ObjectId: 202430369349301068 - Submission: 2024-02-05

TIN: 47-3900987

OMB No. 1545-0047

Form **990** 

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

**Open to Public Inspection** 

| Website: N/A   | Internal          | Reven   | nue Service  |   |                |                 |                |                       |
|--|-------------------|---------|--------------|---|----------------|-----------------|----------------|-----------------------|
| Application pending   College Ching   Colle  | A F               | or th   | e 2022 c     |   | -2023          | _               |                |                       |
| Address change   Cold at Etum   Point business as   Coloration   Co  |                   |         |              |   | D Employer     | r identif       | ication number |                       |
| Tributal return   Tributal   | _                 |         | -            |   |                | 47-39009        | 987            |                       |
| Part   Summary   |                   |         | •            | Doing business as   | -              |                 |                |                       |
| Application pending  | _                 |         |              |   |                | E Tolonhar -    | numba-         |                       |
| City or town, state or province, country, and ZIP or foreign postal code   Hoteltix, Az 8016   F. Name and address of principal officer:   CHRISTINE BURTON   2011 E CAMELBACK RD 405B   PHOPRIX, AZ 85016   Solic()   (Insert no.)   4947(a)(1) or   527   The all statistics of included?   The all statistics of in |                   |         |              |   | е              |                 |                |                       |
| Price   Pri  | ∪ Ap <sub>l</sub> | olicati | ion pending  |   |                | (602) 38        | 1-1400         |                       |
| F. Name and address of principal officer: CHINSTHKE BURTON   2016 ECMPLEACK RO 405B   H(a) Is this a group return for subordinates?   Yes No   No   No   No   No   No   No   No  |                   |         |              |   |                | 6 0             | sint- + °      | 039.705               |
| Check this box   |                   |         | ļ            | ·   | U/5\ - · · ·   |                 |                | ,928,705              |
| Tor-eventy status:   |                   |         |              | CHRISTINE BURTON  |                |                 | ırn for        | No. No.               |
| Tax exempt status  |                   |         |              |   | H(b) Are a     | ıll subordinate | S              |                       |
| Note   | <b>I</b> Tax      | -exer   | mpt status:  |   | inclu          | ded?            |                |                       |
| Part   | 1 \A/-            | ahsit   | to: NI/A     |   |                | •               |                |                       |
| Part   Summary   | J 44 (            | SUSIL   | IV/A         |   | . , 0,00       | - champaon n    |                | _                     |
| Summary  | <b>K</b> Forn     | n of o  | rganization: | ✓ Corporation ☐ Trust ☐ Association ☐ Other ►   | L Year of form | ation: 2015     | <b>M</b> State | of legal domicile: AZ |
| 1 Briefly describe the organization's mission or most significant activities: TO FREFORM THE FUNCTIONS OF DR TO CARRY OUT THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION. AN AZ NONPROFIT CORPORATION, SO LONG AS THE ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.    2 Check this box   | . 0.11            | 5       |              |   |                |                 |                |                       |
| TO PÉRFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, AN AZ NONPROFIT CORPORATION, SO LONG AS THE ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.  2 Check this box ▶ □  3 Number of voting members of the governing body (Part VI, line 1a) .   | Pa                |         | _            |   |                |                 |                |                       |
| CORPORATION, SO LONG AS THE ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.   |                   |         |              |   | IA COMMUNI     | TY FOUNDATI     | ON, AN         | AZ NONPROFIT          |
| Number of independent voting members of the governing body (Part VI, line 1b)   4   3   3   5   5   5   0   6   5   5   0   6   5   5   0   6   5   5   5   0   6   5   5   5   5   5   5   5   5   5  | Ce                | 9       | CORPORAT     | TION, SO LONG AS THE ARIZONA COMMUNITY FOUNDATION, INC. REMAINS   | S A QUALIFI    | ED ORGANIZA     | TIÓN.          |                       |
| Number of independent voting members of the governing body (Part VI, line 1b)   4   3   3   5   5   5   0   6   5   5   0   6   5   5   0   6   5   5   5   0   6   5   5   5   5   5   5   5   5   5  | an                |         |              |   |                |                 |                |                       |
| Number of independent voting members of the governing body (Part VI, line 1b)   4   3   3   5   5   5   0   6   5   5   0   6   5   5   0   6   5   5   5   0   6   5   5   5   5   5   5   5   5   5  | Ven               |         |              |   |                |                 |                |                       |
| Number of independent voting members of the governing body (Part VI, line 1b)   4   3   3   5   5   5   0   6   5   5   0   6   5   5   0   6   5   5   5   0   6   5   5   5   5   5   5   5   5   5  | 9                 |         |              |   |                |                 | _              | _                     |
| Net unrelated business revenue from Part Vill, column (A), line 12   Prior Year   Current Year   |                   |         |              |   | <b>-</b>       | $\vdash$        |                |                       |
| Net unrelated business revenue from Part Vill, column (A), line 12   Prior Year   Current Year   | es                |         |              |   | •              |                 |                |                       |
| Net unrelated business revenue from Part Vill, column (A), line 12   Prior Year   Current Year   | M                 |         |              |   | •              |                 |                |                       |
| Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year   | Ac                |         |              |   | •              |                 |                |                       |
| Prior Year   Current Year   137,604,053   0   0   0   0   0   0   0   0   0  |                   |         |              | *   |                | •               |                |                       |
| 8 Contributions and grants (Part VIII, line 1h)  |                   | -       | cc amer      | acces seemed the most of the seeme the seemed and the seemed as a |                | ior Year        | _              |                       |
| 9 Program service revenue (Part VIII, line 2g)   |                   | 8       | Contribut    | ions and grants (Part VIII, line 1h)  |                |                 |                |                       |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 9                 |         |              |   |                |                 | _              |                       |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | eve.              |         | _            | · · · · · · · · · · · · · · · · · · ·   |                | -11,267,96      | 9              |                       |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  129,470,588  2,928,705  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | ш.                |         |              |   |                |                 | -              |                       |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       250       0         16a Professional fundraising fees (Part IX, column (A), line 11e)       0       0       0         b Total fundraising expenses (Part IX, column (D), line 25) ▶0       0       319,675       466,145         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       319,675       466,145       466,145         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       7,772,552       6,295,759         19 Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year         20 Total assets (Part X, line 16)  |                   | 12      | Total reve   | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                | 129,470,58      | 88             | 2,928,705             |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  |                   | 13      | Grants ar    | nd similar amounts paid (Part IX, column (A), lines 1–3)  |                | 7,452,62        | .7             | 5,829,614             |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)  |                   | 14      | Benefits p   | paid to or for members (Part IX, column (A), line 4)  |                |                 | 0              | 0                     |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12   | SS                | 15      | Salaries,    | other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                | 25              | 0              | 0                     |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12   | SUS.              | 16a     | Professio    | nal fundraising fees (Part IX, column (A), line 11e)  |                |                 | 0              | 0                     |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12   | кре               | b       | Total fundr  | aising expenses (Part IX, column (D), line 25)  |                |                 |                |                       |
| 19 Revenue less expenses. Subtract line 18 from line 12  | Œ.                | 17      | Other exp    | penses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                | 319,67          | '5             | 466,145               |
| 20   Total assets (Part X, line 16)  |                   | 18      | Total exp    | enses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |                | 7,772,55        | 2              | 6,295,759             |
|  |                   | 19      | Revenue      | less expenses. Subtract line 18 from line 12  |                |                 |                | -3,367,054            |
|  | S Of              |         |              |   | of Current Yea | ar              | End of Year    |                       |
|  | sets              | 20      | Total asse   | ets (Part X. line 16)   |                | 142,839.04      | 7              | 134.095.286           |
|  | A B               |         |              |   |                |                 | -              |                       |
|  | ŠĒ                |         |              |   |                |                 |                |                       |
| Part II Signature Block  |                   |         |              |   |                | 0,110,07        | -              | 131, 110,200          |

| knowle       |            | belief, it is true, correct, and comp  |  |                        |                        |                        |
|--------------|------------|--|--|------------------------|------------------------|------------------------|
|              | I.         |  |  |                        | 2024 01 10             |                        |
| o:           | s          | ignature of officer  |  |                        | 2024-01-19<br>Date     |                        |
| Sign<br>Here |            | NNA MARIA CHAVEZ PRESIDENT ype or print name and title   |  |                        |                        |                        |
|              |            | Print/Type preparer's name   | Preparer's signature                   | Date                   | I                      | PTIN                   |
| Paid         |            |  |  | 2024-01-19             | Check if self-employed | 1 00507 010            |
|              | arer       | Firm's name  BAKER TILLY US I  | LP                                     |                        | Firm's EIN             | 39-0859910             |
| Use          | Only       | Firm's address ► 2055 E WARNER F   | RD STE 101                             |                        | Phone no. (48          | 80) 839-4900           |
|              |            | TEMPE, AZ 85284  | 4                                      |                        |                        |                        |
| May th       | ne IRS dis | cuss this return with the preparer   | shown above? See Instructions.         |                        |                        | . Ves 🗆 No             |
| For Pa       | perwor     | k Reduction Act Notice, see the  | separate instructions.                 | Cat. I                 | No. 11282Y             | Form <b>990</b> (2022) |
|              |            |  |  |                        |                        |                        |
|              |            |  | —————————————————————————————————————— |                        |                        |                        |
| Form 9       | 990 (2022  | 2)   |  |                        |                        | Page <b>2</b>          |
| Part         | ıll S      | tatement of Program Service  | ce Accomplishments                     |                        |                        | -                      |
|              |            | neck if Schedule O contains a resp   | onse or note to any line in this Par   | t III                  |                        | 🗆                      |
| _            | •          | escribe the organization's mission:  |  |                        |                        |                        |
|              |            | HE FUNCTIONS OF, OR TO CARRY (<br>SO LONG AS THE ARIZONA COMN  |  |                        |                        | N AZ NONPROFIT         |
|              | •          |  | ,                                      |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            | rganization undertake any significa  |  | ear which were not lis | sted on                | O., 7.,                |
|              | •          | Form 990 or 990-EZ?  |  |                        |                        | . 🗆 Yes 🛂 No           |
|              |            | describe these new services on Scl<br>rganization cease conducting, or n                                     |  | conducts any progra    | ım                     |                        |
|              | services?  |  |  |                        |                        | . 🗆 Yes 🗸 No           |
|              | If "Yes,"  | describe these changes on Schedu   | le O.                                  |                        |                        |                        |
|              | Section 5  | the organization's program service<br>i01(c)(3) and 501(c)(4) organizationue, if any, for each program servi | ons are required to report the amo     |                        |                        |                        |
| 4a           | (Code:     | ) (Expenses \$   | 5,852,517 including grants of          | \$ 5,829,614           | l) (Revenue \$         | )                      |
|              | GRANTS T   | O CHARITABLE ORGANIZATIONS IN SUF  | PPORT OF THE PURPOSES OF THE ARIZO     |                        |                        | ,                      |
|              |            |  |  |                        |                        |                        |
| 4b           | (Code:     | ) (Expenses \$   | including grants of                    | \$                     | ) (Revenue \$          | )                      |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
| 4c           | (Code:     | ) (Expenses \$   | including grants of                    | \$                     | ) (Revenue \$          | )                      |
|              |            |  |  |                        |                        | _                      |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |
|              | _          |  |  |                        |                        |                        |
|              |            |  |  |                        |                        | _                      |
|              |            |  |  |                        |                        |                        |
|              |            |  |  |                        |                        |                        |

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

**4e** Total program service expenses ► 5,852,517

Form **990** (2022)

— Раде 3 —

Form 990 (2022) Page **3** 

| Par | Checklist of Required Schedules  |     |     |    |
|-----|--|-----|-----|----|
|     | To the constitute described in section FO1(s)(2) or 40.47(s)(4) (abb or the section 2) 75 (lives 1) accordate  |     | Yes | No |
|     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Yes |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | 2   |     | No |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 4   |     | No |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                    | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>  | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.   |     |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | 11a |     | No |
|     | 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? <i>If "Yes," complete Schedule D, Part VII</i> 2   | 11b |     | No |
|     | 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 |     | No |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | No |
|     | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | 11f | Yes |    |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
|     | 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 | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | No |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III   | 19  |     | No |

|     | F   |     |                 |                 |
|-----|---|-----|-----------------|-----------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |                 | No              |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |                 |                 |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21  | Yes             |                 |
|     |   | F   | orm <b>99</b> 0 | <b>)</b> (2022) |

|      | Page 4 —   |     |     |               |
|------|--|-----|-----|---------------|
| Form | 990 (2022)   |     |     | Page <b>4</b> |
| Par  | Checklist of Required Schedules (continued)  |     |     |               |
|      |  |     | Yes | No            |
| 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  | Yes |               |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  | Yes |               |
| 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 |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |               |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |               |
| 25a  | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   | 25a |     | No            |
| 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? <i>If "Yes," complete Schedule L, Part I </i>  | 25b |     | No            |
| 26   | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   | 26  |     | No            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27  |     | No            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |               |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No            |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  |     |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$   | 29  |     | No            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30  |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  |     | No            |
| 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  |     | No            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  | Yes |               |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No            |
| 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  |     | No            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  |     | No            |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b>  |     | Yes |               |

|      | All Tolling 300 files are required to complete Schedule O  | 30  |                |  |
|------|--|-----|----------------|--|
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |     |                |  |
|      | check it selectate o contains a response of note to any line in this rait v  | •   | Yes            | No   |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a  |     |                |  |
| b    | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0   | 1   |                |  |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  |                |  |
|      | (ganishing) withings to prize withers:   |     | Form <b>90</b> | <b>0</b> (2022)                                  |
|      |  | '   |                | (2022)   |
|      | Page 5 ———————————————————————————————————   |     |                |  |
|      |  |     |                |  |
| Form | 990 (2022)   |     |                | Page <b>5</b>                                    |
|      | Statements Regarding Other IRS Filings and Tax Compliance (continued)  | 1   |                | <del></del>                                      |
| 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  | )   |                |  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  |                |  |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |                | No   |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |                |  |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |                | No   |
| b    | If "Yes," enter the name of the foreign country: - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |                |  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |                | No   |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |                | No   |
| c    | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |                |  |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  |                | No   |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |                |  |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |     |                |  |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |                | No   |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |                |  |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |                | No   |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  |     |                |  |
|      |  |     |                |  |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |                | No   |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |                | No   |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |                |  |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form   |     |                |  |
|      | 1098-C?  | 7h  |                |  |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |                |  |
| 9    | Sponsoring organizations maintaining donor advised funds.  |     |                | <del>                                     </del> |
| a    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |                |  |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |                |  |
| 10   | Section 501(c)(7) organizations. Enter:  |     |                |  |
| а    | 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  |     |                |  |
| 11   | Section 501(c)(12) organizations. Enter:   | 1   |                |  |
| а    | Gross income from members or shareholders  |     |                |  |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |     |                |  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |                |  |
|      | If "Yes " enter the amount of tax-exempt interest received or accrued during the year  | 120 |                | <del>                                     </del> |

|             | 120  |         |               |                 |
|-------------|--|---------|---------------|-----------------|
| 13          | Section 501(c)(29) qualified nonprofit health insurance issuers.   |         |               |                 |
| а           | Is the organization licensed to issue qualified health plans in more than one state?   | 13a     |               |                 |
| 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  |         |               |                 |
| С           | Enter the amount of reserves on hand   |         |               |                 |
|             | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a     |               | No              |
|             | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b     |               |                 |
| 15          | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15      |               | No              |
| 16          | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16      |               | No              |
| 17          | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.   | 17      |               |                 |
|             | 11 res, complete roim 6005.  | F       | orm <b>99</b> | <b>0</b> (2022) |
|             |  |         |               |                 |
|             | Page 6 ———————————————————————————————————   |         |               |                 |
| Form        | 990 (2022)   |         |               | D= == 6         |
|             | TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N  | o" recr | once to       | Page <b>6</b>   |
| Гаг         | lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   |         | onse to       |                 |
| So          | Check if Schedule O contains a response or note to any line in this Part VI  | • •     |               | <u> </u>        |
| 36          | ction A. Governing Body and Management   |         | Yes           | No              |
| 1a          | Enter the number of voting members of the governing body at the end of the tax year   1a   6   |         |               |                 |
|             | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |               |                 |
| b           |  |         |               |                 |
| 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       | Yes           |                 |
| 3           | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .  | 3       | Yes           |                 |
| 4           | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4       |               | No              |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5       |               | No              |
| 6           | Did the organization have members or stockholders?   | 6       | Yes           |                 |
| 7a          | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a      | Yes           |                 |
| b           | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b      | Yes           |                 |
| 8           | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |               |                 |
| а           | The governing body?  | 8a      | Yes           |                 |
| b           | Each committee with authority to act on behalf of the governing body?  | 8b      | Yes           |                 |
| 9           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |               | No              |
| Se          | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   |         | 2.)           |                 |
|             | The state of the s |         | Yes           | No              |
| <b>10</b> a | Did the organization have local chapters, branches, or affiliates?   | 10a     |               | No              |
| b           | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b     |               |                 |
| 11a         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | Yes           |                 |
| b           | Describe on Schedule O the process, if any, used by the organization to review this Form 990   |         |               |                 |
| 12a         | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | Yes           |                 |
|             | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Yes           |                 |
| С           | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>  | 12c     | Yes           |                 |
| 13          | Did the organization have a written whistleblower policy?  | 13      | Yes           |                 |
| 14          | Did the organization have a written document retention and destruction policy?   | 14      | Voc           |                 |

