

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning APR 1, 2019, and ending MAR 31, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**ARIZONA COMMUNITY FOUNDATION**

**86-0348306**

Name and title of officer

**KYLA QUINTERO**  
**CFO**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>106,808,500.</u>
<b>2a</b> Form 990-EZ check here ▶	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

I authorize \_\_\_\_\_ to enter my PIN   
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Kyla Quintero Date ▶ 01/20/2021

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**86423515119**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ COLETTE KAMPS, CPA Date ▶ 01/15/21

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ARIZONA COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2201 E. CAMELBACK RD. 405B</b> City or town, state or province, country, and ZIP or foreign postal code <b>PHOENIX, AZ 85016</b> <b>F</b> Name and address of principal officer: <b>STEVEN G. SELEZNOW</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>86-0348306</b> <b>E</b> Telephone number <b>602-381-1400</b> <b>G</b> Gross receipts \$ <b>107,747,316.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AZFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1978</b>
		<b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO LEAD, SERVE AND COLLABORATE TO MOBILIZE ENDURING PHILANTHROPY FOR A BETTER ARIZONA.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>77</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>287</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-90,022.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-90,022.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>62,904,150.</b>	<b>82,765,668.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,665,525.</b>	<b>2,839,056.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>24,389,016.</b>	<b>20,518,220.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>656,194.</b>	<b>685,556.</b>
<b>12</b>			<b>90,614,885.</b>	<b>106,808,500.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>46,849,785.</b>	<b>52,625,419.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,138,725.</b>	<b>7,096,222.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,901.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,324,026.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>9,737,359.</b>	<b>10,298,257.</b>
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>63,732,770.</b>	<b>70,019,898.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>26,882,115.</b>	<b>36,788,602.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>739,504,323.</b>	<b>711,496,623.</b>	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>120,045,880.</b>	<b>116,916,513.</b>	
<b>22</b>		<b>619,458,443.</b>	<b>594,580,110.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KYLA QUINTERO, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>
	Date <b>01/15/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>	Firm's EIN ▶ <b>86-0133881</b>
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284</b>	Phone no. <b>480-839-4900</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO LEAD, SERVE AND COLLABORATE TO MOBILIZE ENDURING PHILANTHROPY FOR A BETTER ARIZONA.

(ADDITIONAL INFORMATION ON SCHEDULE O)

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 62,341,664. including grants of \$ 52,625,419. ) (Revenue \$ 2,936,400. ) IN THE TRADITION OF COMMUNITY FOUNDATIONS EVERYWHERE, EACH YEAR ACF AWARDS MILLIONS OF DOLLARS IN GRANTS/DISTRIBUTIONS TO NONPROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND EDUCATIONAL INSTITUTIONS. GRANTS COVER A WIDE RANGE OF FOCUS AREAS INCLUDING ARTS, CULTURE AND HUMANITIES; COMMUNITY, NEIGHBORHOOD AND ECONOMIC DEVELOPMENT; EDUCATION AND SCHOLARSHIPS; HEALTH AND HUMAN SERVICES; ENVIRONMENT AND SPECIES PROTECTION; LAW, JUSTICE AND PUBLIC SAFETY; AND SCIENTIFIC RESEARCH. WHILE MOST GRANTS ARE MADE IN ARIZONA TO SERVE LOCAL COMMUNITY NEEDS, GRANTS MAY BE MADE NATIONALLY AS WELL FOR THE BETTERMENT OF OUR NATION.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 62,341,664.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 32; 1b Enter the number of voting members included... 31; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KYLA QUINTERO - 602-381-1400 2201 E. CAMELBACK RD. 405B, PHOENIX, AZ 85016

