226	7029 S. Ladys Thumb Lane - Land 7046 S. Parsnip Lane - Land	4/01/15 4/01/15	19,204 26,450		19,204 40 26,450 40		0	$0 \\ 0$
227	4051 E. Coolbrooke Drive - Land	4/01/15	25,253		25,253 40		0	0
228	1749 W. Ransom Oaks Dr - Land	4/01/15	20,224	2	20,224 40	Land	0	0
229 230	1490 W. Thatcher St - Land	4/01/15 8/05/15	22,538		22,538 40 19,961 40		0	$0 \\ 0$
230	9970 E. Lucille Dr - Land 1995 W. Sauvignon Drive - Land	8/05/15 8/10/15	19,961 19,199		19,961 40		0	0
232	1935 W. Banks Grove Place - Land	8/27/15	21,541	2	21,541 40	Land	0	0
233	1705 E. Calle Grandiosa - Land	9/03/15	19,970		19,970 40		0	0
234 235	3917 S. Dover Stravenue - Land 6161 E. Stonechat Drive - Land	8/13/15 8/25/15	19,719 20,501		19,719 40 20,501 40		$0 \\ 0$	$0 \\ 0$
236	4808 S. Brandywine Drive - Land	9/09/15	19,249	1	19,249 40	Land	0	0
237	2913 S. Foster Drive - Land	9/25/15	22,234	2	22,234 40	Land	0	0
238 239	1407 W. Eudora Place - Land 6171 E. Bramble Street - Land	10/01/15 10/14/15	22,068 19,254		, ,	Land Land	$0 \\ 0$	$0 \\ 0$
	2 2. Similar Street Duit	10,11,13	17,237	,	,	Lund	J	O
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26-2948288

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
240	3525 W. Tetakusim Road - Land	10/19/15	21,811			21,811	40 Land	0	0
	Total Other Depreciation	_	12,211,179		_	12,211,179		623,203	218,971
	Total ACRS and Other Depreciation		12,211,179			12,211,179		623,203	218,971
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers	12,211,179 7,977 0 12,203,202			12,211,179 7,977 0 12,203,202		623,203 7,977 0 615,226	218,971 0 0 218,971

26-2948288	Depreciation Adjustment Report All Business Activities	
Form Unit Asset	Description Tax AMT There are no assets that meet the criteria of this report	AMT Adjustments/ Preferences

Future Depreciation Report FYE: 12/31/16 Form 990, Page 1 26-2948288

Asset	Description	Date In Service	Cost	Tax	AMT
Other	Depreciation:				
183 188 190	3044 N Alver. IMPROVEMENTS 3044 N Alver Office Bldg 3044 N Alver Office Bldg - Land Total Other Depreciation	10/23/14 1/09/15 1/09/15	52,123 226,053 46,300 324,476	1,303 5,652 0 6,955	0 0 0 0
	Total ACRS and Other Depreciation		324,476	6,955	0
Listed	Property:				
189	Truck	1/09/15	7,500	1,500	0
			7,500	1,500	0
	Grand Totals		331,976	8,455	0