| 15           | Did the process for determining compensa   |  |                  |   |               |              |                              |        |  | ndent   |  | -  |  |
|--------------|--|--|------------------|---|---------------|--------------|------------------------------|--------|--|---|--|----|--|
|              | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? <b>a</b> The organization's CEO, Executive Director, or top management official                          |  |                  |   |               |              |                              |        |  |   |  |    |  |
|              | ,  |  |                  |   |               |              |                              | •      |  | . 15a   | No   | _  |  |
| b            | Other officers or key employees of the organisms. If "Yes" to line 15a or 15b, describe the p  | _  |                  |   |               | •            |                              | •      |  | . 15b   | No   | _  |  |
| 16a          | Did the organization invest in, contribute taxable entity during the year?   | assets to, or pa   | rticipa          | ite in a joint ve   | entur         |              | r simil                      | ar a   | rrangement with                                  | a<br><b>16a</b>                                   | No   |    |  |
| b            | If "Yes," did the organization follow a writ in joint venture arrangements under appli status with respect to such arrangements  | ten policy or pr<br>icable federal ta                              | ocedu<br>ıx law, | re requiring the<br>and take step                             | e org         | gani<br>safe |                              |        |  | cipation<br>xempt                                 | NO   | -  |  |
| 60           |  |  |                  |   |               |              |                              |        |  | 16b   |  | _  |  |
| <u> </u>     | ction C. Disclosure  List the states with which a copy of this Fo  | orm 990 is reau  | ired to          | o be filed▶   |               |              |                              |        |  |   |  | _  |  |
| 18           | Section 6104 requires an organization to 501(c)(3)s only) available for public inspe   | make its Form  | 1023 (           | 1024 or 1024-   |               |              |                              |        |  | section   |  | _  |  |
|              | Own website Another's website  | e 🔽 Upon re  | quest            | Other (e  | xpla          | in ir        | n Sche                       | edule  | e O)   |   |  |    |  |
| 19           | Describe in Schedule O whether (and if so policy, and financial statements available   | to the public du   | ıring t          | he tax year.  |               | _            |                              |        |  |   |  |    |  |
| 20           | State the name, address, and telephone r •ERIC NYSTROM 2201 E CAMELBACK RD   |  |                  |   |               |              |                              | tion   | 's books and reco                                | ords:   |  |    |  |
|              |  |  |                  | _ 00010 (001)   |               |              |                              |        |  | F   | orm <b>990</b> (2022   | 2) |  |
|              |  |  |                  |   |               |              |                              |        |  |   |  |    |  |
|              |  |  |                  | Page 7 —  |               |              |                              |        |  |   |  | _  |  |
| Form         | 990 (2022)   |  |                  |   |               |              |                              |        |  |   | Page   | 7  |  |
| Par          | Compensation of Officers, I  | Directors,Tru  | ıstee            | s, Key Emp  | loye          | ees          | , Hig                        | hes    | st Compensate                                    | ed Employee                                       |  | -  |  |
|              | and Independent Contracto  |  |                  |   |               |              |                              |        |  |   |  |    |  |
| <u> </u>     | Check if Schedule O contains a res   |  |                  |   |               |              |                              |        |  |   | U  | _  |  |
|              | ction A. Officers, Directors, Truste<br>emplete this table for all persons required t  |  |                  |   |               |              |                              |        |  |   | nization's tay   | _  |  |
| of cor       | List all of the organization's <b>current</b> officent<br>inpensation. Enter -0- in columns (D), (E),<br>ist all of the organization's <b>current</b> key en   | and (F) if no co   | mpen             | sation was paid   | d.            |              |                              |        |  | s of amount                                       |  |    |  |
| ● L<br>who r | ist the organization's five <b>current</b> highest received reportable compensation (box 5 organization and any related organizations.   | compensated e  | mploy            | ees (other thai   | n an          | offi         | cer, di                      | rect   | or, trustee or key                               | employee)<br>C) of more than                      | \$100,000 fron   | n  |  |
| of rep       | ist all of the organization's <b>former</b> officers<br>cortable compensation from the organization<br>ist all of the organization's <b>former directo</b><br>ization, more than \$10,000 of reportable of | on and any relat<br>ors or trustees                                | ed org           | ganizations.<br>received, in the                              | e cap         | paci         | ty as a                      | a for  | mer director or t                                |   | 00   |    |  |
| -            | he instructions for the order in which to list   | •  |                  | 5   |               | ,            |                              |        | . 9  |   |  |    |  |
|              | Check this box if neither the organization n   | or any related o   | rganiz           | zation compens  | sated         | d an         | y curr                       | ent    | officer, director, o                             | or trustee.                                       |  |    |  |
|              | <b>(A)</b><br>Name and title   | (B)<br>Average<br>hours per<br>week (list                          | one              | (C)<br>ition (do not ch<br>box, unless pe<br>ficer and a dire | neck<br>ersor | n is         | both a                       |        | (D) Reportable compensation from the             | (E) Reportable compensation from related          | (F) Estimated amount of other  | _  |  |
|              |  | any hours<br>for related<br>organizations<br>below dotted<br>line) |                  | Institutional<br>Trustee;                                     | _             |              | Highest compensated employee | Former | organization<br>(W-2/1099-<br>MISC/1099-<br>NEC) | organizations<br>(W-2/1099-<br>MISC/1099-<br>NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |    |  |
| (1) HC       | OWARD KESSELMAN  | 1.00   | V                |   |               |              |                              |        |  |   |  | _  |  |
| DIREC        | TOR  | 1  | Х                |   |               |              |                              |        | 0  | C   |  | 0  |  |
| ٠,           | ARYL BURTON  | 1.00   |                  |   |               |              |                              |        |  |   |  | _  |  |
| VICE (       | CHAIR  |  | Х                |   | Х             |              |                              |        | 0  | C   |  | 0  |  |
| (3) CF       | IRISTINE BURTON  | 1.00   |                  |   |               |              |                              |        |  |   |  | _  |  |
| CHAIR        |  |  | Х                |   | Х             |              |                              |        | 0  | C   |  | 0  |  |
|              | EVEN G SELEZNOW  | 1.00   |                  |   |               |              |                              |        |  |   |  | _  |  |
|              |  |  | Х                |   | Х             |              |                              |        | 0  | 658,433   | 53,30  | 19 |  |
| rkesi        | DENT (THRU 2/3/23)   | 45.00  | ļ                |   |               |              |                              |        |  |   |  | _  |  |

| (5) KIMBERLY KUR                                 |   | 1.0     |  |                  |                 |        |                      |        |                                     |  | •                       | 246.7  | 0.0                      | 26.020   |
|--|---|---------|--|------------------|-----------------|--------|----------------------|--------|-------------------------------------|--|-------------------------|--|--------------------------|--|
| DIRECTOR   |   | 45.0    | ^  |                  |                 |        |                      |        |                                     |  | 0                       | 246,7  | 00                       | 26,938   |
| (6) ANNA MARIA CHAVEZ                            |   | 1.0     |  |                  |                 |        |                      |        |                                     |  |                         |  |                          | _  |
| PRESIDENT  |   | 45.0    | ^  |                  |                 | Х      |                      |        |                                     |  | 0                       | 45,0   | 00                       | 0  |
| (7) KYLA QUINTERO                                |   | 1.0     |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
| SECRETARY/TREASURER                              |   | 45.0    |  |                  |                 | Х      |                      |        |                                     |  | 0                       | 329,6  | 88                       | 29,094   |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  |                  |                 |        |                      |        |                                     |  |                         |  |                          |  |
|  | <b>.</b>  |         |  |                  |                 |        | •                    |        |                                     |  |                         |  | Form                     | <b>990</b> (2022)  |
|  |   |         |  | Page             | 8 —             |        |                      |        |                                     |  |                         |  |                          |  |
|  |   |         |  | rage             | O               |        |                      |        |                                     |  |                         |  |                          |  |
| Form 990 (2022)  Part VII Section A. Officers, I | Nine at a ne - Ton  |         | <b>У Г</b>   |                  |                 |        |                      |        |                                     |  | F                       | laa. /a.a.   | L                        | Page <b>8</b>  |
| Part VII Section A. Officers, I                  | Directors, ire  | istees, | Key Emp  | pioyee           | es, ar          | ia Hi  | gne                  | est Co | omp                                 | pensated   | Emp                     | ioyees (con  | inuec                    | 1)   |
| <b>(A)</b><br>Name and title                     | (B) Average hours per week (list any hours for related organizations below dotted line) | or divi | (do not onless person de direction de direct | son is bector/to | oth a<br>rustee | n offi | one<br>cer<br>Former | CO     | Repo<br>mpe<br>fror<br>aniza<br>2/1 | D) ortable ensation in the ation (W- 099- 099-NEC) | con<br>fro<br>org<br>(W | (E) eportable hpensation m related anizations (-2/1099- /1099-NEC) | amo<br>con<br>f<br>orgai | (F) stimated unt of other spensation rom the sization and related anizations |

| (A)<br>Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | Position box, Individual trustee or director | (C) on (do not chec unless person i and a director  Institutional Trustee; | k m<br>s bo<br>r/tru | th a<br>uste | n offic<br>e) | Former   | (D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|---|--|--|----------------------|--------------|---------------|----------|--|--|--|
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              |               |          |  |  |  |
|                       |   |  |  |                      |              | -             |          |  |  |  |
| 1b Sub-Total          |   |  |  |                      |              | <b>*</b>      | $\vdash$ |  |  |  |

| d Total (add lines 1b and 1c)   |                               | ▶                       | 0                    | 1,279,82            | 1                    | 109,341       |
|---|-------------------------------|-------------------------|----------------------|---------------------|----------------------|---------------|
| 2 Total number of individuals (includir of reportable compensation from the                               |                               | isted above) who red    | ceived more than \$1 | 00,000              |                      |               |
|   |                               |                         |                      |                     | Yes                  | No            |
| 3 Did the organization list any <b>forme</b>  | r officer director or trustee | kov omplovog or h       | ighost componented   | omployee on         | 103                  | 110           |
| line 1a? If "Yes," complete Schedule  |                               | , key employee, or m    |                      | • •                 | 3                    | No            |
| For any individual listed on line 1a, organization and related organization                               |                               |                         |                      | n the               |                      |               |
| individual  |                               |                         |                      |                     | <b>4</b> Yes         |               |
| 5 Did any person listed on line 1a rece<br>services rendered to the organization                          | •                             | ,                       | •                    |                     | 5                    | No            |
| Section B. Indonesiant Control  |                               |                         |                      |                     |                      | 110           |
| Section B. Independent Contract  Complete this table for your five hig from the organization. Report comp | hest compensated independ     |                         |                      |                     | ensation             |               |
| from the organization. Report comp  | (A)                           | ear ending with or w    |                      | (B)                 | (0                   | 2)            |
|   | e and business address        |                         |                      | ription of services | Compe                | nsation       |
| ARIZONA COMMUNITY FOUNDATION  |                               |                         | MANAGEME             | NT FEE              |                      | 344,690       |
| 2201 E CAMELBACK RD STE 405B<br>PHOENIX, AZ 85016   |                               |                         |                      |                     |                      |               |
|   |                               |                         |                      |                     |                      |               |
|   |                               |                         |                      |                     |                      |               |
| 2 Total number of independent contractor compensation from the organization                               |                               | ed to those listed abo  | ve) who received m   | ore than \$100,000  | of                   |               |
| compensation from the organization p  | 1                             |                         |                      |                     | Form <b>99</b>       | 0 (2022)      |
|   |                               | Page 9 ———              |                      |                     |                      |               |
|   |                               | _                       |                      |                     |                      |               |
| Form 990 (2022)   |                               |                         |                      |                     |                      | Page <b>9</b> |
| Part VIII Statement of Revenue  | е                             |                         |                      |                     |                      |               |
| Check if Schedule O contain   | ns a response or note to an   | y line in this Part VII | 1                    |                     |                      |               |
|   |                               | (A)<br>Total revenue    | (B)<br>Related or    | (C)<br>Unrelated    | (D<br>Reve           | nue           |
|   |                               |                         | exempt<br>function   | business<br>revenue | exclude<br>tax under |               |
|   |                               |                         | revenue              |                     | 512 -                | 514           |
| Federated campaigns 1a  | <u>_</u>                      |                         |                      |                     |                      |               |
| Contributions,  |                               |                         |                      |                     |                      |               |
| Contributions,  Sifts, Grants,  Membership dues 1b  | J                             |                         |                      |                     |                      |               |
| DtherAmt  | _                             |                         |                      |                     |                      |               |
| OtherAmt<br>Similar<br>Arfioling draising events 1c   | <u> </u>                      |                         |                      |                     |                      |               |
| d Related organizations 1d  |                               |                         |                      |                     |                      |               |
|   | _                             |                         |                      |                     |                      |               |
| e Government grants (contributions)   | _                             |                         |                      |                     |                      |               |
| f All other contributions, gifts, grants, and similar amounts not included                                |                               |                         |                      |                     |                      |               |
| above 11  | _                             |                         |                      |                     |                      |               |
| g Noncash contributions included in   |                               |                         |                      |                     |                      |               |
| lines 1a - 1f:\$  | _                             |                         |                      |                     |                      |               |
| <b>h Total.</b> Add lines 1a-1f   |                               |                         |                      |                     |                      |               |
|   | Business Code                 |                         |                      |                     |                      |               |
| 2a  |                               |                         |                      |                     |                      |               |
|   |                               |                         |                      |                     |                      |               |
| Revenue   |                               |                         |                      |                     |                      |               |
| φ<br>(3)  |                               |                         |                      |                     |                      |               |

|               | 2 1   |                    |          |                   |           |    |   |                        |
|---------------|---|--------------------|----------|-------------------|-----------|----|---|------------------------|
| 5             |   |                    |          |                   |           |    |   |                        |
| Š             | <b>7</b> a  |                    |          |                   |           |    |   |                        |
| ۵             | <b>f</b> All other program  | service revenue.   |          |                   |           |    |   |                        |
|               | <b>9 Total.</b> Add lines 2   | 2a−2f <b></b>      | •        |                   |           |    | • | •                      |
|               | 3 Investment income   | (including divide  | nds, int | terest, and other | 1 495 560 |    |   | 1 405 560              |
|               | similar amounts) .  |                    | •        | <u>.</u>          | 1,485,560 |    |   | 1,485,560              |
|               | <b>4</b> Income from invest   |                    | -        | id proceeds       |           |    |   |                        |
|               | <b>5</b> Royalties  |                    |          | · · •             |           |    |   |                        |
|               |   | (i) Rea            | 31       | (ii) Personal     |           |    |   |                        |
|               | <b>6a</b> Gross rents   | 6a                 |          |                   |           |    |   |                        |
|               | <b>b</b> Less: rental expenses  | 6b                 |          |                   |           |    |   |                        |
|               | c Rental income or (loss)   | 6c                 |          |                   |           |    |   |                        |
|               | <b>d</b> Net rental income  | or (loss)          |          |                   |           |    |   |                        |
|               |   | (i) Secur          | ities    | (ii) Other        |           |    |   |                        |
|               | <b>7a</b> Gross amount from sales of assets other than inventory  | 7a 1,4             | 440,173  |                   |           |    |   |                        |
| Other Revenue | )   | 7b                 | 0        |                   |           |    |   |                        |
| r<br>Re       | Gain or (loss)  | 7c 1,4             | 440,173  |                   |           |    |   |                        |
| Ť.            | <b>d</b> Net gain or (loss)   |                    |          |                   | 1,440,173 | l. |   | 1,440,173              |
| Ö             | a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a |                    |          |                   |           |    |   |                        |
|               | <b>b</b> Less: direct expen   | SAS                | 8b       |                   |           |    |   |                        |
|               | c Net income or (los  |                    |          | nts ▶             |           |    |   |                        |
|               | 9a Gross income from see Part IV, line 19   | gaming activities. |          |                   |           |    |   |                        |
|               |   |                    | 9a       |                   |           |    |   |                        |
|               | <b>b</b> Less: direct expens  |                    | 9b       | <u> </u>          |           |    |   |                        |
|               | <b>c</b> Net income or (los   | s) from gaining a  |          | s · · •           |           |    |   |                        |
|               | <b>10a</b> Gross sales of inverence returns and allowa  |                    | 10a      |                   |           |    |   |                        |
|               | <b>b</b> Less: cost of goods  | s sold             | 10b      |                   |           |    |   |                        |
|               | <b>c</b> Net income or (los   | s) from sales of i | nvento   | ry <b>b</b>       |           | l. |   |                        |
|               |   |                    |          | Business Code     |           |    |   |                        |
|               | <b>11a</b> MISCELLANEOUS  |                    | ן "      | 900099            | 2,972     |    |   | 2,972                  |
|               |   |                    |          |                   |           |    |   |                        |
|               | b   |                    |          |                   |           |    |   |                        |
|               |   |                    |          |                   |           |    |   |                        |
| Oth           | er <b>R</b> evenueMiscAmt   |                    |          |                   |           |    |   |                        |
|               | . All co  |                    | _        |                   |           |    |   |                        |
|               | <b>d</b> All other revenue  |                    | 1_       | -                 |           | 1  |   |                        |
|               | e Total. Add lines 1  | 1a-11d             |          |                   | 2,972     |    |   |                        |
|               | 12 Total revenue. So  | ee instructions    |          | •                 | 2,928,705 | 0  | 0 | 2,928,705              |
|               |   |                    |          |                   | ·         |    |   | Form <b>990</b> (2022) |

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

|          | Section 301(c)(3) and 301(c)(1) organizations must be   | complete an columns.           | 7 iii Otifer Organizatio                  | ms mast complete et                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|----------|---|--------------------------------|---|---|---|
|          | Check if Schedule O contains a response or note to ar   | ny line in this Part IX        |   |   | $\square$                               |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | ( <b>A</b> )<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses   |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 5,786,614                      | 5,786,614                                 |   | ·                                       |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22   | 43,000                         | 43,000                                    |   |   |
| 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  |                                |   |   | _                                       |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                                |   |   |   |
| 9        | Other employee benefits   |                                |   |   |   |
| 10       | Payroll taxes   |                                |   |   |   |
| 11       | Fees for services (non-employees):  |                                |   |   |   |
| ā        | a Management  | 344,690                        |   | 344,690                                   |   |
| ı        | Legal   | 2,553                          | 2,553                                     |   |   |
| •        | Accounting  |                                |   |   |   |
| •        | d Lobbying  |                                |   |   |   |
| •        | Professional fundraising services. See Part IV, line 17   |                                |   |   |   |
| 1        | Investment management fees  | 98,542                         |   | 98,542                                    |   |
| 9        | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                                |   |   |   |
| 12       | Advertising and promotion   |                                |   |   |   |
| 13       | Office expenses   |                                |   |   |   |
| 14       | Information technology  |                                |   |   |   |
| 15       | Royalties   |                                |   |   |   |
| 16       | Occupancy   |                                |   |   |   |
| 17       | Travel  |                                |   |   |   |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                                |   |   |   |
| 19       | Conferences, conventions, and meetings  |                                |   |   |   |
| 20       | Interest  |                                |   |   |   |
| 21       | Payments to affiliates  |                                |   |   |   |
| 22       | Depreciation, depletion, and amortization   |                                |   |   |   |
| 23       | Insurance   |                                |   |   |   |
| 24       | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                                |   |   |   |
|          | a OTHER EXPENSES  | 20,350                         | 20,350                                    |   |   |
|          | <b>b</b> BUSINESS LICENSE   | 10                             |   | 10  |   |
|          |   |                                |   |   |   |
|          | C   |                                |   |   |   |
|          | d   |                                |   |   |   |
| <b>-</b> | e All other expenses  | 6 205 750                      | E 050 517                                 | 442.242                                   | 0                                       |
|          | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined odustional campaign and fundational collisions.                                       | 6,295,759                      | 5,852,517                                 | 443,242                                   | 0                                       |
|          | educational campaign and fundraising solicitation.  |                                |   |   |   |