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENITO ALMANZA DIRECTOR	1.00	X					0.	0.	0.	
(2) JIM AMEDURI DIRECTOR	1.00	X					0.	0.	0.	
(3) LON BABBY DIRECTOR	1.00	X					0.	0.	0.	
(4) NOREEN BISHOP DIRECTOR	1.00	X					0.	0.	0.	
(5) MARK BOHN DIRECTOR	1.00	X					0.	0.	0.	
(6) TONY BOLAZINA DIRECTOR	1.00	X					0.	0.	0.	
(7) MARK BONSALE DIRECTOR	1.00	X					0.	0.	0.	
(8) DANNY BRYANT DIRECTOR	1.00	X					0.	0.	0.	
(9) GWEN CALHOUN DIRECTOR	1.00	X					0.	0.	0.	
(10) JAVIER CARDENAS DIRECTOR	1.00	X					0.	0.	0.	
(11) MARK FELDMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) CHARLEY FREERICKS DIRECTOR	1.00	X					0.	0.	0.	
(13) NEIL HILLER DIRECTOR	1.00	X					0.	0.	0.	
(14) HEIDI JANNENGA DIRECTOR	1.00	X					0.	0.	0.	
(15) MARIANNE MAGO DIRECTOR	1.00	X					0.	0.	0.	
(16) TAMMY MCLEOD DIRECTOR	1.00	X					0.	0.	0.	
(17) ANN MELSHEIMER DIRECTOR	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACOB MOORE DIRECTOR	1.00	X						0.	0.	0.
(19) RICHARD MORRISON DIRECTOR	1.00	X						0.	0.	0.
(20) DON OPATRY DIRECTOR	1.00	X						0.	0.	0.
(21) ESSEN OTU DIRECTOR	1.00	X						0.	0.	0.
(22) MI-AI PARRISH DIRECTOR	1.00	X						0.	0.	0.
(23) BARBARA POLEY DIRECTOR	1.00	X						0.	0.	0.
(24) EVE ROSS DIRECTOR	1.00	X						0.	0.	0.
(25) JIM RYAN DIRECTOR	1.00	X						0.	0.	0.
(26) LISA URIAS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,613,261.	0.	365,928.
<b>d Total (add lines 1b and 1c)</b>								2,613,261.	0.	365,928.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMI NAGLE & ASSOCIATES, INC. 2704 SEVIER ST, DURHAM, NC 27705	PROGRAM COORDINATION	1,034,504.
PAVILION ADVISORY GROUP 227 W. MONROE ST., #2020, CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES	375,000.
ONE COMMUNITY MEDIA, LLC P.O. BOX 17836, PHOENIX, AZ 85013	PROJECT MANAGEMENT	333,000.
CENTERED NETWORKS, INC., 1527 STOCKTON ST., #2, SAN FRANCISCO, CA 94133	NETWORK HOSTING	293,799.
COMMUNITY WEALTH PARTNERS 1825 K ST. NW #1000, WASHINGTON, DC 02006	EVALUATION FRAMEWORK DEVELOPMENT	181,548.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHELLEY COHN IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(28) STEVE EVANS CHAIR	1.00	X		X				0.	0.	0.
(29) ROBBIN COULON VICE CHAIR	1.00	X		X				0.	0.	0.
(30) LEEZIE KIM SECRETARY	1.00	X		X				0.	0.	0.
(31) RUFUS GLASPER TREASURER	1.00	X		X				0.	0.	0.
(32) STEVE SELEZNOW PRESIDENT	45.00	X		X			758,674.	0.	52,855.	
(33) KYLA QUINTERO CHIEF FINANCIAL OFFICER	45.00			X			198,517.	0.	22,909.	
(34) JEFFREY SAUTER CHIEF OPERATIONS AND ADMINISTRATIVE	45.00				X		239,227.	0.	27,626.	
(35) JACKY ALLING CHIEF PHILANTHROPIC SERVICES	45.00				X		235,756.	0.	38,039.	
(36) GARY DOKES CHIEF INVESTMENT OFFICER	45.00				X		233,720.	0.	13,717.	
(37) ELISA DE LA VARA CHIEF COMMUNITY OFFICER	45.00				X		211,812.	0.	26,120.	
(38) GLENN WIKE VICE PRESIDENT, STRATEGY & EXTERNAL	45.00					X	112,690.	0.	16,713.	
(39) LISA DANCSOK CHIEF BRAND AND IMPACT OFFICER	45.00					X	201,567.	0.	37,059.	
(40) KIMBERLY KUR SENIOR DIRECTOR OF PHILANTHROPIC SER	45.00					X	144,473.	0.	49,699.	
(41) LORA GOLKE SENIOR PHILANTHROPIC ADVISOR	45.00					X	132,352.	0.	31,492.	
(42) KIM COVINGTON SENIOR DIRECTOR OF COMMUNITY INITIAT	45.00					X	144,473.	0.	49,699.	
Total to Part VII, Section A, line 1c							2,613,261.		365,928.	