26-2948288

Asset	Description	Date In Service	Cost	Tax	AMT
Other	Depreciation:				
1	6081 S Birchwood	4/20/09	113,338	2,833	0
2	6082 S Birchwood	4/01/09	125,816	3,146	0
3	8525 S Cmno Bengala	6/29/09	128,095	3,202	0
4	1602 W Carey Belle Ct.	7/24/09	106,584	2,664	0
5 6	5345 S Carriage Hills 3897 W Massingale	5/15/09 12/22/09	87,286 100,260	2,182 2,507	0
7	1821 W Oak Ridge	5/01/09	138,330	2,307 3,458	0
8	6262 S Rose Nicole	7/10/09	111,685	2,792	ő
10	1751 W Rue De Fleuve	5/07/09	99,213	2,481	0
11	1757 W Rue Du Fleuve	7/03/09	109,373	2,735	0
13	1817 W Chardonney House	8/03/10	97,132	2,429	0
14	6660 S Hard Rock Way	4/30/10	73,455	1,837	0
15 16	4170 W Melinda Ln 5581 S Oak Ridge	5/28/10 2/13/10	106,408 121,048	2,660 3,026	0
18	1817 W Chardonney - Improvement	8/03/10	47,822	1,195	0
19	6660 S Hard Rock Way - Improvement	4/30/10	19,597	490	ő
20	3897 W Massingale - Improvement	5/20/10	1,362	34	0
21	4170 W Melinda Ln - Improvement	5/28/10	28,864	721	0
22	5581 Oak Ridge - Improvement	2/13/10	2,531	64 2.480	0
23 24	6906 Missiondale Road 6081 S Birchwood	8/05/11 4/20/09	99,565 23,214	2,489 0	0
25	6082 Birchwood	4/01/09	25,769	0	0
26	8525 S Camino Bengala	6/29/09	26,236	ő	ő
27	1602 W Carey Belle	7/24/09	21,830	0	0
28	5345 S Carriage Hills	5/15/09	17,878	0	0
29	3897 W Massingale	12/22/09	20,535	0	0
30	1821 W Oak Ridge	5/01/09	28,333	0	0
31 33	6262 S Rose Nicole 1751 W Rue Du Fleuve	7/10/09 5/07/09	22,875 20,321	$0 \\ 0$	0
34	1757 W Rue Du Fleuve	7/03/09	22,402	0	0
36	1817 W Chardonney	8/03/10	19,894	Ö	ő
37	6660 S Hard Rock Way	4/30/10	15,045	0	0
38	4170 W Melinda Ln	5/28/10	21,794	0	0
39	5581 W Oak Ridge	2/13/10	24,793	0	0
40 41	5721 E Vuelta de Nuestro Pueblo 5721 E Vuelta de Nuestro Pueblo	8/04/11 8/04/11	24,465 119,449	0 2,986	0
42	5721 E Vuelta de Nuestro Pueblo	9/29/11	24,465	2,760	0
43	5723 E Vuelta de Nuestro Pueblo	9/29/11	119,445	2,986	ő
44	7159 S Corona Place - Lot 14	11/17/11	18,211	0	0
45	7159 S Corona Place - Lot 14	11/17/11	88,912	2,223	0
46	7151 S Corona Place - Lot 15	11/28/11	18,579	2 268	0
47 50	7151 S Corona Place - Lot 15 7380 S. Camino de la Tierra	11/28/11 8/01/11	90,709 140,487	2,268 3,512	0
51	6713 S. Lundy Avenue	11/15/11	108,836	2,721	0
52	6751 South 5th Avenue	10/19/11	84,783	2,119	0
53	1617 W Ventura Drive	11/21/11	98,132	2,453	0
54	1823 W Dominy Road	12/08/11	70,919	1,773	0
55	7481 S Avenida Perlina	12/29/11	73,786	1,844	0
56 57	7130 S Camino Libertad 2070 W Bellagio Drive	12/30/11 12/30/11	101,327 80,217	2,533 2,005	0
5 <i>1</i> 58	1875 E. Calle Grandiosa	12/30/11	85,903	2,005 2,148	0
59	3595 W Center Mountain	10/13/11	85,922	2,148	0
50	1458 E Melridge Street	10/17/11	83,037	2,076	ő
51	7043 S Harrier Loop	11/18/11	83,739	2,094	0
52	6354 S Sunrise Valley Drive	10/13/11	86,486	2,162	0
53	6906 Missiondale Road	8/05/11	20,393	0	0
64 65	7380 S Camino del la Tierra	8/01/11 11/15/11	28,774 22,292	0	0
55 56	6713 S Lundy Avenue 6751 South 5th Avenue	10/19/11	17,365	0	0
57	1617 W Ventura Drive	11/21/11	20,099	0	0
58	1823 W Dominy Road	12/08/11	14,526	Ö	ő
69	7481 S Avenida Perlina	12/29/11	15,113	0	0
70	7130 S Camino Liberta	12/30/11	20,754	0	0
71	2070 W Bellagio Drive	12/30/11	16,430	0	0
72 73	1875 E Calle Grandios	11/17/11 10/13/11	17,595 17,598	0	0
73 74	3595 W Center Mountain Way 1458 E Melridge Street	10/13/11 10/17/11	17,598 17,007	0	0
7 5	7043 S Harrier Loop	11/18/11	17,007	0	0
	r		- , -		