—— Page 11 —

Form 990 (2022)
Part X Ralance Sheet

| Pa    | ILA | balance Sheet   |                                 |     |   |
|-------|-----|---|---------------------------------|-----|---|
|       |     | Check if Schedule O contains a response or note to any line in this Part IX   |                                 |     | 🗆                                       |
|       |     |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year               |
| T     | 1   | Cash-non-interest-bearing   |                                 | 1   |   |
|       | 2   | Savings and temporary cash investments  | 41,307,314                      | 2   |   |
|       | 3   | Pledges and grants receivable, net  |                                 | 3   |   |
|       | 4   | Accounts receivable, net  | 129,504                         | 4   |   |
|       | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                                 | 5   |   |
|       | 6   | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$  |                                 | 6   |   |
| 2     | 7   | Notes and loans receivable, net   |                                 | 7   |   |
| í     | 8   | Inventories for sale or use   |                                 | 8   |   |
| i     | 9   | Prepaid expenses and deferred charges   |                                 | 9   |   |
| •     | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                                 |     |   |
|       | b   | Less: accumulated depreciation 10b  |                                 | 10c |   |
|       | 11  | Investments—publicly traded securities .  | 97,400,062                      | 11  | 130,063,119                             |
|       | 12  | Investments—other securities. See Part IV, line 11  | 4,002,167                       | 12  | 4,032,167                               |
|       | 13  | Investments—program-related. See Part IV, line 11   |                                 | 13  |   |
|       | 14  | Intangible assets   |                                 | 14  |   |
|       | 15  | Other assets. See Part IV, line 11  |                                 | 15  |   |
|       | 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 142,839,047                     | 16  | 134,095,286                             |
| 1     | 17  | Accounts payable and accrued expenses   |                                 | 17  |   |
|       | 18  | Grants payable  | 2,724,000                       | 18  | 2,679,000                               |
|       | 19  | Deferred revenue  |                                 | 19  |   |
|       | 20  | Tax-exempt bond liabilities   |                                 | 20  |   |
| 0     | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                                 | 21  |   |
| anima | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |                                 | 22  |   |
| 7     | 23  | Secured mortgages and notes payable to unrelated third parties  |                                 | 23  |   |
| - 1   | 24  | Unsecured notes and loans payable to unrelated third parties  |                                 | 24  |   |
|       | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D  |                                 | 25  |   |
|       | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 2,724,000                       | 26  | 2,679,000                               |
| 2001  |     | Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.   |                                 |     |   |
| 2     | 27  | Net assets without donor restrictions   | 140,115,047                     | 27  | 131,416,286                             |
|       | 28  | Net assets with donor restrictions  |                                 | 28  |   |
|       | 29  | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds   | -                               | 29  |   |
|       | 30  | Paid-in or capital surplus, or land, building or equipment fund   |                                 | 30  |   |
|       | 31  | Retained earnings, endowment, accumulated income, or other funds  |                                 | 31  |   |
| ć     | 32  | Total net assets or fund balances   | 140,115,047                     | 32  | 131,416,286                             |
| 5     | 33  | Total liabilities and net assets/fund balances  | 142,839,047                     | 33  | 134,095,286                             |
| -     | -   |   | * **                            |     | 1 |

| orm  | 990 (2022)  |         |        |               | Page <b>12</b>  |
|------|---|---------|--------|---------------|-----------------|
| Par  | Reconcilliation 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       |        | 2             | ,928,705        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2       |        |               | ,295,759        |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3       |        |               | ,367,054        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4       |        |               | ,115,047        |
| 5    | Net unrealized gains (losses) on investments  | 5       |        |               | ,331,707        |
| 6    | Donated services and use of facilities  | 6       |        | <u> </u>      | ,551,707        |
| 7    | Investment expenses   | 7       |        |               |                 |
| 8    | Prior period adjustments  | 8       |        |               |                 |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |        |               | 0               |
| _    | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  | 10      |        | 131           | ,416,286        |
|      | t XII Financial Statements and Reporting  | 10      |        | 131           | , 110,200       |
| 1 01 | Check if Schedule O contains a response or note to any line in this Part XII  |         |        |               |                 |
|      | check if Schedule o contains a response of note to any line in this part All  | •       |        | Yes           | No              |
|      | Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other  |         |        |               |                 |
| 1    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |         |        |               |                 |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a     |               | No              |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  | on a    |        |               |                 |
|      | $\square$ Separate basis $\square$ Consolidated basis $\square$ Both consolidated and separate basis  |         |        |               |                 |
| b    | Were the organization's financial statements audited by an independent accountant?  |         | 2b     | Yes           |                 |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:   | basis,  |        |               |                 |
|      | ☐ Separate basis ☐ Both consolidated and separate basis   |         |        |               |                 |
| c    | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |         | 2c     | Yes           |                 |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O. |        |               |                 |
| 3а   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?  | niform  | 3a     |               | No              |
| 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.     | ired    | 3b     |               | 110             |
|      |   |         |        | orm <b>99</b> | <b>0</b> (2022) |
|      |   |         |        |               |                 |
|      |   |         |        |               |                 |
|      | 990 (2022)  |         |        |               |                 |
| Ad   | ditional Data   |         | Returi | ı to Fo       | rm              |
|      |   |         |        |               |                 |
|      | Software ID:  |         |        |               |                 |
|      | Software Version:   |         |        |               |                 |
| Orn  | 1 990, Special Condition Description:   |         |        |               | —               |
|      | Constal Condition Description   |         |        |               |                 |

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990)

ObjectId: 202430369349301068 - Submission: 2024-02-05

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 47-3900987 OMB No. 1545-0047

2022

Open to Public Inspection

|    |          |  |  |   |   |         |  | Inspection                       |
|----|----------|--|--|---|---|---------|--|----------------------------------|
|    |          | ne organization  |  |   |   |         | Employer identific                     | ation number                     |
|    |          | COMMUNITY FOUNDATION                                   |  |   |   |         | 47-3900987                             |                                  |
|    | rt I     |  |  |   | must complete this pa   |         | ee instructions.                       |                                  |
|    | organız  | •  |  | •   | gh 12, check only one box   | •       | · • · · · · ·                          |                                  |
| 1  |          |  |  |   | escribed in <b>section 170(</b> b   | )(1)(   | (A)(ı).                                |                                  |
| 2  |          | A school described in se                               | ection 170(b)(1  | )(A)(ii). (Attach Sche  | edule E (Form 990).)  |         |  |                                  |
| 3  |          | A hospital or a cooperat                               | tive hospital servi  | ce organization descri  | bed in <b>section 170(b)(1</b> )  | )(A)(i  | ii).                                   |                                  |
| 4  |          | A medical research organisme, city, and state:         | anization operated   | d in conjunction with a   | hospital described in <b>sec</b>  | tion 1  | .70(b)(1)(A)(iii). E                   | nter the hospital's              |
| 5  |          | An organization operate 170(b)(1)(A)(iv). (Co          |  | of a college or univers   | ity owned or operated by  | a gove  | ernmental unit descri                  | ped in <b>section</b>            |
| 6  |          | A federal, state, or loca                              | l government or g  | jovernmental unit des   | cribed in <b>section 170(b)</b>   | (1)(A   | )(v).                                  |                                  |
| 7  |          | An organization that no section 170(b)(1)(A)           |  |   | support from a governme   | ntal ui | nit or from the genera                 | al public described in           |
| 8  |          | A community trust desc                                 | cribed in <b>section</b>   | 170(b)(1)(A)(vi). (   | Complete Part II.)  |         |  |                                  |
| 9  |          |  |  |   | <b>A)(ix)</b> operated in conjung name, city, and state of                              |         |  | ege or university or a           |
| 10 |          | from activities related t                              | o its exempt functions of the control of the contro | tions—subject to certa<br>ss taxable income (les                          | of its support from contrib<br>in exceptions, and (2) no<br>is section 511 tax) from bu | more    | than 33 1/3% of its su                 | ipport from gross                |
| 11 |          | An organization organiz                                | ed and operated  | exclusively to test for   | public safety. See <b>section</b>   | 509(    | (a)(4).                                |                                  |
| 12 | <b>✓</b> | more publicly supported                                | d organizations de   | escribed in section 50  | nefit of, to perform the fun<br>19(a)(1) or section 509(<br>organization and complet    | (a)(2)  | . See section 509(a                    |                                  |
| а  | <b>~</b> |  | er to regularly ap   |   | ntrolled by its supported o<br>ity of the directors or trus                             |         |  |                                  |
| b  |          |  | porting organizat  | ion vested in the same  | connection with its suppo<br>e persons that control or n                                |         |  |                                  |
| С  |          |  |  |   | operated in connection wilete Part IV, Sections A                                       |         |  | ted with, its                    |
| d  |          | functionally integrated. instructions). <b>You mus</b> | The organization t complete Part   | generally must satisfy IV, Sections A and                                 | -   | nt and  | an attentiveness req                   | uirement (see                    |
| е  |          |  |  |   | tion from the IRS that it is  | s a Typ | oe I, Type II, Type III                | functionally                     |
| f  | Enter    | integrated, or Type III i<br>the number of supporte    |  |   |   |         | 1                                      |                                  |
| g  |          | de the following informat                              | 5  |   |   |         |  |                                  |
|    | (i) N    | ame of supported                                       | (ii) EIN   | (iii) Type of   | (iv) Is the organization I  |         | (v) Amount of                          | (vi) Amount of                   |
|    |          | organization   |  | organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | in your governing docum   | nent?   | monetary support<br>(see instructions) | other support (see instructions) |
|    |          |  |  |   |   |         | 1                                      |                                  |

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

(A) ARIZONA COMMUNITY

FOUNDATION

Cat. No. 11285F

Yes

Yes

No

Schedule A (Form 990) 2022

469,690

469,690

Page 2

860348306

|             | If the organization failed  |                         |                    |                       |                      |                      | r, ander rare III |
|-------------|---|-------------------------|--------------------|-----------------------|----------------------|----------------------|-------------------|
| S           | ection A. Public Support  | , ,                     |                    | ,                     |                      | ,                    |                   |
|             | lendar year   | (a) 2018                | <b>(b)</b> 2019    | (c) 2020              | (d) 2021             | (e) 2022             | (f) Total         |
|             | fiscal year beginning in) Gifts, grants, contributions, and         | . ,                     | , ,                |                       | . ,                  | . ,                  | 1,,               |
| -           | membership fees received. (Do not                                   |                         |                    |                       |                      |                      |                   |
|             | include any "unusual grant.") .   .                                 |                         |                    |                       |                      |                      |                   |
| 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                                     |                         |                    |                       |                      |                      |                   |
|             | <b>Total.</b> 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           | <b>Public support.</b> Subtract line 5 from                         |                         |                    |                       |                      |                      |                   |
| -           | line 4.   |                         |                    |                       |                      |                      |                   |
|             | ection B. Total Support<br>lendar year                              |                         |                    |                       |                      |                      |                   |
|             | fiscal year beginning in)   | (a) 2018                | <b>(b)</b> 2019    | (c) 2020              | (d) 2021             | (e) 2022             | (f) Total         |
| 7           | Amounts from line 4   |                         |                    |                       |                      |                      |                   |
| 8           | Gross income from interest,   |                         |                    |                       |                      |                      |                   |
|             | dividends, payments received on                                     |                         |                    |                       |                      |                      |                   |
|             | securities loans, rents, royalties and                              |                         |                    |                       |                      |                      |                   |
| 9           | income from similar sources Net income from unrelated business      |                         |                    |                       |                      |                      |                   |
| 9           | 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                                |                         |                    |                       |                      |                      |                   |
| 11          | (Explain in Part VI.) <b>Total support.</b> Add lines 7 through     |                         |                    |                       |                      |                      |                   |
|             | 10  |                         |                    |                       |                      |                      |                   |
| 12          | Gross receipts from related activities, e                           | tc. (see instructi      | ions)              |                       |                      | 12                   |                   |
| 13          | First 5 years. If the Form 990 is for th                            | ne organization's       | first, second, th  | ird, fourth, or fifth | n tax vear as a sec  | tion 501(c)(3) ord   | anization, check  |
|             | this box and <b>stop here</b>                                       | -                       |                    |                       | •                    |                      | , ,               |
| 5           | ection C. Computation of Public                                     |                         |                    |                       |                      |                      |                   |
|             | Public support percentage for 2022 (lin                             | • •                     | _                  | L column (f))         |                      | 14                   |                   |
|             |   |                         |                    |                       |                      |                      |                   |
|             | Public support percentage for 2021 Sch                              |                         |                    |                       |                      | 15                   |                   |
| 16a         | <b>33</b> 1/3% <b>support test—2022.</b> If the o                   |                         |                    |                       |                      |                      |                   |
|             | and <b>stop here.</b> The organization qualif                       | fies as a publicly      | supported organ    | ization               |                      |                      | ▶ ∪               |
| b           | <b>33</b> 1/3% <b>support test—2021.</b> If the                     | organization did        | not check a box    | on line 13 or 16a     | a, and line 15 is 33 | 3 1/3% or more, ch   | eck this          |
|             | box and <b>stop here.</b> The organization                          |                         |                    |                       |                      |                      |                   |
| <b>17</b> a | 10%-facts-and-circumstances test                                    |                         |                    |                       |                      |                      |                   |
|             | and if the organization meets the "facts                            |                         | •                  | _                     |                      |                      | _                 |
|             | meets the "facts-and-circumstances" to                              |                         |                    |                       |                      |                      |                   |
| b           | 10%-facts-and-circumstances tes                                     | <b>t—2021.</b> If the o | organization did   | not check a box o     | n line 13, 16a, 16   | b, or 17a, and line  | 15 is 10% or      |
|             | more, and if the organization meets the                             |                         |                    |                       |                      |                      | _                 |
|             | meets the "facts-and-circumstances" t                               | test. The organiz       | ation qualifies as | a publicly suppor     | rted organization    |                      | ▶∪                |
| 18          | <b>Private foundation.</b> If the organization                      |                         |                    |                       |                      |                      |                   |
|             | instructions  |                         |                    |                       |                      | <u> </u>             | ▶∪                |
|             |   |                         |                    |                       |                      | Schedule A           | (Form 990) 2022   |
|             |   |                         |                    |                       |                      |                      |                   |
|             |   |                         | Page               | 3 —                   |                      |                      |                   |
|             |   |                         |                    |                       |                      |                      |                   |
| Sch         | edule A (Form 990) 2022   |                         |                    |                       |                      |                      | Pago <b>3</b>     |
|             | <u> </u>  | 0                       | Danasikas          | lin Cartian FO        | 10(-)(2)             |                      | Page <b>3</b>     |
|             | Part III Support Schedule for                                       |                         |                    |                       |                      | المطاحم مسمانة المسا | ndon Dont II If   |
|             | (Complete only if you the organization fails t                      |                         |                    |                       |                      |                      | nuer rait II. II  |
| _           | ection A. Public Support  | o quality unde          | tile tests liste   | ed below, please      | e complete rait      | 11.)                 |                   |
|             | lendar year   |                         | 41 >               |                       |                      | ,                    | (0                |
|             | fiscal year beginning in)   | (a) 2018                | <b>(b)</b> 2019    | <b>(c)</b> 2020       | (d) 2021             | (e) 2022             | (f) Total         |
| 1           | Gifts, grants, contributions, and                                   |                         |                    |                       |                      |                      |                   |
|             | membership fees received. (Do not                                   |                         |                    |                       |                      |                      |                   |
| _           | include any "unusual grants.") .<br>Gross receipts from admissions, |                         |                    |                       |                      |                      |                   |
| 2           | merchandise sold or services  |                         |                    |                       |                      |                      |                   |
|             | performed, or facilities furnished in                               |                         |                    |                       | 1                    |                      |                   |
|             |   |                         |                    |                       |                      |                      |                   |

| 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       | <b>Total.</b> Add lines 1 through 5  |  |  |  |                                       |                                |          |                                |              |
| 7a      | Amounts included on lines 1, 2, and  |  |  |  |                                       |                                |          |                                |              |
|         | 3 received from disqualified persons<br>Amounts included on lines 2 and 3  |  |  |  |                                       |                                |          |                                |              |
| D       | received from other than disqualified  |  |  |  |                                       |                                |          |                                |              |
|         | persons that exceed the greater of   |  |  |  |                                       |                                |          |                                |              |
|         | \$5,000 or 1% of the amount on line  |  |  |  |                                       |                                |          |                                |              |
|         | 13 for the year.   |  |  |  |                                       |                                |          |                                |              |
|         | Add lines 7a and 7b  |  |  |  |                                       |                                | -        |                                |              |
| 8       | <b>Public support.</b> (Subtract line 7c from line 6.)   |  |  |  |                                       |                                |          |                                |              |
| Se      | ection B. Total Support  |  |  | 1  |                                       |                                |          |                                |              |
|         | endar year   | 1  |  | 1  | T                                     | 1                              | 1        |                                |              |
|         | fiscal year beginning in)  | (a) 2018   | <b>(b)</b> 2019  | (c) 2020   | ( <b>d</b> ) 2021                     | <b>(e)</b> 2022                | (f)      | Total                          |              |
| 9       | Amounts from line 6  |  |  |  |                                       |                                |          |                                |              |
| 10a     | Gross income from interest,  |  |  |  |                                       |                                |          |                                |              |
|         | dividends, payments received on  |  |  |  |                                       |                                |          |                                |              |
|         | securities loans, rents, royalties and income from similar sources.  |  |  |  |                                       |                                |          |                                |              |
| b       | Unrelated business taxable income  |  |  |  |                                       |                                |          |                                |              |
| _       | (less section 511 taxes) from  |  |  |  |                                       |                                |          |                                |              |
|         | businesses acquired after June 30,   |  |  |  |                                       |                                |          |                                |              |
| _       | 1975.<br>Add lines 10a and 10b.  |  |  |  |                                       |                                |          |                                |              |
| с<br>11 | Net income from unrelated business   |  |  |  |                                       |                                | -        |                                |              |
|         | activities not included on 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      | <b>Total support.</b> (Add lines 9, 10c,   |  |  |  |                                       |                                |          |                                |              |
|         | 11, and 12.).  |  |  |  |                                       | 501()(0)                       |          |                                |              |
| 14      | First 5 years. If the Form 990 is for t  | _  |  |  | ,                                     |                                | _        |                                | neck         |
|         | this box and <b>stop here</b>  |  |  |  |                                       |                                |          |                                | ightharpoons |
|         | ction C. Computation of Public   |  |  | (6))   |                                       |                                |          |                                |              |
| 15      | Public support percentage for 2022 (lin  | , , ,  |  | . ,,   |                                       | 15                             |          |                                |              |
| 16      | Public support percentage from 2021 S  | Schedule A, Part I   | II, line 15  |  |                                       | 16                             |          |                                |              |
| Se      | ction D. Computation of Invest   |  |  |  |                                       |                                |          |                                |              |
| 17      | Investment income percentage for 20:   | <b>22</b> (line 10c, colu  | mn (f) divided by  | line 13, column  | (f))                                  | 17                             |          |                                |              |
| 18      | Investment income percentage from 2  | <b>021</b> Schedule A,   | Part III, line 17 .  |  |                                       | 18                             |          |                                |              |
| 19a     | 33 1/3% support tests-2022. If the   | organization did r   | not check the box  | on line 14, and  | line 15 is more tha                   | n 33 1/3%, and li              | ne 17    | is not                         |              |
|         | more than 33 1/3%, check this box and  | stop here. The   | organization qual  | ifies as a publicly  | supported organiz                     | zation                         | 1        | ▶ □                            |              |
| b       |  | e organization did   | not check a box  | on line 14 or line   | 19a, and line 16 i                    | s more than 33 1               | /3% ar   | nd line                        | 18 is        |
|         | not more than 33 1/3%, check this box  | and stop here.   | The organization (   | qualifies as a pub   | olicly supported or                   | ganization                     |          | ► □                            |              |
| 20      | <b>Private foundation.</b> If the organization   |  |  |  |                                       |                                |          |                                |              |
|         | Filvate louisdation. If the organization   | on did not check t   | DOX OII IIIIE 14,  | 190, 01 190, 010   | ck tills box and see                  | Schedule A                     |          |                                | 2022         |
|         |  |  |  |  |                                       | 56116441671                    | (. 0     | ,                              |              |
|         |  |  | Page 4   |  |                                       |                                |          |                                |              |
|         |  |  | Page 4   |  |                                       |                                |          |                                |              |
|         |  |  |  |  |                                       |                                |          |                                |              |
|         |  |  |  |  |                                       |                                |          | _                              | age <b>4</b> |
| Sche    | dule A (Form 990) 2022   |  |  |  |                                       |                                |          | Р                              |              |
|         |  | s  |  |  |                                       |                                |          | P                              | <u>.</u>     |
|         |  |  | of Part I. If you ch   | ecked box 12a, o   | of Part I, complete                   | Sections A and E               | 3. If yo |                                | ked          |
|         | Supporting Organization (Complete only if you checked abox 12b, of Part I, complete Se   | a box on line 12 o   | you checked box  |  |                                       |                                |          | u chec                         |              |
| Par     | (Complete only if you checked abox 12b, of Part I, complete Section 12d, of Part I, comp   | a box on line 12 o<br>ections A and C. If<br>ns A and D, and c   | you checked box  |  |                                       |                                |          | u chec                         |              |
| Par     | Supporting Organization (Complete only if you checked abox 12b, of Part I, complete Se   | a box on line 12 o<br>ections A and C. If<br>ns A and D, and c   | you checked box  |  |                                       |                                |          | u chec<br>ked bo               | x            |
| Par     | (Complete only if you checked abox 12b, of Part I, complete Section 12d, of Part I, comp   | a box on line 12 o<br>ections A and C. If<br>ns A and D, and c   | you checked box  |  |                                       |                                |          | u chec                         |              |
| Par     | (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organizers and of the organization's supported  | a box on line 12 of actions A and C. If as A and D, and contions  organizations list   | you checked box<br>omplete Part V.)<br>ed by name in the                       | 12c, of Part I, co   | omplete Sections A                    | A, D, and E. If yo             |          | u chec<br>ked bo               | x            |
| Par     | (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization of the organization's supported If "No," describe in Part VI how the section Part VI how the section Part VI how the sec   | a box on line 12 of actions A and C. If as A and D, and contions  organizations list apported organizations  | you checked box<br>omplete Part V.)<br>ed by name in the<br>stions are designa | 12c, of Part I, co   | omplete Sections A                    | A, D, and E. If yo             |          | u chec<br>ked bo               | x            |
| Par     | (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organizers and of the organization's supported  | a box on line 12 of actions A and C. If as A and D, and contions  organizations list apported organizations  | you checked box<br>omplete Part V.)<br>ed by name in the<br>stions are designa | 12c, of Part I, co   | omplete Sections A                    | A, D, and E. If yo             |          | u chec<br>ked bo               | x            |
| Par     | (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization of the organization's supported If "No," describe in Part VI how the section Part VI how the section Part VI how the sec   | a box on line 12 of actions A and C. If as A and D, and continuity at a continuity at a continuity relations.  | ed by name in the stions are designationship, explain.                         | 12c, of Part I, co   | governing documend by class or purpo  | nts?                           | u chec   | u chec<br>ked bo<br><b>Yes</b> | x            |
| Se 1    | (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F  | a box on line 12 of actions A and C. If as A and D, and continuity at a continuity at a continuity related organization the continuity at a continuity related organization the continuity and continuity related organization the continuity and continuity at a continuity related organization the continuity and continuity related organization the continuity and continuity at a continuity and conti | ed by name in the stions are designationship, explain.                         | e organization's of ted. If designate an IRS determin  | governing documend by class or purpo  | nts? der section               | u chec   | u chec<br>ked bo<br><b>Yes</b> | x            |
| Se 1    | (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section describe the designation. If historic and Did the organization have any supported supported the organization have any supported the designation ha | a box on line 12 of actions A and C. If as A and D, and continuity at a continuity at a continuity related organization the continuity at a continuity related organization the continuity and continuity related organization the continuity and continuity at a continuity related organization the continuity and continuity related organization the continuity and continuity at a continuity and conti | ed by name in the stions are designationship, explain.                         | e organization's of ted. If designate an IRS determin  | governing documend by class or purpo  | nts? der section               | u chec   | u chec<br>ked bo<br><b>Yes</b> | x            |
| Se 1    | (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F  | a box on line 12 of ections A and C. If his A and D, and continuity are attentions attentions list apported organization the continuing relative are attentions to the continuity of the continuity are attentions.  | ed by name in the ations are designationship, explain.                         | e organization's of ted. If designate an IRS determination that the second control of th | governing documer d by class or purpo | nts? ose, der section tion was | 1        | u chec<br>ked bo<br><b>Yes</b> | No           |