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,096,034.				
	<b>d</b> Related organizations	<b>1d</b>	8,855,528.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	72,814,106.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 26,195,593.				
	<b>h Total.</b> Add lines 1a-1f			82,765,668.			
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	523920	2,839,056.	2,839,056.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,839,056.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			14,404,500.	-90,022.	14,494,522.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			174,578.		174,578.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	331,615.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		331,615.			
	<b>d</b> Net rental income or (loss)			331,615.		331,615.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	6,113,720.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.			
	<b>c</b> Gain or (loss)	<b>7c</b>		6,113,720.			
<b>d</b> Net gain or (loss)			6,113,720.		6,113,720.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,096,034. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		1,020,835.				
<b>b</b> Less: direct expenses	<b>8b</b>		938,816.				
<b>c</b> Net income or (loss) from fundraising events			82,019.		82,019.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	97,344.	97,344.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			97,344.			
<b>12 Total revenue.</b> See instructions			106,808,500.	2,936,400.	-90,022.	21,196,454.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,163,582.	52,163,582.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	307,017.	307,017.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	154,820.	154,820.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,996,739.	1,028,152.	563,608.	404,979.
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	3,923,592.	2,020,319.	1,107,489.	795,784.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	345,751.	178,033.	97,593.	70,125.
9 Other employee benefits	449,245.	231,324.	126,805.	91,116.
10 Payroll taxes	380,895.	196,129.	107,513.	77,253.
11 Fees for services (nonemployees):				
a Management				
b Legal	123,382.	61,691.	61,691.	
c Accounting	132,856.		132,856.	
d Lobbying	61,526.		61,526.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,822,059.		1,822,059.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,676,511.	3,213,232.	290,597.	172,682.
12 Advertising and promotion	352,919.	200,029.	53,341.	99,549.
13 Office expenses	737,837.	563,940.	101,188.	72,709.
14 Information technology	660,135.	339,914.	186,332.	133,889.
15 Royalties				
16 Occupancy	761,740.	392,232.	215,012.	154,496.
17 Travel	169,198.	88,428.	46,999.	33,771.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,400.	74,869.	41,041.	29,490.
20 Interest	153,471.	153,471.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	185,631.	95,584.	52,397.	37,650.
23 Insurance	189,443.	97,547.	53,473.	38,423.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SPONSORSHIPS</b>	423,720.	423,720.		
b <b>MISCELLANEOUS EXPENSES</b>	378,950.	233,400.	95,418.	50,132.
c <b>DUES, SUBSCRIPTIONS AND</b>	134,352.	69,180.	37,923.	27,249.
d <b>REAL PROPERTY EXPENSES</b>	97,988.	8,122.	73,622.	16,244.
e All other expenses	91,139.	46,929.	25,725.	18,485.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>70,019,898.</b>	<b>62,341,664.</b>	<b>5,354,208.</b>	<b>2,324,026.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,908,812.	<b>1</b>	3,781,728.
	<b>2</b> Savings and temporary cash investments .....	35,675,240.	<b>2</b>	49,700,292.
	<b>3</b> Pledges and grants receivable, net .....	10,394,141.	<b>3</b>	8,593,126.
	<b>4</b> Accounts receivable, net .....	180,113.	<b>4</b>	43,228.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	7,664,652.	<b>7</b>	12,572,916.
	<b>8</b> Inventories for sale or use .....	2,797.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	315,982.	<b>9</b>	167,537.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,652,730.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 926,629.		
	<b>11</b> Investments - publicly traded securities .....	634,288,490.	<b>11</b>	589,086,910.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	37,202,470.	<b>12</b>	33,526,894.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,109,917.	<b>13</b>	5,282,427.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	15,464.	<b>15</b>	15,464.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	739,504,323.	<b>16</b>	711,496,623.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	991,485.	<b>17</b>	2,994,661.
	<b>18</b> Grants payable .....	4,511,875.	<b>18</b>	5,377,148.
	<b>19</b> Deferred revenue .....	266,345.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	97,421,044.	<b>21</b>	92,421,714.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,225,000.	<b>23</b>	3,044,064.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	15,630,131.	<b>25</b>	13,078,926.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	120,045,880.	<b>26</b>	116,916,513.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	599,991,521.	<b>27</b>	576,143,236.
	<b>28</b> Net assets with donor restrictions .....	19,466,922.	<b>28</b>	18,436,874.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	619,458,443.	<b>32</b>	594,580,110.
<b>33</b> Total liabilities and net assets/fund balances .....	739,504,323.	<b>33</b>	711,496,623.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	106,808,500.
2	Total expenses (must equal Part IX, column (A), line 25)	70,019,898.
3	Revenue less expenses. Subtract line 2 from line 1	36,788,602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	619,458,443.
5	Net unrealized gains (losses) on investments	-60,741,498.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	-925,437.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	594,580,110.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> ARIZONA COMMUNITY FOUNDATION	<b>Employer identification number</b> 86-0348306
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	122485681	67583980	87365848	62904150	82765668	423105327
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	122485681	67583980	87365848	62904150	82765668	423105327
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						423105327

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	122485681	67583980	87365848	62904150	82765668	423105327
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	8692450	9327075	14122568	14124269	14910693	61177055
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	18,455		71,534	26,543	82,019	198,551
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	247,931	218,492		114,211	97,344	677,978
<b>11 Total support.</b> Add lines 7 through 10						485158911
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.21	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	88.43	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2015 AMOUNT: \$ 247,931.