Asset	Description	Date In Service	Cost	Tax	AMT
76	6354 S Sunrise Valley Drive	10/13/11	17,714	0	0
78	7175 S CORONA PLACE - LOT 12	1/31/12	95,927	2,398	ő
79	7158 S CORONA PLACE - LOT 7	3/19/12	93,753	2,344	0
82	7118 S CORONA PLACE - LOT 2	10/24/12	76,824	1,921	0
84 85	1751 W RUE De Fleuve - IMPROVEMENTS 7175 S CORONA PLACE - LOT 12	8/31/12 1/31/12	6,800 19,648	170 0	$0 \\ 0$
86 86	7158 S CORONA PLACE - LOT 12 7158 S CORONA PLACE - LOT 7	3/19/12	19,048	0	0
89	7118 S CORONA PLACE - LOT 2	10/24/12	15,735	Ö	ő
91	1995 W ROMANY RD	1/13/12	111,139	2,778	0
92	102 E ELVIRA RD	2/01/12	125,287	3,132	0
93 94	6961 S VEREDA DE LAS CASITAS 743 W ACADIA DRIVE	2/02/12 2/15/12	88,109 113,335	2,203 2,834	$0 \\ 0$
94	6498 E COOPERSTOWN DRIVE	2/15/12	91,298	2,834 2,282	0
96	702 W SANTA PAULA ST	2/16/12	91,098	2,278	ő
97	3169 W AVENIDA ISABEL	2/21/12	84,694	2,117	0
98	7077 S CAMINO LIBERTAD	2/29/12	110,748	2,769	0
99	2520 W VEREDA DE LAS FLORES	2/29/12	91,172	2,280	0
100 101	1625 W TWIN RIDGE RD 1650 E SAINT JEROME	3/14/12 3/30/12	97,438 95,056	2,436 2,376	$0 \\ 0$
102	7601 S CALLE DEL LAGO	4/13/12	132,307	3,307	0
103	4466 E SYLVANE SRIVE	4/17/12	79,306	1,982	Ö
104	4025 E 27TH STREET	4/30/12	96,544	2,414	0
105	5927 S FIESTA AVENUE	5/04/12	76,255	1,906	0
106	826 W CALLE MARGARITA	5/17/12	78,735	1,969	$0 \\ 0$
107 108	4601 E 27TH STREET 5255 E AGAVE VISTA	5/18/12 5/25/12	87,197 111,754	2,180 2,794	0
108	6658 S HIDDEN FLOWER WAY	6/01/12	99.948	2,498	0
110	5325 S ROYAL RICHMOND DRIVE	6/01/12	89,447	2,236	Ö
111	7142 S HASKINS DRIVE	6/22/12	112,997	2,825	0
112	7020 S BRICKELLBUSH LANE	6/28/12	120,178	3,004	0
113 114	1922 W PLACITA TRES RIOS 1537 W ISLINGTON AVENUE	6/29/12 7/27/12	93,886 101,988	2,347 2,549	$\begin{array}{c} 0 \\ 0 \end{array}$
115	7833 S PLINTER WAY	8/31/12	101,988	2,733	0
116	5481 S PIN OAK DRIVE	8/31/12	115,085	2,878	ő
117	1542 W BLOOMFIELD PLACE	9/24/12	116,623	2,915	0
118	1950 W PINEY VIEW PLACE	9/28/12	110,112	2,752	0
119 120	7030 S PARSNIP LANE 6678 S HIDDEN FLOWER WAY	9/28/12 11/30/12	129,554 117,306	3,239 2,933	$0 \\ 0$
120	216 E INEZ ST	12/03/12	223,877	2,933 5,597	0
122	1366 W CALLE RIO ROJO	12/26/12	74,956	1,874	ő
123	7277 E WEEPING WILLOW DRIVE	12/26/12	118,735	2,969	0
124	6426 E STAR MICA ST	12/26/12	125,392	3,135	0
125 126	7845 S SPLINTER WAY 7043 S Harrier Loop - IMPROVEMENTS	12/28/12 1/12/12	101,332 27	2,533 0	$0 \\ 0$
120	1617 W Ventura Drive - IMPROVEMENT	1/13/12	3.874	97	0
128	6713 S Lundy Avenue - IMPROVEMENT	1/31/12	60	1	ő
129	7130 S Camino Liberta - IMPROVEMENT	2/14/12	1,925	49	0
130	2070 W Bellagio Drive - IMPROVEMENT	3/12/12	181	5	0