|          | se selo  | За     |        | No            |
|----------|--|--------|--------|---------------|
| b        | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the   |        |        |               |
|          | determination.   | 3b     |        |               |
| c        | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c     |        |               |
| 4a       | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  |        |        | N-            |
| <b>b</b> | Did the organization have ultimate central and discretion in deciding whether to make grants to the foreign supported  | 4a     |        | No            |
| b        | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | 4b     |        |               |
| С        | 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.   | 4c     |        |               |
| 5a       | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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   |        |        |               |
| b        | 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  | 5a     |        | No            |
|          | organization's organizing document?  | 5b     |        | <b></b>       |
| С        | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c     |        |               |
| 6        | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6      |        | No            |
| 7        | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in  | 0      |        | 140           |
| •        | 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).   | 7      |        | No            |
| 8        | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"  |        |        |               |
|          | complete Part I of Schedule L (Form 990).  | 8      |        | No            |
| 9a       | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 0-     |        | N -           |
| b        | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting   | 9a     |        | No            |
| D        | organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b     |        | No            |
| С        | Did a disqualified person (as defined on 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 <b>Part VI</b> .   | 9c     |        | No            |
| 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 line 10b below.  | 10a    |        | No            |
| b        | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).   |        |        | NO            |
|          | Schedule A   | 10b    | . 000) | 2022          |
|          | Page 5 —   | (10111 | 1 330) |               |
|          | dule A (Form 990) 2022   |        | F      | Page <b>5</b> |
| Par      | t IV Supporting Organizations (continued)  |        | T      |               |
|          |  |        | 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 on lines 11b and 11c below, the governing body of a supported organization?  | 11a    |        | No            |
| b        | A family member of a person described on 11a above?  | 11b    |        | No            |
| С        | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part   | 11c    |        | No            |
| Se       | <u>VI.</u><br>ection B. Type I Supporting Organizations  |        |        |               |
| 36       | Caon or Type 1 Supporting Organizadons   |        | Yes    | No            |
| 1        | Did the officers, 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 <b>Part VI</b> 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. |        |        |               |
|          | applied to such powers during the tax year.  | 1      | Yes    |               |
| 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? Ir "Yes," explain in P  |          |                                    |          |                   |               |
|----------|--|----------|------------------------------------|----------|-------------------|---------------|
|          | carried out the purposes of the supported organization(s) that operated, supervised o organization.  | r conti  | olled the supporting               | 2        |                   | No            |
| S        | ection C. Type II Supporting Organizations   |          |                                    |          |                   |               |
|          | ection C. Type II Supporting Organizations   |          |                                    |          | Yes               | No            |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a r   |          |                                    | -        |                   |               |
|          | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to     |          |                                    | 1        |                   |               |
|          |  | пс зар   | ported organization(3).            |          |                   |               |
| 36       | ection D. All Type III Supporting Organizations  |          |                                    |          | Yes               | No            |
| 1        | Did the organization provide to each of its supported organizations, by the last day of  | the fif  | th month of the organization's     |          | 100               |               |
|          | tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of     | ng the   | prior tax year, (ii) a copy of the | 2        |                   |               |
|          | documents in effect on the date of notification, to the extent not previously provided?  |          | ganization's governing             | 1        |                   |               |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or el   | lected   | by the supported                   | _        |                   |               |
|          | organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support           |          |                                    |          |                   |               |
|          |  |          | • •                                | 2        |                   |               |
| 3        | By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization.  |          |                                    |          |                   |               |
|          | during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supporte   |          |                                    | 3        |                   |               |
| Se       | ection E. Type III Functionally-Integrated Supporting Organizations  |          |                                    | •        |                   |               |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Po   | art Tes  | t during the year (see instruc     | tions):  |                   |               |
| ā        | The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |          |                                    |          |                   |               |
| ı        | The organization is the parent of each of its supported organizations. Complete  | e line   | <b>3</b> below.                    |          |                   |               |
| •        | The organization supported a governmental entity. Describe in <b>Part VI</b> how yo  | u supp   | ported a government entity (see    | e instru | ctions)           |               |
| 2        | Activities Test. Answer lines 2a and 2b below.   |          |                                    |          |                   |               |
|          |  | <b></b>  |                                    |          | Yes               | No            |
| ć        | a Did substantially all of the organization's activities during the tax year directly further<br>supported organization(s) to which the organization was responsive? If "Yes," then in | Part \   | /I identify those supported        |          |                   |               |
|          | organizations and explain how these activities directly furthered their exempt purpresponsive to those supported organizations, and how the organization determined the                |          |                                    |          |                   |               |
|          | substantially all of its activities.   | at the   | se activities constituted          | 2a       |                   |               |
| ı        | b Did the activities described on line 2a, above constitute activities that, but for the org<br>of the organization's supported organization(s) would have been engaged in? If "Yes,"  |          |                                    |          |                   |               |
|          | the organization's position that its supported organization(s) would have engaged in t   |          |                                    |          |                   |               |
|          | organization's involvement.  |          |                                    | 2b       |                   |               |
| 3        | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |          |                                    |          |                   |               |
| ā        | a Did the organization have the power to regularly appoint or elect a majority of the off<br>the supported organizations? If "Yes" or "No", provide details in Part VI.                | icers, ( | directors, or trustees of each of  | 3a       |                   |               |
|          | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, progr  | ams aı   | nd activities of each of its       |          |                   |               |
|          | supported organizations? If "Yes," describe in Part VI. the role played by the organizations   |          |                                    | 3b       |                   |               |
|          |  |          | Schedule A                         | \ (Forr  | n 990)            | 2022          |
|          |  |          |                                    |          |                   |               |
|          | Page 6   |          |                                    |          |                   |               |
|          |  |          |                                    |          |                   |               |
| Sche     | edule A (Form 990) 2022  |          |                                    |          | F                 | Page <b>6</b> |
| Pa       | Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgan     | izations                           |          |                   |               |
| 1        | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.             |          |                                    |          | e                 |               |
|          | Section A - Adjusted Net Income  | 10113    | (A) Prior Year                     |          | rent Yea          | r             |
|          |  |          |                                    | (opti    | onal)             |               |
| 1        | Net short-term capital gain  | 1        |                                    |          |                   |               |
| 2        | Recoveries of prior-year distributions  Other gross income (see instructions)  | 2        |                                    |          |                   |               |
| <u>3</u> | Other gross income (see instructions)  Add lines 1 through 3   | 3        |                                    |          |                   |               |
| <u> </u> | Depreciation and depletion   | 5        |                                    |          |                   |               |
| 6        | Portion of operating expenses paid or incurred for production or collection of gross   | 6        |                                    |          |                   |               |
|          | income or for management, conservation, or maintenance of property held for  |          |                                    |          |                   |               |
|          | production of income (see instructions)  | _        |                                    |          |                   |               |
| 7        |  | 7        |                                    |          |                   |               |
| 8        | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8        | (A) Prior Year                     | (B) C::: | rent Yea          | r             |
|          | Section B - Minimum Asset Amount   |          | (A) FIIOI TEAI                     |          | rent yea<br>onal) | ı             |

| 1   | Aggregate fair market value of all non-exempt-use asset tax year or assets held for part of year):   | ets (see instructions for short  | 1                      |                   |   |                     |              |
|---|--|--|------------------------|-------------------|---|---------------------|--------------|
| a   | Average monthly value of securities  |  | 1a                     |                   |   |                     |              |
|   | Average monthly cash balances  |  | 1b                     |                   |   |                     |              |
|   | Fair market value of other non-exempt-use assets   |  | 1c                     |                   |   |                     |              |
| d   | Total (add lines 1a, 1b, and 1c)   |  | 1d                     |                   |   |                     |              |
| е   | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |  |                        |                   |   |                     |              |
| 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 0.015 of line instructions).  | 3 (for greater amount, see   | 4                      |                   |   |                     |              |
| 5   | Net value of non-exempt-use assets (subtract line 4 fro  | om line 3)   | 5                      |                   |   |                     |              |
| 6   | Multiply line 5 by 0.035   |  | 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   | e 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, un temporary reduction (see instructions)  | less subject to emergency  | 6                      |                   |   |                     |              |
| 7   | Check here if the current year is the organization instructions)   | 's first as a non-functionally-in  | ntegrate               | ed Type III su    | pporting                                  | organization (see   |              |
|   |  | ——— Page 7 ————  |                        |                   |   |                     |              |
| chec<br>Par   | ule A (Form 990) 2022  t V Type III Non-Functionally Integrated  | -  | )rgani                 | <b>zations</b> (c | ontinued                                  |                     | ige <b>7</b> |
| Par   |  | -  | Organi                 | <b>zations</b> (c | ontinued                                  |                     | nge <b>7</b> |
| Par<br>Sec  | t V Type III Non-Functionally Integrated   | 509(a)(3) Supporting C   | Organi                 | zations (c        | ontinued<br>1                             | )                   | nge <b>7</b> |
| Par<br>Sec<br>1 /   | t V Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a  Amounts paid to perform activity that directly furthers ex   | 509(a)(3) Supporting C   |                        |                   |   | )                   | nge <b>7</b> |
| Par<br>Sec<br>1 /   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish e   | 509(a)(3) Supporting Cexempt purposes  Exempt purposes of supported of   | organiza               |                   | 1   | )                   | nge <b>7</b> |
| Par<br>Sec<br>1 /<br>2 /<br>3 /   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a supported particular to perform activity that directly furthers exercess of income from activity  | 509(a)(3) Supporting Cexempt purposes  Exempt purposes of supported of   | organiza               |                   | 1 2                                       | )                   | age <b>7</b> |
| Par<br>Sec<br>1 /<br>2 /<br>3 /<br>4 /  | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a mounts paid to perform activity that directly furthers exercess of income from activity  Administrative expenses paid to accomplish exempt purposes.  | 509(a)(3) Supporting Cexempt purposes exempt purposes of supported coses of supported organization   | organiza               |                   | 1 2 3                                     | )                   | nge <b>7</b> |
| Par<br>Sec<br>1 /<br>2 /<br>3 /<br>4 /<br>5 (   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a mounts paid to perform activity that directly furthers excess of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  | exempt purposes exempt purposes of supported of supported organization of the provide details in Part VI)  | organiza               |                   | 1<br>2<br>3<br>4                          | )                   | age <b>7</b> |
| Par   Par | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a second to perform activity that directly furthers exercess of income from activity  Administrative expenses paid to accomplish exempt purp amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)   | exempt purposes exempt purposes of supported of supported organization of the provide details in Part VI)  | organiza               |                   | 1<br>2<br>3<br>4<br>5                     | )                   | nge <b>7</b> |
| Par   Par | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish excess of income from activity that directly furthers excess of income from activity  Administrative expenses paid to accomplish exempt purp amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction   | exempt purposes exempt purposes of supported or oses of supported organization  - provide details in Part VI)  | organiza<br>ns         | ations, in        | 1<br>2<br>3<br>4<br>5                     | )                   | age <b>7</b> |
| Par Sec 1 / 2 / 4 / 4 / 4 / 55 (  | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a mounts paid to perform activity that directly furthers exercess of income from activity  Administrative expenses paid to accomplish exempt purparounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction otal annual distributions. Add lines 1 through 6.   | exempt purposes exempt purposes of supported or oses of supported organization  - provide details in Part VI)  | organiza<br>ns         | ations, in        | 1<br>2<br>3<br>4<br>5<br>6<br>7           | )                   | age <b>7</b> |
| Par   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a mounts paid to perform activity that directly furthers exercess of income from activity  Administrative expenses paid to accomplish exempt purportations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  | exempt purposes exempt purposes of supported or oses of supported organization  - provide details in Part VI)  | organiza<br>ns         | ations, in        | 1<br>2<br>3<br>4<br>5<br>6<br>7           | )                   | age <b>7</b> |
| Par   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish excess of income from activity that directly furthers excess of income from activity  Administrative expenses paid to accomplish exempt purp amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the distributions of the distributions of the distributions. See instructions  Distributable amount for 2022 from Section C, line 6   | exempt purposes exempt purposes of supported or oses of supported organization  - provide details in Part VI)  | ns<br>ive ( <i>pro</i> | ations, in        | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | )                   | age <b>7</b> |
| Par   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish execess of income from activity that directly furthers execess of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the support of | exempt purposes  Exempt purposes of supported or poses of supported organization  For provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes or provide details in Part VI  Exempt purpose or provide d | ns<br>ive ( <i>pro</i> | vide (ii)         | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | (iii) Distributable | age <b>7</b> |
| Par   Par | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish executions paid to perform activity that directly furthers executes of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the support of the suppo | exempt purposes  Exempt purposes of supported or poses of supported organization  For provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes or provide details in Part VI  Exempt purpose or provide d | ns<br>ive ( <i>pro</i> | vide (ii)         | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | (iii) Distributable | nge <b>7</b> |
| Par   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a sexcess of income from activity that directly furthers exexcess of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the supported organizations to which the support of the  | exempt purposes  Exempt purposes of supported or poses of supported organization  For provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes or provide details in Part VI  Exempt purpose or provide d | ns<br>ive ( <i>pro</i> | vide (ii)         | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | (iii) Distributable | age <b>7</b> |
| Par   Par | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a sexcess of income from activity that directly furthers exexcess of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instructions  Obstributions to attentive supported organizations to which the sup | exempt purposes  Exempt purposes of supported or poses of supported organization  For provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes or provide details in Part VI  Exempt purpose or provide d | ns<br>ive ( <i>pro</i> | vide (ii)         | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | (iii) Distributable | age <b>7</b> |
| Par<br>Sec<br>1 /<br>2 /<br>6 (<br>7 T<br>8 [<br>7 T<br>1 D<br>1 D<br>2 U<br>(r<br>S<br>3 E<br>a<br>b   | Type III Non-Functionally Integrated tion D - Distributions  Amounts paid to supported organizations to accomplish a sexcess of income from activity that directly furthers exexcess of income from activity  Administrative expenses paid to accomplish exempt purport amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required other distributions (describe in Part VI). See instruction total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the supported organizations to which the support of the  | exempt purposes  Exempt purposes of supported or poses of supported organization  For provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes of supported organization or provide details in Part VI  Exempt purposes or provide details in Part VI  Exempt purpose or provide d | ns<br>ive ( <i>pro</i> | vide (ii)         | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | (iii) Distributable | age <b>7</b> |

**e** From 2021. . . . . .

| f Total of lines 3a through e  |  |  |  |   |
|--|--|--|--|---|
| <b>g</b> Applied to underdistributions of prior year   | rs .                                     |  |  |   |
| <b>h</b> Applied to 2022 distributable amount  |  |  |  |   |
| <ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>   |  |  |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i fro   | om line 3f.                              |  |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7   | 7:                                       |  |  |   |
| a Applied to underdistributions of prior year  | S  |  |  |   |
| <b>b</b> Applied to 2022 distributable amount  |  |  |  |   |
| c Remainder. Subtract lines 4a and 4b from   | line 4.                                  |  |  |   |
| <ul> <li>5 Remaining underdistributions for years price 2022, if any. Subtract lines 3g and 4a from If the amount is greater than zero, explain See instructions.</li> <li>6 Remaining underdistributions for 2022. Subtlines 3b and 4b from line 1. If the amount is a subtline 2b and 4b from line 1. If the amount is a subtline 2b and 4b from line 1. If the amount is a subtline 2b and 4b from line 1.</li> </ul> | n line 2.<br>n in <b>Part VI</b> .       |  |  |   |
| lines 3h and 4b from line 1. If the amount than zero, explain in <b>Part VI</b> . See instruct   |  |  |  |   |
| 7 Excess distributions carryover to 2023 3j and 4c.  |  |  |  |   |
| 8 Breakdown of line 7:   |  |  |  |   |
| a Excess from 2018   |  |  |  |   |
| <b>b</b> Excess from 2019  |  |  |  |   |
| <b>c</b> Excess from 2020  |  |  |  |   |
| <b>d</b> Excess from 2021  |  |  |  |   |
| e Excess from 2022   |  |  |  |   |
| Schedule A (Form 990) 2022   |  | —— Page 8 ————   |  | Page <b>8</b>   |
| Part VI Supplemental Information. Professor A, lines 1, 2, 3b, 3c, 4b, 4 Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and instructions).   | 4c, 5a, 6, 9a, 9b,<br>Part IV, Section E | 9c, 11a, 11b, and 11c; Par<br>, lines 1c, 2a, 2b, 3a and 3 | t IV, Section B, lines 1 and 2;<br>Bb; Part V, line 1; Part V, Section | ; Part III, line 12; Part IV,<br>Part IV, Section C, line 1;<br>on B, line 1e; Part V |
|  | Facts                                    | And Circumstances Tes                                      | t  |   |
|  | 1 4000                                   | And oncombaneous rec                                       | •  |   |
|  |  |  |  |   |
| Return Reference   |  | E  | xplanation   |   |
|  |  |  | Sc   | hedule A (Form 990) 2022  |
|  |  |  |  |   |
| Additional Data  |  |  |  | Return to Form  |
|  |  |  |  |   |
|  |  | oftware ID:<br>are Version:                                |  |   |
|  |  |  |  |   |

ObjectId: 202430369349301068 - Submission: 2024-02-05

TIN: 47-3900987

### OMB No. 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Foo to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Employer identification number