2016 AMOUNT: \$ 218,492.

2018 AMOUNT: \$ 114,211.

2019 AMOUNT: \$ 97,344.

Public Copy

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ARIZONA COMMUNITY FOUNDATION

Employer identification number

86-0348306

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	61,526.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	61,526.													
<b>d</b>	Other exempt purpose expenditures .....	69,958,372.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	70,019,898.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
<b>c</b> Total lobbying expenditures		13,725.	18,506.	61,526.	93,757.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **ARIZONA COMMUNITY FOUNDATION** Employer identification number **86-0348306**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	578	176
2 Aggregate value of contributions to (during year)	50,643,433.	2,668,283.
3 Aggregate value of grants from (during year)	28,045,756.	2,233,416.
4 Aggregate value at end of year	306,448,773.	44,537,961.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	310,763,598.	309,866,072.	278,234,305.	248,854,483.	262,178,808.
b Contributions	7,110,464.	9,780,966.	20,000,763.	15,301,490.	6,240,776.
c Net investment earnings, gains, and losses	-17,699,275.	9,399,689.	25,511,044.	31,178,296.	-9,262,711.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,462,654.	18,283,129.	13,880,040.	17,099,964.	10,302,390.
f Administrative expenses					
g End of year balance	282,712,133.	310,763,598.	309,866,072.	278,234,305.	248,854,483.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  96.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  4.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,578,800.			7,578,800.
b Buildings				
c Leasehold improvements		513,709.	116,304.	397,405.
d Equipment		1,398,464.	810,325.	588,139.
e Other		161,757.		161,757.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,726,101.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITIES	12,933,815.
(3) DEFERRED RENT	145,111.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,078,926.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	29,895,956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-60,741,498.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-14,348,987.	
e	Add lines 2a through 2d	2e		-75,090,485.
3	Subtract line 2e from line 1	3		104,986,441.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,822,059.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		1,822,059.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		106,808,500.

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

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

1	Total expenses and losses per audited financial statements		1	80,265,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,067,729.	
e	Add lines 2a through 2d	2e		12,067,729.
3	Subtract line 2e from line 1	3		68,197,839.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,822,059.	
c	Add lines 4a and 4b	4c		1,822,059.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		70,019,898.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

BECAUSE MANY CHARITIES DO NOT HAVE THE INHOUSE EXPERTISE TO CONTROL AND INVEST ENDOWMENT DOLLARS, THE ARIZONA COMMUNITY FOUNDATION LEVERAGES ITS EXPERTISE IN THE CONTROL AND INVESTMENT OF CHARITABLE FUNDS TO EXPAND THE CAPACITY OF LOCAL CHARITIES AND INCREASE THE POOL OF PHILANTHROPIC DOLLARS BY BUILDING DONOR CONFIDENCE IN THE MANAGEMENT OF THOSE FUNDS. FOR THOSE ORGANIZATIONS WE HELP, THE ARIZONA COMMUNITY FOUNDATION HOLDS CERTAIN ENDOWMENTS FUNDS ON THEIR BEHALF. ALTHOUGH EACH ORGANIZATION HAS THE OPTION OF SETTING A PREDETERMINED PAYOUT RATE, EACH ORGANIZATION ALSO HAS THE ABILITY TO REQUEST THE ENTIRE BALANCE AT ANY TIME UPON APPROVAL OF THE CHARITY'S BOARD. IN SOME, BUT NOT ALL, CASES SUCH WITHDRAWALS MUST ALSO BE APPROVED BY THE ARIZONA COMMUNITY FOUNDATION BOARD. ULTIMATELY, ALL

**Part XIII** Supplemental Information (continued)

INVESTMENT RESULTS ON THOSE FUNDS ACCRUE TO THE BENEFIT OF THE RESPECTIVE CHARITY. ACCORDINGLY, THE ORGANIZATION RECORDS A LIABILITY TO THE CHARITIES FOR THE BALANCE IN THOSE FUNDS ON PART X, LINE 21; HOWEVER, TO IMPROVE TRANSPARENCY, DONATIONS TO, GRANTS FROM AND INVESTMENT INCOME AND EXPENSES OF THOSE FUNDS ARE INCLUDED ON PARTS III, VIII, AND IX OF THE CORE 990 AS WELL AS SCHEDULES B AND I. SCHEDULE D, PARTS XI AND XIII CONTAIN A RECONCILIATION BETWEEN THE RETURN AND THE FINANCIAL STATEMENTS FOR THE CHANGE IN THE FUNDS' NET ASSETS.