131	7481 S Avenida Perlina - IMPROVEMENT 1875 E Calle Grandios - IMPROVEMENT	5/18/12	943	24	0
132 133	1823 W Dominy Road - IMPROVEMENT	8/01/12 10/19/12	106 74	$\frac{3}{2}$	$0 \\ 0$
134	1995 W ROMANY RD	1/13/12	22,763	0	ő
135	102 E ELVIRA RD	2/01/12	25,661	0	0
136	6961 S VEREDA DE LAS CASITAS	2/02/12	18,046	0	0
137	743 W ACADIA DRIVE	2/15/12	23,213	0	0
138 139	6498 E COOPERSTOWN DRIVE 702 W SANTA PAULA ST	2/15/12 2/16/12	18,700 18,659	$0 \\ 0$	$0 \\ 0$
140	3169 W AVENIDA ISABEL	2/21/12	17,347	ő	0
141	7077 S CAMINO LIBERTAD	2/29/12	22,683	0	0
142	2520 W VEREDA DE LAS FLORES	2/29/12	18,674	0	0
143	1625 W TWIN RIDGE RD	3/14/12	19,957	0	0
144 145	1650 E SAINT JEROME 7601 S CALLE DEL LAGO	3/30/12 4/13/12	19,469 27,099	$0 \\ 0$	$0 \\ 0$
145	4466 E SYLVANE SRIVE	4/17/12	16,243	0	0
147	4025 E 27TH STREET	4/30/12	19,774	ő	Ö
148	5927 S FIESTA AVENUE	5/04/12	15,618	0	0
149	826 W CALLE MARGARITA	5/17/12	16,126	0	0
150 151	4601 E 27TH STREET 5255 E AGAVE VISTA	5/18/12 5/25/12	17,860 22,889	$0 \\ 0$	$0 \\ 0$
152	6658 S HIDDEN FLOWER WAY	6/01/12	20,471	0	0
153	5325 S ROYAL RICHMOND DRIVE	6/01/12	18,321	ő	ő
154	7142 S Haskins Drive	6/22/12	23,144	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
155	7020 S BRICKELLBUSH LANE	6/28/12	24,615	0	0
156	1922 W PLACITA TRES RIOS	6/29/12	19,230	ő	ő
157	1537 W ISLINGTON AVENUE	7/27/12	20,889	0	0
158	7833 S PLINTER WAY	8/31/12	22,394	0	0
159	5481 S PIN OAK DRIVE	8/31/12	23,572	0	0
160 161	1542 W BLOOMFIELD PLACE 1950 W PINEY VIEW PLACE	9/24/12 9/28/12	23,887 22,553	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
162	7030 S PARSNIP LANE	9/28/12	26,535	0	0
163	6678 S HIDDEN FLOWER WAY	11/30/12	24,026	ő	Ö
164	216 E INEZ ST	12/03/12	45,854	0	0
165	7845 S SPLINTER WAY	12/26/12	20,755	0	0
166	1366 W CALLE RIO ROJO	12/26/12	15,352	0	0
167 168	7277 E WEEPING WILLOW DRIVE 6426 E STAR MICA ST	12/26/12 12/26/12	24,319 25,683	$0 \\ 0$	$0 \\ 0$
172	6412 S. Bright Sun Ave	2/06/13	113,927	2,848	0
173	4103 E. Agate Knoll Dr	4/19/13	129,753	3,244	ő
174	3538 S. Mission Road	5/24/13	87,750	2,194	0
175	7277 E. Weeping Willow	1/10/13	13	0	0
176	2070 W. Bellagio Drive	2/27/13	5,680	142	0
177 180	7043 S. Harrier Loop	2/27/13 2/06/13	5,110 23,334	128 0	$\begin{array}{c} 0 \\ 0 \end{array}$
181	6412 S. Bright Sun Ave 4103 E. Agate Knoll Drive	4/19/13	26,740	0	0
182	3538 S. Mission Road	5/24/13	17,973	0	0
186	3625 & 3627 S. 7th Ave	3/31/14	10,302	0	0
187	3625 & 3627 S. 7th Ave	3/31/14	103,034	2,576	0
190	1821 W. Oak Ridge - A/C	9/10/15	5,200	346	0
192	6458 S. Sunrise Valley Dr	9/09/15	111,296	2,783	$\begin{array}{c} 0 \\ 0 \end{array}$