**Open to Public Inspection** 

|     | me of the organization<br>RTON FAMILY FOUNDATION  | Employer identification number       |
|-----|---|--------------------------------------|
|     | ARIZONA COMMUNITY FOUNDATION  | 47-3900987                           |
| Pa  | Organizations Maintaining Donor Advised Funds or Other Similar Funds or   | r Accounts.                          |
|     | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds  | (b) Funds and other accounts         |
| 1   | Total number at end of year   |                                      |
| 2   | Aggregate value of contributions to (during year)   |                                      |
| 3   | Aggregate value of grants from (during year)  |                                      |
| 4   | Aggregate value at end of year  |                                      |
| 5   | Did the organization inform all donors and donor advisors in writing that the assets held in donor advorganization's property, subject to the organization's exclusive legal control?   |                                      |
| 6   | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coprivate benefit?  |                                      |
| Pai | rt II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  |                                      |
| 1   | Purpose(s) of conservation easements held by the organization (check all that apply).   |                                      |
| _   |   | historically important land area     |
|     |   | ertified historic structure          |
|     | Preservation of open space  | ertined historic structure           |
| 2   | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form   | m of a conservation                  |
| _   | easement on the last day of the tax year.   | Held at the End of the Year          |
| а   | Total number of conservation easements  | 2a                                   |
| b   | Total acreage restricted by conservation easements  | 2b                                   |
| c   | Number of conservation easements on a certified historic structure included in (a)  | 2c                                   |
| d   | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register  | 2d                                   |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year   | he organization during the           |
| 4   | Number of states where property subject to conservation easement is located   |                                      |
| 5   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling o and enforcement of the conservation easements it holds?   | f violations,                        |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing col  | nservation easements during the year |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv  \$ \\$  | ration easements during the year     |
| 8   | Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section 17 and section $170(h)(4)(B)(ii)$ ?   | (0(h)(4)(B)(i)                       |
| 9   | In Part XIII, describe how the organization reports conservation easements in its revenue and expen-<br>balance sheet, and include, if applicable, the text of the footnote to the organization's financial states<br>the organization's accounting for conservation easements.                             |                                      |
| Par | t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  | er Similar Assets.                   |
| 1a  | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furthe Part XIII, the text of the footnote to its financial statements that describes these items. |                                      |
| b   | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:  |                                      |
| (   | (i) Revenue included on Form 990, Part VIII, line 1   | <b>-</b> \$                          |
| (i  | ii)Assets included in Form 990, Part X  | ▶\$                                  |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for finan following amounts required to be reported under FASB ASC 958 relating to these items:  | ncial gain, provide the              |
| а   | Revenue included on Form 990, Part VIII, line 1   | <b>&gt;</b> \$                       |
| b   | Assets included in Form 990, Part X   | <b>&gt;</b> \$                       |

|                     |                             |  |                          | ae 2 ———              |                  |              |                                       |               |            |         |
|---------------------|-----------------------------|--|--------------------------|-----------------------|------------------|--------------|---------------------------------------|---------------|------------|---------|
|                     |                             |  | ––––                     | ge 2 ———              |                  |              |                                       |               |            |         |
|                     | `                           | Form 990) 2022   |                          |                       |                  |              |                                       |               |            | Page    |
| art                 |                             | Organizations Maintaining Col  |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | the organization's acquisition, accession (check all that apply):                    | n, and other records, cl | neck any of th        | ne following t   | hat are a    | significant (                         | ise of its co | llection   |         |
| а                   |                             | Public exhibition  |                          | d 🗌                   | Loan or exch     | ange prog    | ırams                                 |               |            |         |
| b                   |                             | Calculation or a south   |                          | е 🗆                   | Other            |              |                                       |               |            |         |
| _                   |                             | Scholarly research   |                          |                       |                  |              |                                       |               |            |         |
| С                   |                             | Preservation for future generations  |                          |                       |                  |              |                                       |               |            |         |
|                     | Provid<br>Part XI           | e a description of the organization's col<br>III.                                    | lections and explain ho  | w they furthe         | er the organiz   | zation's ex  | cempt purpo                           | se in         |            |         |
|                     |                             | the year, did the organization solicit o<br>to be sold to raise funds rather than to |                          |                       |                  |              |                                       | Yes           | □ N        | 0       |
| Part                | IV                          | Escrow and Custodial Arrange<br>Complete if the organization answ<br>line 21.        |                          | 990, Part I           | V, line 9, or    | reporte      | d an amou                             |               |            |         |
|                     |                             | organization an agent, trustee, custodi<br>ed on Form 990, Part X?                   |                          |                       |                  |              |                                       | ☐ Yes         | □ N        | 0       |
|                     | TC !!\ '                    | - II amelata da a  |                          |                       | 1                |              |                                       | morret        |            | _       |
|                     |                             | s," explain the arrangement in Part XIII<br>ning balance                             | •                        | •                     |                  | 1c           | A                                     | mount         |            | _       |
| _                   | _                           | ons during the year $\dots$  |                          |                       |                  | 1d           |                                       |               |            | _       |
|                     |                             | outions during the year  |                          |                       |                  | 1e           |                                       |               |            | _       |
|                     |                             | palance  |                          |                       |                  | 1f           |                                       |               |            | _       |
| а                   | ۔<br>Did the                | e organization include an amount on Fo   | orm 990 Part X line 21   | for escrow (          | or custodial a   | ccount lia   | hility?                               | ☐ Vec         | □ N        | _       |
|                     |                             | s," explain the arrangement in Part XIII   |                          |                       |                  |              |                                       |               | ) N        | U       |
| Part                |                             | Endowment Funds.   | . Check here if the expi | anation nas i         | been provided    | u III Fait A | · · · · · · · · · · · · · · · · · · · |               |            |         |
|                     | -                           | Complete if the organization answ  | vered "Yes" on Form      | 990, Part I           | V, line 10.      |              |                                       |               |            |         |
| - D                 | : : .                       | no of way halana   | (a) Current year         | <b>(b)</b> Prior year | <b>(c)</b> Two y | ears back    | (d) Three ye                          | ars back (e)  | Four yea   | rs back |
|                     | _                           | ng of year balance<br>utions   |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | estment earnings, gains, and losses  |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | or scholarships  |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | xpenditures for facilities   |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | grams  |                          |                       |                  |              |                                       |               |            |         |
| f A                 | dminis                      | strative expenses  |                          |                       |                  |              |                                       |               |            |         |
| g E                 | nd of y                     | year balance   |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | e the estimated percentage of the curre  | ent year end balance (I  | ine 1g, colum         | n (a)) held a    | s:           |                                       |               |            |         |
| _                   |                             |  |                          |                       |                  |              |                                       |               |            |         |
| _                   |                             | nent endowment   |                          |                       |                  |              |                                       |               |            |         |
| _                   |                             | endowment <b>•</b><br>ercentages on lines 2a, 2b, and 2c shou                        | ld agual 1000/           |                       |                  |              |                                       |               |            |         |
|                     |                             | ere endowment funds not in the posses  | •                        | n that are hel        | d and admin      | istered fo   | r the                                 |               |            |         |
|                     |                             | zation by:   |                          |                       | a aa aa          | .5.0.00      |                                       |               | Yes        | No      |
|                     | • •                         | related organizations  |                          |                       |                  |              |                                       | 3a(i)         |            |         |
|                     |                             | elated organizations   |                          |                       |                  |              |                                       | 3a(ii)        | )          |         |
|                     |                             | be in Part XIII the intended uses of the   | ·                        |                       |                  |              |                                       | 36            |            |         |
| Part                |                             | Land, Buildings, and Equipme   |                          |                       |                  |              |                                       |               |            |         |
|                     |                             | Complete if the organization answ  | vered "Yes" on Form      |                       |                  |              |                                       |               |            |         |
|                     | escrip                      | otion of property (a) Cost or oth  | ` ,                      | other basis (ot       | her) (c) Acc     | cumulated d  | lepreciation                          | (d) E         | Book value | Э       |
| С                   |                             | ,  |                          |                       |                  |              |                                       |               |            |         |
|                     |                             |  | l l                      |                       | 1                |              |                                       |               |            |         |
| a La                |                             |  |                          |                       | _                |              | 1                                     |               |            |         |
| .a La<br><b>b</b> B | uilding                     | gs   |                          |                       |                  |              |                                       |               |            |         |
| <b>b</b> B          | uilding<br>easeho           | old improvements   |                          |                       |                  |              |                                       |               |            |         |
| .a La b B c Le d E  | uilding<br>easeho<br>quipme | gs   |                          |                       |                  |              |                                       |               |            |         |

**Investments - Other Securities.** 

| Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  | (b)           |                  | (c) Method of va | aluation:                                 |
|--|---------------|------------------|------------------|---|
| (including name of security)   | Book<br>value |                  | or end-of-year   | market value                              |
| (1) Financial derivatives  |               |                  |                  |   |
| (A)  |               |                  |                  |   |
| (B)  |               |                  |                  |   |
| (C)  |               |                  |                  | _   |
| (D)  |               |                  |                  |   |
| (E)  |               |                  |                  |   |
| (F)  |               |                  |                  |   |
| (G)  |               |                  |                  |   |
| (H)  |               |                  |                  |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)                                   |               |                  |                  |   |
| Part VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, F | Part IV.      | line 11c. See Fo | rm 990. Part X   | . line 13.                                |
| (a) Description of investment  | ure IV,       | (b) Book value   | (c) Meth         | nod of valuation:<br>of-year market value |
| (1)  |               |                  |                  |   |
| (2)  |               |                  |                  |   |
| (3)  |               |                  |                  |   |
| (4)  |               |                  |                  |   |
| (5)  |               |                  |                  |   |
| (6)  |               |                  |                  |   |
| (7)  |               |                  |                  |   |
| (8)  |               |                  |                  |   |
| (9)  |               |                  |                  |   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)                                    | •             |                  |                  |   |
| Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Polyage 1.           | art IV,       | ine 11d. See For | m 990, Part X,   |   |
| (a) Description  |               |                  |                  | (b) Book value                            |
| (2)  |               |                  |                  |   |
| (3)  |               |                  |                  |   |
| (4)  |               |                  |                  |   |
| (5)  |               |                  |                  |   |
| (6)  |               |                  |                  |   |
| (7)  |               |                  |                  |   |
| (8)  |               |                  |                  |   |
| (9)  |               |                  |                  |   |
| \ <del>-</del> /   |               |                  |                  |   |

|     | t X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Par        | rt IV, line 11e or 11f.See Fo     | orm 990, Part   |                     |
|-----|---|-----------------------------------|-----------------|---------------------|
|     | (a) Description of liability  |                                   |                 | (b) Book valu       |
| ) F | ederal income taxes   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
|     |   |                                   |                 |                     |
| al. | (Column (b) must equal Form 990, Part X, col.(B) line 25.)                                  |                                   | <b>•</b>        | L                   |
| ₋ia | bility for uncertain tax positions. In Part XIII, provide the text of the footnote          | to the organization's financial   | statements tha  | t reports the       |
| an  | ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he            | ere if the text of the footnote h | nas been provid | ed in Part XIII 🛛 🗸 |
|     |   |                                   | Schedule        | D (Form 990) 202    |
|     |   |                                   |                 |                     |
|     | Page 4 —  |                                   |                 |                     |
| ed  | ule D (Form 990) 2022   |                                   |                 | Page                |
|     | t XI Reconciliation of Revenue per Audited Financial States                                 | ments With Revenue ne             | r Return        | raye                |
| ш   | Complete if the organization answered 'Yes' on Form 990, Pa                                 |                                   | Recuiii         |                     |
|     | Total revenue, gains, and other support per audited financial statements .                  |                                   | 1               |                     |
|     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                         |                                   |                 |                     |
| 1   | Net unrealized gains (losses) on investments  | 2a                                |                 |                     |
| )   | Donated services and use of facilities  | 2b                                |                 |                     |
| :   | Recoveries of prior year grants   | 2c                                |                 |                     |
| I   | Other (Describe in Part XIII.)  | 2d                                |                 |                     |
| )   | Add lines <b>2a</b> through <b>2d</b>   |                                   | 2e              |                     |
|     | Subtract line <b>2e</b> from line <b>1</b>  |                                   | 3               |                     |
|     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        |                                   |                 |                     |
| 1   | Investment expenses not included on Form 990, Part VIII, line 7b .                          | 4a                                |                 |                     |
| )   | Other (Describe in Part XIII.)  | 4b                                |                 |                     |
| :   | Add lines <b>4a</b> and <b>4b</b>   |                                   | 4c              |                     |
|     | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 | 2.)                               | 5               |                     |
| art | XII Reconciliation of Expenses per Audited Financial State                                  |                                   | er Return.      |                     |
|     | Complete if the organization answered 'Yes' on Form 990, Pa                                 |                                   |                 |                     |
|     | Total expenses and losses per audited financial statements                                  |                                   | 1               |                     |
|     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           | 1 - 1                             |                 |                     |
| 1   | Donated services and use of facilities  | 2a                                | _               |                     |
| )   | Prior year adjustments  | 2b                                |                 |                     |
|     | Other losses  | 2c                                |                 |                     |
| l   | Other (Describe in Part XIII.)  | 2d                                |                 |                     |
| 1   | Add lines 2a through 2d   |                                   | 2e              |                     |
|     | Subtract line 2e from line 1  |                                   | 3               |                     |
|     | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          | 1 1                               |                 |                     |
|     | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                                |                 |                     |
| 1   |   |                                   |                 |                     |
| 1   | Other (Describe in Part XIII.)  | 4b                                |                 |                     |
|     | Add lines <b>4a</b> and <b>4b</b>   |                                   | 4c              |                     |
| )   | · · ·   |                                   | 4c 5            |                     |

Explanation

Return Reference

| PART X, LINE 2: | FOUNDATION AND SUPPORT FOUNDATIONS EVALUATE THEIR UNCERTAIN TAX POSITIONS, IF AN |
|-----------------|--|
|                 | ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF  |
|                 | THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.                 |

Schedule D (Form 990) 2022

Additional Data Return to Form

efile Public Visual Render ObjectId: 202430369349301068 - Submission: 2024-02-05

TIN: 47-3900987

FOR THE SENIOR CELEBRATION DINNER AND TO GENERAL SUPPORT

Note: To capture the full content of this document, please select landscape mode (11"  $\times$  8.5") when printing.

Schedule I (Form 990)

(15) STEP STUDENT EXPEDITION PROGRAM

6336 N ORACLE RD 326-326 TUCSON, AZ 857045480

22-3879050

501(C)(3)

173,000

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

OMB No. 1545-0047

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

Attach to Form 990.

| reasury<br>nternal Revenue Service   |                  | ► Go to <u>www</u>                                   | .irs.gov/Form990 for        |  | n.  |                                       | inspection   |
|--|------------------|--|-----------------------------|--|---|---------------------------------------|--|
| lame of the organization BURTON FAMILY FOUNDATION  |                  |  |                             |  |   | Employer identif                      | ication number   |
| C/O ARIZONA COMMUNITY FOUND  |                  |  |                             |  |   | 47-3900987                            |  |
| Part I General Informa   |                  |  |                             |  | <b>.</b>  |                                       |  |
| <ol> <li>Does the organization maint<br/>the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ol> | award the grants | or assistance?                                       |                             |  |   | e, and                                | ✓ Yes □ I  |
|  |                  | estic Organizations an<br>can be duplicated if addit |                             | nts. Complete if the or                  | ganization answered "Yes"                                   | on Form 990, Part IV, line            | e 21, for any recipient  |
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>(if applicable)                   | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance  |
| (1) ARCS FOUNDATION<br>PO BOX 240<br>ARTESIA, CA 907020240   | 23-7373079       | 501(C)(3)  | 42,000                      | 0  |   |                                       | TO SUPPORT THE 202 ALL MEMBERS MEETING AND 2023 SCHOLAR AWARDS   |
| (2) ARIZONA SCIENCE CENTER<br>600 E WASHINGTON ST<br>PHOENIX, AZ 850042303   | 86-0390558       | 501(C)(3)  | 85,000                      | 0  |   |                                       | AZSET 2023<br>SPONSORSHIP  |
| (3) ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260  | 86-6051042       | 501(C)(3)  | 245,698                     | 0  |   |                                       | FOR THE ASU WOMEN AND PHILANTHROPY CAMPAIGN, FOR THE DATA SCIENCE LANDSCAPE EXPLORATION IN PRE SERVICE TEATCH EDUCATION PATHWAY PROGRAM, FOR THE COLLEGE ASSISTANC MIGRANT PROGRAM, FOR THE AZ DATA SCIENCE SUMMIT, FO THE SEDONA FORUM, AND FOR DEFEATING DISINFORMATION ATTACKS ON U.S. DEMOCRACY WORK |
| (4) BARROW NEUROLOGICAL<br>FOUNDATION<br>124 W THOMAS RD STE 250<br>PHOENIX, AZ 850134415  | 86-0174371       | 501(C)(3)  | 75,000                      | 0  |   |                                       | FOR THE WOMEN'S<br>BOARD TO SUPPORT<br>BARROW ANEURYSM<br>AND AVM RESEARCH<br>CENTER   |
| (5) BE A LEADER FOUNDATION<br>1717 W NORTHERN AVE STE<br>116<br>PHOENIX, AZ 850215470  | 55-0850279       | 501(C)(3)  | 30,000                      | 0  |   |                                       | FOR THE TAKING<br>STEPS TOWARD<br>COLLEGE SUCCESS<br>2022 EVENT  |
| (6) BOURGADE CATHOLIC<br>HIGH SCHOOL<br>4602 N 31ST AVE<br>PHOENIX, AZ 850173407   | 26-2785451       |  | 175,000                     | 0  |   |                                       | FOR THE "ALL ARE<br>WELCOME<br>SCHOLARSHIP"<br>PROGRAM   |
| (7) CAMP CATANESE<br>FOUNDATION<br>1 W CAMPBELL AVE APT 2110<br>PHOENIX, AZ 850134917  | 81-3263828       | 501(C)(3)  | 250,000                     | 0  |   |                                       | TO FUND PROGRAM EXPANSION  |
| (8) DONORSCHOOSEORG<br>134 W 37TH ST FL 11<br>NEW YORK, NY 100186938   | 13-4129457       | 501(C)(3)  | 175,000                     | 0  |   |                                       | FOR PROJECTS<br>SUBMITTED BY<br>ARIZONA TEACHERS   |
| (9) NEW PATHWAYS FOR<br>YOUTH<br>901 E JEFFERSON ST<br>PHOENIX, AZ 850342219   | 86-0615007       | 501(C)(3)  | 60,000                      | 0  |   |                                       | FOR MATCHING GIFT<br>AND FOR GENERAL<br>OPERATING EXPENSE  |
| (10) PICOR CHARITABLE<br>FOUNDATION<br>5151 E BROADWAY BLVD STE<br>115<br>TUCSON, AZ 857113780                                   | 86-0786838       | 501(C)(3)  | 73,561                      | 0  |   |                                       | TO MATCH THE FUND:<br>RAISED FOR TUCSON<br>AREA NONPROFITS   |
| (11) PORTABLE PRACTICAL<br>EDUCATION PREPARATION<br>802 E 46TH ST<br>TUCSON, AZ 857135006  | 23-7232227       | 501(C)(3)  | 150,000                     | 0  |   |                                       | CONSTRUCTION OF<br>THE AMADO YOUTH<br>CENTER   |
| (12) ROSIE'S HOUSE A MUSIC<br>ACADEMY FOR CHILDREN<br>PO BOX 13446<br>PHOENIX, AZ 850023446                                      | 86-0650451       | 501(C)(3)  | 7,000                       | 0  |   |                                       | TO OFFSET THE COST<br>OF THE GRAND<br>OPENING<br>CELEBRATION DINNE   |
| (13) SANDRA DAY O'CONNOR<br>INSTITUTE<br>PO BOX 66422<br>PHOENIX, AZ 850826422   | 26-3521510       | 501(C)(3)  | 315,000                     | 0  |   |                                       | FOR THE DINNER WITH BEN FRANKLIN EVENT, FOR THE CAPACITY BUILDING EFFORTS OF THE INSTITUTE'S CIVICS FOR LIFE INITIATIVES AND FOR THE LEGACY LUNCHEON .   |
| (14) SOCIETY FOR SCIENCE &<br>THE PUBLIC<br>1719 N ST NW<br>WASHINGTON, DC 200362801   | 53-0196483       | 501(C)(3)  | 300,000                     | 0  |   |                                       | FOR THE MANIFOLD<br>FUND TO SUPPORT<br>THE RESEARCH AND<br>DEVELOPMENT COSTS<br>OF "SCIENCE NEWS<br>EVALUATES"   |

| (16) TEACH FOR AMERICA<br>PO BOX 398615<br>SAN FRANCISCO, CA<br>941398615                        | 13-3541913 | 501(C)(3) | 200,000 | 0 |  | FOR THE SUMMER TRAINING PROGRAM AND PRE-SERVICES FOR INCOMING CORPS MEMBERS AND FOR THE ANNUAL CELEBRATION DINNER  |
|--|------------|-----------|---------|---|--|--|
| (17) YOUTH WORLD<br>EDUCATION PROJECT<br>PO BOX 6808<br>CHANDLER, AZ 852466808                   | 26-3453073 | 501(C)(3) | 250,000 | 0 |  | FOR THE YWEP'S<br>PROGRAMS   |
| (18) ACT ONE<br>910 E OSBORN RD STE B1<br>PHOENIX, AZ 850145325                                  | 45-3560706 | 501(C)(3) | 125,000 | 0 |  | FOR EXPANSION IN<br>ARIZONA AND FOR<br>"GET ON THE BUS"<br>CAMPAIGN  |
| (19) MARICOPA COMMUNITY<br>COLLEGES FOUNDATION<br>2419 W 14TH ST<br>TEMPE, AZ 852816919          | 86-0327449 | 501(C)(3) | 25,000  | 0 |  | FOR SCHOLARSHIPS<br>FOR SINGLE MOTHERS   |
| (20) PHOENIX UNION HIGH<br>SCHOOL DISTRICT<br>4502 N CENTRAL AVE<br>PHOENIX, AZ 850121817        | 86-6000534 |           | 149,768 | 0 |  | TO START AND CONTINUE INITIATIVES AND PROGRAMS INCLUDING ACT TEST PREP, ONBOARDING, PBIS, STUDENT ACHIEVEMENT AND RECOGNITION, CAMPUS LUNCHEONS, AND MULTI-CULTURAL INITIATIVES; ALSO TO FUND THE ACT TEST BOOT CAMP, COLLEGE CAREER READINESS SESSION, AND THE SPRING OUT-OF-STATE COLLEGE TRIP |
| (21) THE ASPEN INSTITUTE -<br>COLORADO<br>1000 N 3RD ST<br>ASPEN, CO 816111330                   | 84-0399006 | 501(C)(3) | 25,000  | 0 |  | TO SUPPORT THE<br>SOCIETY OF FELLOWS   |
| (22) THE LAUNCH PAD TEEN<br>CENTER<br>424 6TH ST<br>PRESCOTT, AZ 86301                           | 46-5601468 | 501(C)(3) | 80,000  | 0 |  | FOR THE ACADEMIC MENTORSHIP PROGRAM; FOR THE MOON CAFE APPRENTICESHIP PROGRAM; FOR THE WOMEN'S EMPOWERMENT CONFERENCE  |
| (23) UNIVERSITY OF ARIZONA<br>FOUNDATION<br>PO BOX 210109<br>TUCSON, AZ 857210109                | 86-6050388 | 501(C)(3) | 32,000  | 0 |  | FOR THE \$1,000<br>STIPENDS FOR THE<br>DATA SCIENCE FELLOS   |
| (24) FAMILY INVOLVEMENT<br>CENTER<br>1430 E INDIAN SCHOOL RD<br>STE 110<br>PHOENIX, AZ 850144977 | 71-0890534 | 501(C)(3) | 55,000  | 0 |  | FOR THE PURCHASE OF AN 8 PASSENGER VAN TO TRANSPORT CHILDREN/YOUTH FROM THEIR HOMES TO APPOINTMENTS AND DESTINATIONS AS NEEDED   |
| (25) FRESH START WOMEN'S<br>FOUNDATION<br>1130 E MCDOWELL RD<br>PHOENIX, AZ 850062611            | 86-0762610 | 501(C)(3) | 25,000  | 0 |  | GENERAL SUPPORT  |
| (26) GREATER GREEN VALLEY<br>COMMUNITY FOUNDATION<br>PO BOX 785<br>GREEN VALLEY, AZ 856220785    | 86-0250582 | 501(C)(3) | 20,000  | 0 |  | TO SUPPLEMENT<br>GGVCF'S 2023 GRANT<br>MAKING  |
| (27) A FOR ARIZONA<br>2801 E CAMELBACK RD STE<br>200<br>PHOENIX, AZ 850164363                    | 85-1341587 | 501(C)(3) | 20,000  | 0 |  | SUPPORT FOR 2022<br>TUBAC LEADER'S<br>RETREAT  |
| (28) ACCEL<br>10251 N 35TH AVE<br>PHOENIX, AZ 850511305  | 95-3497070 | 501(C)(3) | 275,000 | 0 |  | SUPPORT TOWARDS INITIAL PROGRAM DEVELOPMENT OF THE TUCSON BISTA CLINIC   |
| (29) AMERICAN BUSINESS<br>IMMIGRATION COALITION<br>1805 S ASHLAND AVE<br>CHICAGO, IL 606082805   | 84-4206259 | 501(C)(3) | 50,000  | 0 |  | SUPPORT FOR<br>RESEARCH, POLLING,<br>MESSAGE TESTING,<br>AND ISSUE<br>EDUCATION RELATED<br>TO ARIZONA<br>PROPOSITION 308   |
| (30) ARIZONA'S CHILDRENS<br>ASSOCIATION<br>3636 N CENTRAL AVE STE 200<br>PHOENIX, AZ 850121930   | 86-0096772 | 501(C)(3) | 10,000  | 0 |  | SUPPORT FOR AZCA<br>YOUNG ADULT<br>SERVICES -<br>EMERGENCY<br>ASSISTANCE AND<br>SUPPORT  |
| (31) AYUDA SMILES INC DBA<br>SMILES FOR VETERANS<br>PO BOX 1174<br>GREEN VALLEY, AZ 856221174    | 47-3619166 | 501(C)(3) | 10,000  | 0 |  | SUPPORT TOWARDS CLEARING THE EXISTING WAITLIST OF OVER 100 ARIZONA VETERANS IN NEED OF CRITICAL DENTAL CARE  |
| (32) AZ MILKWEEDS FOR<br>MONARCHS<br>75 DEERFIELD RD<br>SEDONA, AZ 863517576                     | 85-1160701 | 501(C)(3) | 6,000   | 0 |  | SUPPORT FOR THE<br>VOC MONARCH<br>BUTTERFLY HABITAT<br>GARDEN  |
| (33) BRIGHTER BITES<br>PO BOX 25456<br>HOUSTON, TX 772655456                                     | 47-4070026 | 501(C)(3) | 75,000  | 0 |  | GENERAL SUPPORT  |
| (34) CHARLES HUMPHREY<br>KEATING IV FOUNDATION<br>PO BOX 181679                                  | 82-2075362 | 501(C)(3) | 10,000  | 0 |  | GENERAL SUPPORT  |

| (35) COMMON SENSE 27-4253618 501(C)(3) 75,000 0 INSTITUTE 6295 GREENWOOD PLAZA BLVD STE 100 GREENWOOD VILLAGE, AZ 801114978 (36) HAPI (CO DOV DADD CO | GENERAL SUPPORT<br>AND FOR EXPANSION<br>OF CSI'S WORK IN<br>ARIZONA |
|---|---|
| 6295 GREENWOOD PLAZA BLVD STE 100 GREENWOOD VILLAGE, AZ 801114978  (36) HAPI 36-4836616 501(C)(3) 300,000 0   | OF CSI'S WORK IN  |
| BLVD STE 100<br>GREENWOOD VILLAGE, AZ<br>801114978<br>(36) HAPI 36-4836616 501(C)(3) 300,000 0  |   |
| 801114978 (36) HAPI 36-4836616 501(C)(3) 300,000 0  |   |
|   |   |
| C/O ROY PAPP  | GENERAL SUPPORT   |
| ASSOCIATES2201 E CAMELBACK RD STE 227   |   |
| PHOENIX, AZ 850169028   |   |
| (37) HOPE WOMEN'S CENTER 47-4710502 501(C)(3) 10,000 0  | SUPPORT FOR HOPE<br>GROW CAMP VERDE -                               |
| CAMP VERDE, AZ 863223758  | RENOVATION TO   |
|   | EXPAND HOPE<br>WOMEN'S CENTER                                       |
| (38) ARIZONA COMMUNITY 86-0348306 501(C)(3) 125,000 0 FOUNDATION  | GENERAL SUPPORT   |
| 2202 E CAMELBACK 405B   |   |
| PHOENIX, AZ 85016 (39) LATINO PRIDE ALLIANCE 82-3136052 501(C)(3) 10,000 0  | SUPPORT FOR FAMILY  |
| PO BOX 36005  | ACCEPTANCE AND  |
| PHOENIX, AZ 850676005   | LEADERSHIP<br>DEVELOPMENT   |
| (40) LEAGUE FOR INNOVATION 95-2577300 501(C)(3) 150,000 0 IN THE COMMUNITY COLLEGE  | SUPPORT FOR THE FALL EXECUTIVE                                      |
| 2040 S ALMA SCHOOL RD 1-  | LEADERSHIP  |
| 500<br>CHANDLER, AZ 852867075   | INSTITUTE PROGRAM   |
| (41) LOCAL FIRST ARIZONA 26-1657951 501(C)(3) 600,000 0 FOUNDATION  | SUPPORT FOR LOCAL   |
| 407 E ROOSEVELT ST  | FIRST ARIZONA'S<br>ECONOMIC RECOVERY                                |
| PHOENIX, AZ 850041918   | CENTER FOR ARIZONA'S RURAL  |
|   | AND TRIBAL COMMUNITIES  |
| (42) MANZANITA OUTREACH 27-4446452 501(C)(3) 10,000 0   | SUPPORT FOR   |
| PO BOX 371<br>COTTONWOOD, AZ 863260371  | CHILDHOOD FOOD<br>SECURITY  |
| (43) MARICOPA COUNTY 86-0830701 501(C)(3) 15,000 0  | SUPPORT FOR THE   |
| REGIONAL SCHOOL DISTRICT 4041 N CENTRAL AVE STE   | HOPE ELECTIVES PROGRAM  |
| 1200<br>PHOENIX, AZ 850123312   |   |
| (44) NATIONAL KIDNEY 86-6052343 501(C)(3) 25,000 0  | GENERAL SUPPORT   |
| FOUNDATION OF ARIZONA 360 E CORONADO RD STE 180   |   |
| PHOENIX, AZ 850041584   |   |
| (45) NEXUS EMPOWERMENT 83-1961748 501(C)(3) 22,387 0<br>FOUNDATION 0  | SUPPORT FOR THE DEVELOPMENT OF THE                                  |
| 10457B W GRANADA RD<br>AVONDALE, AZ 853924745   | HYBRID MOBILE COLLEGE APPLICATION                                   |
| (46) OAK ROSE FUND 88-1925828 501(C)(3) 40,000 0  | SUPPORT FOR THE   |
| 2624 S KRAMERIA ST<br>DENVER, CO 850041584  | BLACK PARENT<br>AFTERSCHOOL STUDY                                   |
| (47) OLD TOWN MICCION 96 06670F3 F04(6)(2)  | IN PHOENIX  |
| (47) OLD TOWN MISSION 86-0667052 501(C)(3) 8,000 0  | SUPPORT FOR EVENING MEALS,  |
| COTTONWOOD, AZ 863263657  | MARKET AND KID'S SHOP   |
| (48) PATAGONIA MUSEUM 20-2244767 501(C)(3) 8,500 0  | SUPPORT FOR   |
| 320 SCHOOL STREET PATAGONIA, AZ 856240919   | REPLACE CEILING<br>FANS AND FOR                                     |
|   | MOUNTAIN TRAIL EMPIRE ASSOCIATION                                   |
| (49) PATAGONIA REGIONAL 87-2702064 501(C)(3) 6,000 0  | SUPPORT FOR   |
| AQUATICS CENTER PO BOX 1052   | RECRUITING,<br>TRAINING, AND  |
| PATAGONIA, AZ 856241052   | HIRING 20<br>LIFEGUARDS   |
| (50) PHOENIX PUBLIC LIBRARY 86-0835463 501(C)(3) 25,000 0   | SUPPORT FOR THE   |
| FOUNDATION<br>PO BOX 3735   | PHOENIX PUBLIC<br>LIBRARY RAISE THE                                 |
| PHOENIX, AZ 850303735   | STACKS EVENT  |
| (51) POLARA HEALTH 86-0206928 501(C)(3) 10,000 0<br>3343 N WINDSONG DR  | SUPPORT FOR CORTEZ<br>STREET RESOURCE                               |
| PRESCOTT VALLEY, AZ<br>863141213  | LIBRARY AND<br>SENSORY  |
|   | ENHANCEMENTS FOR CHILDREN WITH                                      |
|   | AUTISM  |
| (52) PRESCOTT COLLEGE 86-0294012 501(C)(3) 9,000 0<br>220 GROVE AVE   | SUPPORT FOR<br>ARIZONA SERVES FOR                                   |
| PRESCOTT, AZ 863012912  | AMERICORPS INTEGRATION INTO   |
|   | THE PRESCOTT CREEKS & WATERSHED                                     |
|   | PROGRAM   |
| (53) PRESCOTT COMMUNITY 94-2765898 501(C)(3) 10,000 0 CUPBOARD FOOD BANK INC  | FOR EXPANDING CAPACITY  |
| PO BOX 10123 PRESCOTT, AZ 863040123   | 5   |
| (54) PRESCOTT UNIFIED 86-6000562 10,000 0   | SUPPORT FOR   |
| SCHOOL DISTRICT #1 300 E GURLEY ST  | BUILDING<br>SUSTAINABILITY FOR                                      |
| PRESCOTT, AZ 863013823  | FARM TO SCHOOL  |
| (55) SAHUARITA FOOD BANK 47-1654162 501(C)(3) 108,000 0   | EDUCATION AT PUSD  GENERAL SUPPORT                                  |
| 17750 S LA CANADA DR SAHUARITA, AZ 856299122  | 32.12.312 361 1 GKI   |
| (56) SARSEF SOUTHERN 86-0946185 501(C)(3) 25,000 0  | SUPPORT FOR   |
| ARIZONA RESEARCH SCIENCE AND ENGINEERING  | PROGRAMMING IN<br>RURAL HIGH SCHOOLS                                |
| FOUNDATION  | ACROSS ARIZONA  |
| 5049 E BROADWAY BLVD STE<br>125   |   |

| TUCSUN, AZ 85/113646  |   |  |                             |                       |                          |   |   |
|---|---|--|-----------------------------|-----------------------|--------------------------|---|---|
| (57) SOUNDS ACADEMY<br>PO BOX 44497<br>PHOENIX, AZ 850644497  | 46-3932746  | 5 501(C)(3)  | 25,000                      |                       | 0                        |   | SUPPORT TOWARDS<br>STUDENT<br>SCHOLARSHIPS FOR<br>THE OVERNIGHT<br>SUMMER CAMP AT<br>YAVAPAI COMMUNITY<br>COLLEGE |
| (58) STEPS TO RECOVERY<br>HOMES<br>516 RTE AZ 89A 113<br>COTTONWOOD, AZ 86326                                   | 46-3225513  | 3 501(C)(3)  | 15,000                      |                       | 0                        |   | SUPPORT FOR<br>INTENSIVE<br>OUTPATIENT SERVICES<br>FOR SUBSTANCE<br>MISUSE RECOVERY                               |
| (59) THE CENTER FOR THE<br>RIGHTS OF ABUSED CHILDREN<br>3900 E CAMELBACK RD STE<br>300<br>PHOENIX, AZ 850182615 | 82-2604035  | 5 501(C)(3)  | 25,000                      |                       | 0                        |   | GENERAL SUPPORT   |
| (60) TRELLIS<br>1405 E MCDOWELL RD<br>PHOENIX, AZ 850062938   | 51-0152395  | 501(C)(3)  | 50,000                      |                       | 0                        |   | SUPPORT FOR THE<br>PERIWINKLE MOBILE<br>HOME PARK RESIDENT<br>RELOCATION EFFORTS                                  |
| (61) UBUNTU LIFE<br>FOUNDATION<br>2200 WILSON BLVD STE 107<br>ARLINGTON, VA 222013324                           | 84-4185046  | 501(C)(3)  | 10,000                      | 1                     | D                        |   | GENERAL SUPPORT   |
| (62) VELA EDUCATION FUND<br>2201 WILSON BLVD STE 107<br>ARLINGTON, VA 222013324                                 | 84-4185046  | 501(C)(3)  | 350,000                     | 1                     | 0                        |   | GENERAL SUPPORT   |
| (63) VERDE VALLEY FIRE<br>DISTRICT<br>2700 E GODARD RD<br>COTTONWOOD, AZ 863265140                              | 86-0288864  | 501(C)(3)  | 10,000                      |                       | 0                        |   | SUPPORT FOR LIFE<br>AND FIRE SAFETY<br>(LAFS) PUBLIC<br>EDUCATION TRAILOR<br>ENHANCEMENTS                         |
| (64) YAVAPAI BIG BROTHERS<br>BIG SISTERS<br>3208 LAKESIDE VLG<br>PRESCOTT, AZ 863017647                         | 86-0278776  | 501(C)(3)  | 15,000                      | 1                     | 0                        |   | SUPPORT FOR THE<br>WORKFORCE<br>DEVELOPMENT<br>PROGRAM  |
| (65) YAVAPAI COLLEGE<br>FOUNDATION<br>1100 E SHELDON ST PMB6904<br>PRESCOTT, AZ 863013220                       | YAVAPAI COLLEGE 23-7232985<br>NDATION<br>E SHELDON ST PMB6904 |  | 7,000                       | 0                     |                          |   | SUPPORT FOR<br>FILMMAKER BOOT<br>CAMP FOR TEENS   |
| (66) YAVAPAI COUNTY FREE<br>LIBRARY DISTRICT<br>1971 COMMERCE CENTER CIR<br>STE D<br>PRESCOTT, AZ 863017839     | 86-6000561  | 501(C)(3)  | 25,000                      |                       | D                        |   | SUPPORT FOR THE<br>"BRING ON THE<br>BOOKS" PROGRAM  |
| 2 Enter total number of section   |   |  |                             |                       |                          | <b>&gt;</b>   |   |
| B Enter total number of other<br>or Paperwork Reduction Act Notice  |   |  |                             | Cat. No. 5005         |                          | ▶   | dule I (Form 990) 2022  |
| or Paperwork Reduction Act Notice   | e, see the mstruc   |  | -                           | Cat. No. 3003         | Sr.                      | Sche  | uule 1 (1 01111 990) 2022   |
|   |   | Page 2   | 2 ———                       |                       |                          |   |   |
| chedule I (Form 990) 2022  Part III Grants and Other A  | ssistance to D  | omestic Individuals. Com   | plete if the organization a | answered "Yes" on For | m 990, Part IV, line 22. |   | Page <b>2</b>   |
| Part III can be duplic  (a) Type of grant or assista  |   | (b) Number of  | (c) Amount of               | (d) Amount of         | (e) Method of valuation  | hook (f) Description of   | f noncash assistance  |
| (1) SCHOLARSHIPS  | anec  | recipients   | cash grant                  | noncash assistance    | FMV, appraisal, othe     |   | - Honeush ussistance  |
| 1)  |   | 19   | 43,000                      |                       |                          | EDUCATION   |   |
| 2)  |   |  |                             |                       |                          |   |   |
|   |   |  |                             |                       |                          |   |   |
| 3)  |   |  |                             |                       |                          |   |   |
| 4)  |   |  |                             |                       |                          |   |   |
| 5)  |   |  |                             |                       |                          |   |   |
| 6)  |   |  |                             |                       |                          |   |   |
| 7)  |   |  |                             |                       |                          |   |   |
| Part IV Supplemental  | Information   | Provide the information  | n required in Part I, lir   | ne 2; Part III, colun | nn (b); and any other a  | dditional information.  |   |
| Return Reference  | Explanatio  |  | NIDING FROM THE TOUR        | ATTON ADD TO THE      | CACCO DECUMPED TO        | OMIT A FINAL DEDOCT TO  | DIDING THE DECIMES SE   |
| ART I, LINE 2:  | THEIR FUND  | ONS RECEIVING GRANT FU<br>ED PROGRAM OR UPDATE T<br>HE DONOR, THE FOUNDATION | HE FOUNDATION ON THE        | IR PROGRESS TO DAT    | TE. THESE FINAL REPORTS  | BMIT A FINAL REPORT DESCI<br>OUTLINE THE RETURN ON IN<br>Schedule | RIBING THE RESULTS OF IVESTMENT FOR THE   |
|   |   |  |                             |                       |                          | <del></del> -   | - · · · · ·   |
|   |   |  |                             |                       |                          |   |   |
|   |   |  |                             |                       |                          |   |   |
|   |   |  |                             |                       |                          | _   |   |
| Additional Data   |   |  |                             |                       |                          |   |   |