194 196	1884 E. Calle Grandiosa 2075 W. Bramburgh Court	9/30/15 10/28/15	85,228 85,288	2,130 2,133	0
197	6571 E. Cooperstown Drive	11/18/15	111,367	2,784	ő
198	6001 S. Galiuro Drive	12/10/15	112,375	0	Õ
199	7838 S. Sentinal Stone Dr	4/01/15	102,809	2,570	0
200	384 W. Elvira Rd	4/01/15	121,421	3,035	0
201 202	7029 S. Ladys Thumb Lane 7046 S. Parsnip Lane	4/01/15 4/01/15	93,760 129,140	2,344 3,229	$\begin{array}{c} 0 \\ 0 \end{array}$
202	4051 E. Coolbrooke Drive	4/01/15	123,296	3,082	0
204	1749 W. Ransom Oaks Dr	4/01/15	98,738	2,469	ő
205	1490 W. Thatcher St	4/01/15	110,036	2,751	0
206	9970 E. Lucille Dr	8/05/15	97,455	2,437	0
207	1995 W. Sauvignon Drive	8/10/15	93,736	2,344	0
208 209	1935 W. Banks Grove Place 3917 S. Dover Stravenue	8/27/15 8/13/15	105,172 96,276	2,630 2,407	$\begin{array}{c} 0 \\ 0 \end{array}$
210	6161 E. Stonechat Drive	8/25/15	100,094	2,502	0
211	1705 E. Calle Grandiosa	9/03/15	97,500	2,437	0
212	4808 S. Brandywine Drive	9/09/15	93,978	2,350	0
213	2913 S. Foster Drive	9/25/15	108,553	0	0
214 215	1407 W. Eudora Place 6171 E. Bramble Street	10/01/15	107,742 94,005	2,694	$\begin{array}{c} 0 \\ 0 \end{array}$
213	3525 W. Tetakusim Road	10/14/15 10/19/15	106,487	2,350 2,662	0
217	6300 S. Sunrise Valley Drive	12/31/15	1,000	0	ő
218	7838 S. Sentinal Stone Dr - Land	4/01/15	21,057	0	0
219	6458 S. Sunrise Valley Dr - Land	9/09/15	22,795	0	0
220	2075 W. Bramburgh Court - Land	10/28/15	17,469	0	0
221 222	1884 E. Calle Grandiosa - Land 6571 E. Cooperstown Drive - Land	9/30/15 11/18/15	17,456 22,810	$0 \\ 0$	$0 \\ 0$
223	6001 S. Galiuro Drive - Land	12/10/15	23,017	0	0
224	384 W. Elvira Rd - Land	4/01/15	24,869	0	0
225	7029 S. Ladys Thumb Lane - Land	4/01/15	19,204	0	0
226	7046 S. Parsnip Lane - Land	4/01/15	26,450	0	0
227 228	4051 E. Coolbrooke Drive - Land 1749 W. Ransom Oaks Dr - Land	4/01/15 4/01/15	25,253 20,224	$0 \\ 0$	$0 \\ 0$
229	1490 W. Thatcher St - Land	4/01/15	22,538	0	0
230	9970 E. Lucille Dr - Land	8/05/15	19,961	ő	Ö
231	1995 W. Sauvignon Drive - Land	8/10/15	19,199	0	0
232	1935 W. Banks Grove Place - Land	8/27/15	21,541	0	0
233	1705 E. Calle Grandiosa - Land	9/03/15	19,970	0	0
234 235	3917 S. Dover Stravenue - Land 6161 E. Stonechat Drive - Land	8/13/15 8/25/15	19,719 20,501	$0 \\ 0$	$0 \\ 0$
236	4808 S. Brandywine Drive - Land	9/09/15	19,249	0	0
237	2913 S. Foster Drive - Land	9/25/15	22,234	Ö	0
238	1407 W. Eudora Place - Land	10/01/15	22,068	0	0
239	6171 E. Bramble Street - Land	10/14/15	19,254	0	0
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26-2948288

Asset	Description	Date In Service	Cost	Tax	AMT
240	3525 W. Tetakusim Road - Land	10/19/15	21,811	0	0
	Total Other Depreciation		12,203,202	248,665	0
	Total ACRS and Other Depreciation		12,203,202	248,665	0
	Grand Totals		12,203,202	248,665	0

Form **990**

Two Year Comparison Report

ending

For calendar year 2015, or tax year beginning

Name

Taxpayer Identification Number

2014 & 2015

2	SOUTHERN ARIZONA LAND TRUST, INC.			26	6-2948288
			2014	2015	Differences
	1. Contributions, gifts, grants	1.	200	1,227,5	56 1,227,356
	2. Membership dues and assessments	2.			
	3. Government contributions and grants		137,013	1,971,0	37 1,834,024
n e	4. Program service revenue		705,457	866,2	160,773
_	5. Investment income	5.		6	699
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory		104,403	-140,6	45 -245,048
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	. 11.			
	12. Total revenue. Add lines 1 through 11	12.	947,073	3,924,8	77 2,977,804
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
e S	15. Compensation of officers, directors, trustees, etc.	15.			
S	16. Salaries, other compensation, and employee benefits	16.		423,9	96 423,996
ē	17. Professional fundraising fees	17.			
×	18. Other professional fees	18.	137,888	54,5	
Ш	19. Occupancy, rent, utilities, and maintenance			14,1	
	20. Depreciation and Depletion	20.	196,457	8,4	
	21. Other expenses	21.	705,820	965,6	
	22. Total expenses. Add lines 13 through 21	. 22.	1,040,165	1,466,7	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-93,092	2,458,1	
	24. Total exempt revenue	24.	947,073	3,924,8	77 2,977,804
_	25. Total unrelated revenue	25.			
ţį	26. Total excludable revenue	26.	809,860	726,2	
ma	27. Total assets	27.	13,221,758	16,570,3	
Information	28. Total liabilities	. 28.	3,337,879	4,258,2	
_	29. Retained earnings	29.	9,883,879	12,312,1	16 2,428,237
-	30. Number of voting members of governing body	30.	3	3	
0	31. Number of independent voting members of governing body	31.	3	3	
	32. Number of employees	32.	0	8	
	33. Number of volunteers	33.			

Form	99	N
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Tax Return History

2015

Name

SOUTHERN ARIZONA LAND TRUST, INC.

Employer Identification Number 26-2948288

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants				137,213	3,198,593	
Membership dues						
Program service revenue				705,457	866,230	
Capital gain or loss				104,403	-140,645	
Investment income					699	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				947,073	3,924,877	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation					423,996	
Professional fees				137,888	54,587	
Occupancy costs					14,114	
Depreciation and depletion				196,457	8,454	
Other expenses				705,820	965,624	
Total expenses				1,040,165	1,466,775	
Excess or (Deficit)				-93,092	2,458,102	
Total exempt revenue				947,073	3,924,877	
Total unrelated revenue						
Total excludable revenue				809,860	726,284	
Total Assets				13,221,758	16,570,385	
Total Liabilities				3,337,879	4,258,269	
Net Fund Balances				9,883,879	12,312,116	

Federal Statements

Cash - EOY

Description	Amount
1000 BOT GENERAL RENTALS	\$ 57,877
1005 BOT OPERATING	323,279
1010 BOT NSP2 RENTALS	20,296
1015 BOT NSP2	67,450
1050 BOT NSP2 RENTALS REPL RES	178,233
TOTAL	\$ 647,135

Accounts receivable - EOY

Description	_	Amount
1110 TENANT RENTS	\$	8,191
1120 CURRENT PORTION, N/R	_	2,554
TOTAL	\$_	10,745

Accounts payable - BOY

 Amount
\$ 42,456
70,812
54,076
\$ 167,344
\$ \$

Accounts payable - EOY

Description	 Amount
ACCOUNTS PAYABLE REL PARTY FHR	\$
INTEREST PAYABLE	
DUE TO PIMA COUNTY	
ACCRUED EXPENSES	34,192
ACCOUNT PAYABLE LEGAL SERVICES	27,895
CREDIT CARD PAYABLE	12,246
IMPOUND PAYABLE	 337
TOTAL	\$ 74,670

26-2948288	Federal Statements
DA of Pima County #2	EOY-amount of note
Description	Amount
TOTAL	\$ 350,000 \$ 350,000