Additional Data Return to Form

efile Public Visual Render ObjectId: 202430369349301068 - Submission: 2024-02-05

#### Schedule J

(Form 990)

**Compensation Information** 

TIN: 47-3900987 OMB No. 1545-0047

Department of the Treasury

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

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| Part I          | Questions Regarding Compensation |                                |  |  |  |  |  |  |
|-----------------|----------------------------------|--------------------------------|--|--|--|--|--|--|
|                 |                                  | 47-3900987                     |  |  |  |  |  |  |
| DUDTON FAM      | ILY FOUNDATION                   | • •                            |  |  |  |  |  |  |
| Name of th      | e organization                   | Employer identification number |  |  |  |  |  |  |
| terrial revenue | Delvice                          | Iliapection                    |  |  |  |  |  |  |

| 1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Jine 1a. Complete Part III to provide any relevant information reagrading these titems.    First-class or charter travel   Housing allowance or residence for personal use   Part III to provide any relevant information repairs or initiation fees   Discretionary spending account   Part III.   Part IIII.   Part III.   Par |       |   |         |  |    | Yes | No  |
|--|-------|---|---------|--|----|-----|-----|
| Travel for companions  | 1a    |   |         |  |    |     |     |
| Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)    b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain    1b   Taylor of the following the expenses described above? If "No," complete Part III to explain    2   Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executing the items checked on Line 1a?    2   Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.      Compensation committee   Written employment contract   Compensation consultant   Compensation survey or study      Form 990 of other organizations   Approval by the board or compensation committee      During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:      a Receive a severance payment or change-of-control payment?   4a   No      b Participate in, or receive payment from, a equity-based compensation arrangement?   4b   No      c Participate in, or receive payment from, an equity-based compensation arrangement?   4b   No      c Participate in, or receive payment from, an equity-based compensation arrangement?   4b   No      c Participate in, or receive payment from, an equity-based compensation arrangement?   4c   No      d Participate in, or receive payment from, an equity-based compensation arrangement?   4c   No      d Participate in, or receive payment from, an equity-based compensation arrangement?   5c   No    |       | First-class or charter travel                                 |         | Housing allowance or residence for personal use                |    |     | ì   |
| Discretionary spending account   |       | ☐ Travel for companions                                       |         | Payments for business use of personal residence                |    |     | ii  |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  1b   1b   2   2   2   3   3   3   3   3   3   3   |       | Tax idemnification and gross-up payments                      |         | Health or social club dues or initiation fees                  |    |     | 1   |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b   2   Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the litems checked on Line 1a? . 2   3   Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.   Compensation committee   Written employment contract   Independent compensation consultant   Compensation survey or study   Form 990 of other organizations   Approval by the board or compensation committee   Participate in, or receive payment or change-of-control payment?   Approval by the board or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the board or compensation or change-of-control payment?   Approval by the board or compensation or ceceive payment from, an equity-based compensation arrangement?   Approval by the payment?   Approval by the payment  |       | Discretionary spending account                                |         | Personal services (e.g., maid, chauffeur, chef)                |    |     | 1   |
| directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to relate the cellof/Executive Upriector, but verplain in Part III.    Compensation committee   Written employment contract   Compensation committee   Approval by the board or compensation committee   Approval by the board or compensation or a related organization:    Approval by the board or compensation committee   Approval by the board or compensation or a related organization:    Approval by the board or compensation committee   Approval by the board or compensation or a related organization:    Approval by the board or compensation committee   Approval by the board or compensation or a related organization:    Approval by the board or compensation or a related organization or a related organization or a related organization or receive payment from, a supplemental nonqualified retirement plan?   Approval by the payment or receive payment from, as upplemental nonqualified retirement plan?   Approval by the payment from, as upplemental nonqualified retirement plan?   Approval by the payment from, as upplemental nonqualified retirement plan?   Approval by the payment from, as upplemental nonqualified retirement plan?   Approval by the payment from, as upplemental nonqualified retirement plan?   Approval by the payments on the revenues or free applicable amounts for each item in Part III.   Application for receive payment from, as upplemental nonqualified retirement plan?   Approval by the payments in the file of payments on the revenues or:    Approval by the board or compensation contingent on the revenues or:   Approval by the board or compensation contingent on the revenues or:   Approval by the board or compensation contingent on the revenues or:   Approval by the bo | b     |   |         |  | 1b |     | Ī   |
| organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   | 2     |   |         |  | 2  |     |     |
| Independent compensation consultant  | 3     | organization's CEO/Executive Director. Check all that apply   | y. Do r | not check any boxes for methods                                |    |     | Ì   |
| Independent compensation consultant  |       | Compensation committee  |         | Written employment contract                                    |    |     | 1   |
| During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  |       |   |         |  |    |     | ii  |
| related organization:  a Receive a severance payment or change-of-control payment?  A Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  Press" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |       | Form 990 of other organizations                               |         | Approval by the board or compensation committee                |    |     | ı   |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4     |   | /II, Se | ction A, line 1a, with respect to the filing organization or a |    |     | Ī   |
| c Participate in, or receive payment from, an equity-based compensation arrangement?   | а     | Receive a severance payment or change-of-control payme        | ent? .  |  | 4a |     | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  fr "Yes," on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 Who  8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 No  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | b     | Participate in, or receive payment from, a supplemental no    | onqual  | ified retirement plan?   | 4b |     | No  |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  | С     |   |         | <del>-</del>   | 4c |     | No  |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  |       |   |         |  |    |     | i   |
| compensation contingent on the revenues of:  a The organization?   |       |   |         |  |    |     | ii  |
| b Any related organization?  | 5     |   | a, did  | the organization pay or accrue any                             |    |     | 1   |
| b Any related organization?  | а     | The organization?   |         |  | 5a |     | No  |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  | b     | Any related organization?                                     |         |  | 5b |     | No  |
| b Any related organization?  | 6     |   | a, did  | the organization pay or accrue any                             |    |     | 1   |
| If "Yes," on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III   | а     | The organization?   |         |  | 6a |     | No  |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | b     | Any related organization?                                     |         |  | 6b |     | No  |
| payments not described in lines 5 and 6? If "Yes," describe in Part III  |       | If "Yes," on line 6a or 6b, describe in Part III.             |         |  |    |     |     |
| 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 7     |   |         |  | 7  |     | No  |
| subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | 8     |   |         |  | H  |     | .,0 |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | -     | subject to the initial contract exception described in Regula | ations  | section 53.4958-4(a)(3)? If "Yes," describe                    | ۰  |     | No  |
|  | 9     |   |         |  |    |     | INO |
|  | For I | • •   |         |  | _  | 990 | 202 |

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Schedule J (Form 990) 2022

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

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

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

| <b>Note:</b> The sum of columns (b)(1)-(iii) for each fisted individual must equal the t | tutai e   | annount of Form 9        | 30, Fait VII, Section               | оп А, ппе та, аррі                  | ilcable coluitiii (D)    | and (L) annount      | s for that mury               | iuuai.   |
|--|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------|-------------------------------|--|
| (A) Name and Title   | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                          |                                     | (C) Retirement and other            | <b>(D)</b><br>Nontaxable | (E) Total of columns | <b>(F)</b><br>Compensation in |  |
|  |   | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred<br>compensation | benefits             | (B)(i)-(D)                    | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| 1 STEVEN G SELEZNOW<br>PRESIDENT (THRU 2/3/23)   | (i)   | 0                        | 0                                   | 0                                   | 0                        | 0                    | 0                             | 0  |
|  | (ii)  | 495,838                  | 162,595                             | 0                                   | 36,600                   | 16,709               | 711,742                       | 0  |
| 2 KYLA QUINTERO<br>SECRETARY/TREASURER   | (i)   | 0                        | 0                                   | 0                                   | 0                        | 0                    | 0                             | 0  |
|  | (ii)  | 289,938                  | 39,750                              | 0                                   | 17,396                   | 11,698               | 358,782                       | 0  |
| 3 KIMBERLY KUR DIRECTOR  | (i)   | 0                        | 0                                   | 0                                   | 0                        | 0                    | 0                             | 0  |
|  | (ii)  | 216,700                  | 30,000                              | 0                                   | 26,004                   | 934                  | <br>-<br>273,638              | 0  |
|  |   |                          |                                     |                                     |                          |                      |                               |  |

| Additional Data  |        |                     |                     |                    |                     |                  | Ret              | urn to Form   |  |
|--|--------|---------------------|---------------------|--------------------|---------------------|------------------|------------------|---------------|--|
|  |        |                     |                     |                    |                     |                  |                  |               |  |
|  |        |                     |                     |                    |                     | S                | chedule J (Fo    | orm 990) 2022 |  |
| Return Reference   | -u, 10 | , 5, 14, 15, 16, 54 |                     | planation          |                     | pare for ally    | additional illio |               |  |
| Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines | 1a. 1b | . 3. 4a. 4b. 4c. 5a | . 5b. 6a. 6b. 7. ar | nd 8. and for Part | II. Also complete t | his part for any | additional info  | rmation.      |  |
| Schedule J (Form 990) 2022   |        |                     |                     |                    |                     |                  |                  | Page <b>3</b> |  |
|  |        |                     |                     |                    |                     |                  |                  |               |  |
|  |        | Pag                 | ge 3 ———            |                    |                     |                  |                  |               |  |
|  |        |                     |                     |                    |                     |                  |                  | 222, 222      |  |
|  | 1      |                     |                     |                    |                     | S                | chedule J (Fo    | orm 990) 2022 |  |
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|  | $\bot$ |                     |                     |                    |                     |                  |                  |               |  |
|  | 1      |                     |                     |                    |                     |                  |                  |               |  |
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|  |        |                     |                     |                    |                     |                  |                  |               |  |

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

ObjectId: 202430369349301068 - Submission: 2024-02-05

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**TIN: 47-3900987**OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION Employer identification number

| C/O ARIZONA COM                                 | MUNITY FOUNDATION  | 47-3900987   |
|---|--|--|
| Return<br>Reference                             | Explanation  |  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2   | CHRISTINE BURTON AND DARYL BURTON HAVE A FAMILY RELATIONSHIP. STEVEN KYLA QUINTERO, AND KIMBERLY KUR HAVE A BUSINESS RELATIONSHIP AS OFFIC SUPPORTING AND SUPPORTED ORGANIZATIONS.   |  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 3   | THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE ARIZO   | DNA COMMUNITY FOUNDATION.  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6   | THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUNITY FO ORGANIZATION) MEMBERS AND DONOR MEMBERS.   | UNDATION (THE SUPPORTED  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A  | EACH CLASS OF MEMBERS HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOADIRECTORS SHALL BE APPOINTED BY THE ARIZONA COMMUNITY FOUNDATION.   | ARD; HOWEVER, THE MAJORITY OF  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B  | THE AFFIRMATIVE VOTE OF THE ARIZONA COMMUNITY FOUNDATION, AND, IF THE MEMBERS, THE AFFIRMATIVE VOTE OF AT LEAST ONE DONOR MEMBER AT ANY A MEMBERS SHALL BE REQUIRED TO ADOPT OR APPROVE THE FOLLOWING ACTIO OF THE CORPORATION; 2. MERGER, OR CONSOLIDATION OR TRANSFER OF SUBSTITUTE CORPORATION; 3. REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PAOF INCORPORATION OR BYLAWS OF THE CORPORATION OR ADOPTION OF NEW BYLAWS.   | NNUAL OR SPECIAL MEETING OF<br>NS: 1. LIQUIDATION OR DISSOLUTION<br>STANTIALLY ALL OF THE ASSETS OF<br>ART, OR ADDITION TO THE ARTICLES  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | AN OUTSIDE ACCOUNTANT PREPARES THE RETURN AND SENDS A DRAFT TO THE ARIZONA COMMUNITY FOUNDATION FOR REVIEW. SUGGESTED CHANGES, IF AN THE DRAFT BY THE OUTSIDE ACCOUNTANT. THE FINAL DRAFT OF THE 990 IS SEN REVIEW AND DELIBERATION PRIOR TO BEING FILED WITH THE IRS. THE FINAL RECEO OR CFO OF THE ARIZONA COMMUNITY FOUNDATION FOR APPROVAL AND SI  | Y, ARE MADE AS APPROPRIATE TO<br>IT TO ALL BOARD MEMBERS FOR<br>ETURN IS SUBMITTED TO EITHER THE   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY ORGANIZATION. ALL BOARD MEMBERS SIGN AN ACKNOWLEDGEMENT THAT THEY INTEREST POLICY, AGREE TO ABIDE BY IT AND IDENTIFY ANY POTENTIAL CONFLICACKNOWLEDGEMENTS ARE REVIEWED BY THE ACF ADVANCEMENT STAFF. SHOUTHAT WOULD GIVE RISE TO A CONFLICT ON BEHALF OF ONE OR MORE BOARD MIDISCLOSE THE CONFLICT, AND RECUSE THEMSELVES FROM ANY VOTE ON APPRALSO NOTED IN THE MINUTES OF THE APPLICABLE BOARD MEETING. THIS PROCOTHER TYPES OF CONFLICT AS WELL. THE ACF AUDIT AND COMPLIANCE COMMITIVESTIGATE ANY SITUATION WHERE A CONFLICT OF INTEREST MAY EXIST, BUT BOARD OR TO ACF. THEY WOULD GATHER ALL MATERIAL FACTS AND ASK THE INITEREST EXISTS AND IT WAS NOT DISCLOSED, APPROPRIATE DISCIPLINARY ME AND COMPLIANCE COMMITTEE WILL REPORT THEIR RESULTS TO THIS BOARD AND COMPLIANCE COMMITTEE WILL REPORT THEIR RESULTS TO THIS BOARD AND | Y HAVE READ THE CONFLICT OF CTS THEY MAY HAVE. THESE JLD ANY GRANTS BE PRESENTED EMBERS; THEY ARE ASKED TO COVING THE GRANT. ALL OF THIS IS EDURE IS FOLLOWED FOR ANY TTEE HAS AUTHORITY TO IT WAS NOT DISCLOSED TO THE DIVIDUAL TO MAKE AN APPEARANCE ON FIND THAT A CONFLICT OF EASURES WILL BE TAKEN. THE AUDIT |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19  | THE ORGANIZATION PROVIDES A PAPER COPY OF THE FINANCIAL STATEMENTS UDOES NOT PROACTIVELY PROVIDE COPIES OF ITS GOVERNING DOCUMENTS OR THE PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DOCUMENTATION WILL CONSIDER THE REQUEST AND THE CIRCUMSTANCES SURPORTERMINING WHETHER TO PROVIDE THE DOCUMENTS.   | CONFLICT OF INTEREST POLICY TO ONOR OR POTENTIAL DONOR, THE  |

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

Return to Form

efile Public Visual Render ObjectId: 202430369349301068 - Submission: 2024-02-05

# **Related Organizations and Unrelated Partnerships**

2022

TIN: 47-3900987 OMB No. 1545-0047

Department of the Treasury

2201 EAST CAMELBACK ROAD SUITE 405B

PHOENIX, AZ 85016 /4 F\DET7NIC

SCHEDULE R

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization BURTON FAMILY FOUNDATION Employer identification number C/O ARIZONA COMMUNITY FOUNDATION 47-3900987 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (d) Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity End-of-vear assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) Legal domicile (state (d) Exempt Code section (e) Public charity status (f) Direct controlling (g) Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)ARIZONA COMMUNITY FOUNDATION COM. SUPPORT ΑZ 501(C)(3) LINE 7 No 2201 EAST CAMELBACK ROAD SUITE 405B N/A PHOENIX, AZ 85016 (2)AFC PUBLIC FOUNDATION
2201 EAST CAMELBACK ROAD SUITE 405B COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No PHOENIX, AZ 85016 86-0900277 (3)ARIZONA FOUNDATION FOR WOMEN LINE 12A, I COM. SUPPORT ΑZ 501(C)(3) AZ COMM FDN No 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 (4) ELLIS CENTER FOR EDUCATIONAL EXCELLENCE COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 20-2822602 (5)EVANS CHARITABLE FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No PHOENIX, AZ 85016 86-0914248 (6)FIRST BAPTIST CHURCH OF PHOENIX FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No PHOENIX, AZ 85016 86-0950135 (7)SAM & PEGGY GROSSMAN FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B 501(C)(3) LINE 12A, I AZ COMM FDN COM. SUPPORT ΑZ PHOENIX, AZ 85016 86-0939696 (8) RS HOYT JR FAMILY FOUNDATION COM. SUPPORT ΑZ LINE 12A, I AZ COMM FDN No 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0958722 (9) MOLLY LAWSON FOUNDATION INC (THE) COM. SUPPORT ΑZ INE 12A, I AZ COMM FDN No 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 20-0236832 (10)LIPPINCOTT FAMILY FOUNDATION INC 2201 EAST CAMELBACK ROAD SUITE 405B COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No PHOENIX, AZ 85016 (11)LODESTAR CHARITABLE FOUNDATION COM. SUPPORT Α7 LINE 12A. I AZ COMM FDN Nο 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 (12)RICHARD A ODOM FAMILY FOUNDATION LINE 12A, I AZ COMM FDN COM. SUPPORT 501(C)(3) 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0898996 (13)ODOM FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B COM. SUPPORT ΑZ 501(C)(3) LINE 12A, I AZ COMM FDN No PHOENIX, AZ 85016 86-0790314 (14)PAKIS FAMILY FOUNDATION (THE) COM. SUPPORT ΑZ LINE 12A, I AZ COMM FDN 501(C)(3) No

| 2201 EAST CAMELBACK ROAD SUITE 405B  |  | OM. SOFFORT  |  | ,  | 501   | (C)(3)                              | LINE 12A,  | •  | ^_   |  |                                  |   |   |
|--|--|--|--|--|---|-------------------------------------|--|--|--|--|----------------------------------|---|---|
| PHOENIX, AZ 85016<br>82-0915718  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| EDWARD J ROBSON FAMILY FOUNDATION<br>EAST CAMELBACK ROAD SUITE 405B  |  | COM. SUPPORT   |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   | N                                |   | No  |
| PHOENIX, AZ 85016<br>86-1012657  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| (17)RODEL CHARITABLE FOUNDATION- AZ<br>2201 EAST CAMELBACK ROAD SUITE 405B   | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016<br>86-0941890  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| (18)ROSENBLUTH FAMILY CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B  | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| 82-2085640 (19)SILVERMAN FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B   | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| 86-0704259 (20)JIM TROXELL FOUNDATION  | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| 45-2968884 (21)JAMES A UNRUH FAMILY FOUNDATION   | C  | OM. SUPPORT  |  | AZ   | · 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| 86-0955776  (22)VOGEL CHARITABLE FOUNDATION  | C  | OM. SUPPORT  |  | AZ   | 7 501   | (C)(3)                              | LINE 12A,  | ī  | A7   | COMM FDN   |                                  |   | No  |
| 2201 EAST CAMELBACK ROAD SUITE 405B  |  | 5. II 56. 1 6.K.   |  | 7.12   | 301   | (3)(3)                              | 21.12 12.14  | •  |  |  |                                  |   |   |
| PHOENIX, AZ 85016<br>68-0544541  |  | OM CURRORT   |  |  | , E01   | (C)(2)                              | LINE 124   | T  | 47   | COMM EDN   |                                  |   | Ne  |
| (23)WAZE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B  |  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | 1  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016<br>20-1234655  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| (24)WELLIK FOUNDATION (THE)<br>2201 EAST CAMELBACK ROAD SUITE 405B   | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016<br>86-0938555  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| (25)ROBERT J WICK FAMILY FOUNDATION (THE)<br>2201 EAST CAMELBACK ROAD SUITE 405B   | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016<br>86-0782796  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| (26)WALTER M WICK FAMILY FOUNDATION (THE)<br>2201 EAST CAMELBACK ROAD SUITE 405B   | C  | OM. SUPPORT  |  | AZ   | 501   | (C)(3)                              | LINE 12A,  | I  | AZ   | COMM FDN   |                                  |   | No  |
| PHOENIX, AZ 85016<br>86-0782797  |  |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| For Paperwork Reduction Act Notice, see the Instructions   | for Form 990.                            | ı  |  | Cat.   | No. 50135Y  |                                     | ı  |  |  | Schedule F   | R (For                           | m 990   | 0) 2022   |
|  |  |  |  |  |   |                                     |  |  |  |  |                                  |   | •   |
|  | —— Page 2                                |  |  |  |   |                                     |  |  |  |  |                                  |   |   |
| Schedule R (Form 990) 2022   | —— Page 2                                |  |  |  |   |                                     |  |  |  |  |                                  |   | Page <b>2</b>   |
| Part III Identification of Related Organizations T   | axable as a                              | Partnershi   |  |  | organization  | answered "Y                         | 'es" on Fori   | m 990,                                   | Part I   |  | becau                            | use it  | Page <b>2</b>   |
| one or more related organizations treated as (a)   | axable as a a partnership                | Partnershi<br>during the   | tax yea  | r.<br>(d)  | (e)   | (f)                                 | (g)  | (h)                                      | ) [  | V, line 34,  | (j)                              |   | Page 2 had  |
| Part III Identification of Related Organizations T one or more related organizations treated as  | axable as a a partnership                | Partnershi<br>during the   | tax yea<br>(c)<br>Legal<br>domicile  | (d) Direct controlling   | (e) Predominant income(relate   | (f)<br>Share of                     | (g)<br>Share of<br>end-of-year   |  | )<br>tionate   | V, line 34,  (i)  Code V-UBI amount in                                   | (j)<br>Genera<br>manag           | il or   | Page <b>2</b> : had   |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of  | axable as a a partnership                | Partnershi<br>during the   | (c) Legal domicile (state or foreign   | r. (d) Direct  | (e) Predominant income(relate unrelated, excluded from under section  | (f)<br>Share of<br>total income     | (g)<br>Share of  | (h)<br>Disproprt                         | tionate<br>ons?  | V, line 34,  (i)  Code V-UBI   | (j)<br>Genera                    | il or   | Page 2 had  |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of  | axable as a a partnership                | Partnershi<br>during the   | (c) Legal domicile (state or   | (d) Direct controlling   | (e) Predominant income(relate unrelated, excluded from  | (f)<br>Share of<br>total income     | (g)<br>Share of<br>end-of-year   | (h)<br>Disproprt                         | tionate<br>ons?  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | il or   | Page 2 had  |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  | <b>Taxable as a</b> a partnership        | Partnershi<br>during the   | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country)                              | (d) Direct controlling   | (e) Predominant income(relate unrelated, excluded from under section  | (f)<br>Share of<br>total income     | (g)<br>Share of<br>end-of-year   | (h)<br>Disproprt<br>allocation           | tionate<br>ions?                                       | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | al or<br>ging<br>er?  | Page 2 had  |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP 6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250   | <b>Taxable as a</b> a partnership        | Partnershi<br>during the<br>(b)<br>imary activity  | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country)                              | r.  (d)  Direct  controlling  entity   | Predominant<br>income(relate<br>unrelated,<br>excluded from<br>under section<br>512-514)  | (f) Share of total income           | (g)<br>Share of<br>end-of-year<br>assets   | (h)<br>Disproprt<br>allocation           | )<br>tionate<br>ons?                                   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | al or<br>ging<br>er?  | Page <b>2</b> had  (k) Percentage ownership                               |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP 6390 NORTH CATTLE TRACK ROAD  | Taxable as a a partnership               | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)                                       | r.  (d)  Direct  controlling  entity   | Predominant<br>income(relate<br>unrelated,<br>excluded from<br>under section<br>512-514)  | (f) Share of total income           | (g)<br>Share of<br>end-of-year<br>assets   | (h)<br>Disproprt<br>allocation           | )<br>tionate<br>ons?                                   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | al or<br>ging<br>er?  | Page <b>2</b> had  (k) Percentage ownership                               |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP 20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050   | Taxable as a a partnership               | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)                                       | Direct controlling entity  | (e) Predominant income(relate unrelated, excluded from under section 512-514)   | tax                                 | Share of end-of-year assets  | (h)<br>Disproprt<br>allocation           | no No  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | nl or<br>ging<br>er?  | Page 2 had (k) Percentage ownership                                       |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP  20660 N 40TH STREET UNIT 2147  | axable as a a partnership                | Partnershi<br>during the<br>(b)<br>imary activity  | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country)                              | Direct controlling entity  | (e) Predominant income(relate unrelated, excluded from under section 512-514)   | tax                                 | Share of end-of-year assets  | (h)<br>Disproprt<br>allocation           | no No  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | nl or<br>ging<br>er?  | Page 2 had (k) Percentage ownership                                       |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LLLP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208   | axable as a a partnership                | Partnershi<br>during the<br>(b)<br>imary activity<br>ESTMENT   | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country)                              | C. (d) Direct controlling entity  N/A  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | Share of end-of-year assets  24,300  | (h)<br>Disproprt<br>allocation           | No No  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No   | Page 2 (k) Percentage ownership   |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP 6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LLLP 20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC PO BOX 50342  | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity<br>ESTMENT   | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | C. (d) Direct controlling entity  N/A  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | Share of end-of-year assets  24,300  | (h)<br>Disproprt<br>allocation           | No No  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No   | Page 2 (k) Percentage ownership   |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP 20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208 86-0950521   | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | n.  (d) Direct controlling entity  N/A   | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | (g) Share of end-of-year assets  24,300  598,644                                 | (h)<br>Disproprt<br>allocation           | No<br>No<br>No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LLLP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC  PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY   | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | n.  (d) Direct controlling entity  N/A   | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | (g) Share of end-of-year assets  24,300  598,644                                 | (h)<br>Disproprt<br>allocation           | No<br>No<br>No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790 (3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021  | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | n.  (d) Direct controlling entity  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | (g) Share of end-of-year assets  24,300  598,644                                 | (h)<br>Disproprt<br>allocation           | No<br>No<br>No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790 (3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021  | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | n.  (d) Direct controlling entity  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | (g) Share of end-of-year assets  24,300  598,644                                 | (h)<br>Disproprt<br>allocation           | No<br>No<br>No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790 (3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021  | Taxable as a a partnership  Pr  INV      | Partnershi<br>during the<br>(b)<br>imary activity  | tax yea  (c) Legal domicile (state or foreign country)  AZ  AZ                               | n.  (d) Direct controlling entity  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED   | tax                                 | (g) Share of end-of-year assets  24,300  598,644                                 | (h)<br>Disproprt<br>allocation           | No<br>No<br>No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1             | (j)<br>Genera<br>manag<br>partne | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a) Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILLP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LIC PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021 86-1048713   | Taxable as a a partnership Pr            | Partnershi during the (b) imary activity  ESTMENT  ESTMENT  ESTMENT  | (c) Legal domicile (state or foreign country)  AZ  AZ  | r.  (d) Direct controlling entity  N/A  N/A  N/A   | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED  EXCLUDED  EXCLUDED   | share of total income tax s         | (g) Share of end-of-year assets  24,300  598,644  234,701                        | (h) Disproprt allocation  Yes            | No No No No  | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Generaren                    | No No No  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LLLP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC  PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021 86-1048713  Part IV Identification of Related Organizations T because it had one or more related organizations                              | axable as a a partnership Pr INV INV INV | Partnershi during the (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | (c) Legal domicile (state or foreign country)  AZ  AZ  AZ                                    | r.  (d) Direct controlling entity  N/A  N/A  N/A  N/A  | (e) Predominant income(relate unrelated, excluded from under section 512-514)  EXCLUDED  EXCLUDED  EXCLUDED   | share of total income tax s         | (g) Share of end-of-year assets  24,300  598,644  234,701  489,000               | (h) Disproprt allocation  Yes  Pes" on F | No No No No No   | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Yes V, line                      | No No No  | Page <b>2</b> (k) Percentage ownership  99.000 %  97.000 %                |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LILP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LIC  PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021 86-1048713  Part IV Identification of Related Organizations T because it had one or more related organization  Name, address, and EIN of Pr | Taxable as a a partnership Pr            | Partnershi during the (b) imary activity  ESTMENT  ESTMENT  ESTMENT  Corporations a corporation of the corporations and corporations are corporated to the corporation of the corporatio | (c) Legal domicile (state or foreign country)  AZ  AZ  AZ  AZ  Legal AZ  AZ  AZ  AZ          | n.  (d) Direct Direct Controlling entity  N/A  N/A  N/A  N/A  N/A  | (e) Predominant income (relate unrelated, excluded from under section 512-514)  EXCLUDED  EXCLUDED  EXCLUDED  EXCLUDED  EXCLUDED  (d) irect controlling | ganization anr.  (e) Type of entity | (g) Share of end-of-year assets  24,300  598,644  234,701  489,000  swered "Yes" | Yes  Pes" on F                           | No No No No One No | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Generaren                    | No No See 34  | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %  97.000 % |
| Part III Identification of Related Organizations T one or more related organizations treated as  (a)  Name, address, and EIN of related organization  (1) CASSIDY CHARITABLE LP  6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100  (2) LIBERTY INV LLLP  20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790  (3) FTP HOLDINGS LLC  PO BOX 50342 MESA, AZ 85208 86-0950521  (4) A&C LAKESIDE INV  8433 N BLACK CANYON HWY PHOENIX, AZ 85021 86-1048713  Part IV Identification of Related Organizations T because it had one or more related organization  (a)                          | Taxable as a a partnership Pr INV INV    | Partnershi during the (b) imary activity  ESTMENT  ESTMENT  ESTMENT  Corporation is a corporation (statement ( | (c) Legal domicile (state or foreign country)  AZ  AZ  AZ  AZ  (c) Legal or foreign country) | n.  (d) Direct controlling entity  N/A  N/A  N/A  N/A  Direct controlling entity  Direct controlling Direct | redominant income (relate unrelated, excluded from under section 512-514)  EXCLUDED  EXCLUDED  EXCLUDED  EXCLUDED                                       | ganization an r. (e)                | (g) Share of end-of-year assets  24,300  598,644  234,701  489,000  swered "Ye   | Yes  Pes" on F                           | No N               | V, line 34,  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Generaren                    | No No Section 1 | Page <b>2</b> had  (k) Percentage ownership  99.000 %  97.000 %           |

| (2)CHARITABLE LEAD TRUST (2)   | INVESTMENT          |                       | A:                          | Z           |                 |                       |                       |               |            |                     |              |           |           | No         |
|--|---------------------|-----------------------|-----------------------------|-------------|-----------------|-----------------------|-----------------------|---------------|------------|---------------------|--------------|-----------|-----------|------------|
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           | 1          |
|  |                     |                       |                             |             |                 |                       |                       |               | <u> </u>   | C-l-                | - ded - D    | <b>(</b>  | 00) 20    |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            | Scn                 | edule R      | (Form 9   | 90) 20    | 122        |
|  |                     | Page 3 -              |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| Schedule R (Form 990) 2022   |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           | Pag       | ۵3         |
| Part V Transactions With Related Organ   | izations Con        | nnloto if th          | ao organizatio              | an angwa    | rod "Voc" i     | on Form C             | 000 Dort I            | \/ line 24    | 2Eh or     | 26                  |              |           | rug       |            |
|  |                     |                       |                             | on answe    | reu res         | on Form 9             | 990, Part 1           | v, iiie 34,   | 350, OF    | 30.                 |              |           |           |            |
| <b>Note.</b> Complete line 1 if any entity is listed in F  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           | Yes       | No         |
| 1 During the tax year, did the orgranization engage  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| a Receipt of (i) interest, (ii) annuities, (iii) royal   | ies, or (iv) rent   | from a con            | trolled entity.             |             |                 |                       |                       |               |            |                     |              | 1a        |           | No         |
| <b>b</b> Gift, grant, or capital contribution to related or  | ganization(s) .     |                       |                             |             |                 |                       |                       |               |            |                     |              |           | Yes       |            |
| <b>c</b> Gift, grant, or capital contribution from related   | organization(s)     |                       |                             |             |                 |                       |                       |               |            |                     | •            | 1c        |           | No         |
| <b>d</b> Loans or loan guarantees to or for related orga   | nization(s) .       |                       |                             |             |                 |                       |                       |               |            |                     |              | 1d        |           | No         |
| e Loans or loan guarantees by related organization   | on(s)               |                       |                             |             |                 |                       |                       |               |            |                     |              | 1e        |           | No         |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| ${f f}$ Dividends from related organization(s)   |                     |                       |                             |             |                 |                       |                       |               | •          |                     |              | 1f        |           | No         |
| $\boldsymbol{g}$<br>Sale of assets to related organization(s) .  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              | 1g        |           | No         |
| <b>h</b> Purchase of assets from related organization(s  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              | 1h        |           | No         |
| <ul><li>i Exchange of assets with related organization(s)</li></ul>  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              | 1i        |           | No         |
| j Lease of facilities, equipment, or other assets to   | related organiza    | ation(s) .            |                             |             |                 |                       |                       |               |            |                     |              | 1j        |           | No         |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| <b>k</b> Lease of facilities, equipment, or other assets f   | om related orga     | nization(s)           |                             |             |                 |                       |                       |               |            |                     |              | 1k        |           | No         |
| I Performance of services or membership or fund  | aising solicitatio  | ns for relate         | ed organization             | (s)         |                 |                       |                       |               |            |                     |              | 11        |           | No         |
| <b>m</b> Performance of services or membership or fund   | raising solicitatio | ns by relate          | ed organization             | (s)         |                 |                       |                       |               |            |                     |              |           | Yes       |            |
| n Sharing of facilities, equipment, mailing lists, or  | other assets wit    | h related or          | ganization(s)               |             |                 |                       |                       |               |            |                     |              | 1n        | Yes       |            |
| <ul> <li>Sharing of paid employees with related organize</li> </ul>  | ation(s)            |                       |                             |             |                 |                       |                       |               |            |                     |              | 10        |           | No         |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| p Reimbursement paid to related organization(s)  | for expenses .      |                       |                             |             |                 |                       |                       |               |            |                     |              |           | Yes       |            |
| <b>q</b> Reimbursement paid by related organization(s)   | for expenses .      |                       |                             |             |                 |                       |                       |               |            |                     | •            | 1q        |           | No         |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| r Other transfer of cash or property to related or   |                     |                       |                             |             |                 |                       |                       |               |            |                     |              | 1r        |           | No         |
| <b>s</b> Other transfer of cash or property from related   | organization(s)     |                       |                             |             |                 |                       |                       |               |            |                     | •            | 1s        |           | No         |
| 2 If the answer to any of the above is "Yes," see  | he instructions for | or informati          | ion on who mus              | st complete | e this line, i  | ncluding co           | overed relat          | tionships an  | d transact | ion threshold       | ls.          |           |           |            |
|  | a)                  |                       |                             |             |                 | (b)                   |                       | (c)           | a d        | Mathad of de        | (d)          |           | اممينامين |            |
| name or relati   | ed organization     |                       |                             |             |                 | Transacti<br>type (a- |                       | mount involv  | ea         | Method of de        | etermining   | amount in | voivea    |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       |                             |             |                 |                       | ı                     |               | ı.         | Sch                 | edule R      | (Form 9   | 90) 20    | )22        |
|  |                     | Page 4 -              |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     | r ugc +               |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| /=   |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
| Schedule R (Form 990) 2022   |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           | Pag       | e <b>4</b> |
| Part VI Unrelated Organizations Taxab  |                     |                       | •                           |             |                 |                       |                       |               | -          |                     |              |           |           |            |
| Provide the following information for each entity taxed was not a related organization. See instructions regar |                     |                       |                             |             | iducted moi     | e than five           | percent of            | its activitie | s (measur  | ed by total a       | ssets or g   | gross rev | enue) t   | :hat       |
| (a)  | (b)                 | (c)                   | (d)                         |             | e)              | (f)                   | (a)                   | (h            |            | (i)                 | (i           | i)        | (1        | ν)         |
| Name, address, and EIN of entity   | Primary             | Legal                 | Predominant                 | Are all     | partners        | Share of              | (g)<br>Share of       | Dispropr      | tionate    | (i)<br>Code V-UBI   | Gene         | ral or    | Perce     | ntage      |
|  | activity            | domicile<br>(state or | income<br>(related,         |             | ction<br>(c)(3) | total<br>income       | end-of-year<br>assets | allocat       | ions?      | amount in<br>box 20 | mana<br>part |           | owne      | rship      |
|  |                     | foreign               | unrelated,<br>excluded from |             | zations?        |                       |                       |               |            | of Schedule<br>K-1  |              |           |           |            |
|  |                     | country)              | tax under                   |             |                 |                       |                       |               |            | (Form 1065)         |              |           |           |            |
|  |                     |                       | sections 512-<br>514)       |             |                 |                       |                       |               |            | 4                   |              |           | 4         |            |
|  |                     |                       |                             |             |                 |                       |                       |               |            |                     |              |           |           |            |
|  |                     |                       | 311)                        | Yes         | No              |                       |                       | Yes           | No         |                     | Yes          | No        |           |            |
|  |                     |                       | 31.7                        | Yes         | No              |                       |                       | Yes           | No         |                     | Yes          | No        |           |            |
|  |                     |                       | 31.)                        | Yes         | No              |                       |                       | Yes           | No         |                     | Yes          | No        |           |            |

|                |                          |                    |                | Page 5 —    |                 |             |    |           |      | Sch  | edule R ( | Form 99 | 90) 2022      |
|----------------|--------------------------|--------------------|----------------|-------------|-----------------|-------------|----|-----------|------|------|-----------|---------|---------------|
| Schedule R (Fo | rm 990) 2022             |                    |                | <u> </u>    |                 |             |    |           |      |      |           |         | Page <b>5</b> |
| Part VII       | Supplemental Info        |                    |                |             |                 |             |    |           | <br> | <br> |           |         |               |
|                | Provide additional infor | mation for respons | ses to questio | ons on Sche | dule R. See in: | structions. |    |           |      |      |           |         |               |
| Retu           | ırn Reference            |                    |                |             |                 |             | Ex | planation |      |      |           |         |               |
|                |                          |                    |                |             |                 |             |    |           |      |      | C - I I   | - D /F  | - 000) 2022   |

Schedule R (Form 990) 2022