PART V, LINE 4:

GRANTS AND OTHER PROGRAMMATIC ACTIVITIES SUPPORTING: ARTS, CULTURE, AND HUMANITIES; COMMUNITY, NEIGHBORHOOD & ECONOMIC DEVELOPMENT; EDUCATION, SCHOLARSHIPS; ENVIRONMENT & SPECIES PROTECTION; HEALTH & HUMAN SERVICES; LAW, JUSTICE & PUBLIC SAFETY.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES FOR THE ORGANIZATION. IN ADDITION, IT QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME ("UBTI") WOULD BE TAXABLE.

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. AT MARCH 31, 2020, MANAGEMENT BELIEVES THE FOUNDATION DID NOT HAVE ANY UNCERTAIN

Part XIII Supplemental Information (continued)

TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	938,816.
SUPPORT FOUNDATIONS REVENUE	-8,173,263.
INTERFUND GIFTS	-6,189,103.
CHANGE IN SPLIT INTEREST AGREEMENT	-925,437.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-14,348,987.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND GIFTS	-6,189,103.
SUPPORT FOUNDATIONS EXPENSES	17,318,016.
FUNDRAISING EVENT EXPENSES	938,816.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	12,067,729.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES	1,822,059.
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PART V, LINE 1A

THE FOUNDATION'S ENDOWMENTS CONSIST OF APPROXIMATELY 800 COMPONENT FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES. THE BYLAWS OF THE FOUNDATION INCLUDE VARIANCE LANGUAGE GIVING THE BOARD OF DIRECTORS THE POWER, WHENEVER ANY RESTRICTION OR CONDITION ON THE DISTRIBUTION OF FUNDS BECOMES, IN EFFECT, UNNECESSARY, INCAPABLE OF FULFILLMENT OR INCONSISTENT WITH THE CHARITABLE PURPOSE OF THE FOUNDATION, TO MODIFY ANY RESTRICTION OR CONDITION PLACED ON THE DISTRIBUTION OF FUNDS AND TO APPLY THE WHOLE OR ANY PART OF THE PRINCIPAL OR INCOME OF FUNDS AS IN ITS JUDGMENT IS NECESSARY TO SERVE MORE EFFECTIVELY THE CHARITABLE PURPOSE OF THE

**Part XIII** Supplemental Information (continued)

FOUNDATION. BASED ON THIS PROVISION, ALL CONTRIBUTIONS AND ASSETS NOT CLASSIFIED AS TEMPORARILY RESTRICTED DUE TO TIMING RESTRICTIONS ARE CLASSIFIED AS UNRESTRICTED. THOUGH THESE FUNDS ARE CLASSIFIED AS UNRESTRICTED, THE FOUNDATION MANAGES THE FUNDS ESTABLISHED BY DONORS AS ENDOWED FUNDS IN ACCORDANCE WITH THE TERMS SET FORTH IN THE INDIVIDUAL FUND AGREEMENTS BY DESIGNATION OF THE BOARD OF DIRECTORS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. IN SEPTEMBER 2008, THE STATE OF ARIZONA ENACTED ARS 10-11801 ET SEQ MANAGEMENT OF CHARITABLE FUNDS ACT ("MCFA"). THE BOARD OF DIRECTORS OF THE FOUNDATION HAS INTERPRETED MCFA AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AT MARCH 31, 2019, THE FOUNDATION HAD NO DONOR-RESTRICTED ENDOWMENT FUNDS, OTHER THAN THOSE REPORTED AS TEMPORARILY RESTRICTED UNTIL THE EXPIRATION OF TIME RESTRICTIONS, AS THE BOARD HAS DETERMINED THAT THE FOUNDATION'S ENDOWMENTS DO NOT MEET THE DEFINITION OF DONOR-RESTRICTED ENDOWMENTS UNDER MCFA. THE 2015 BEGINNING OF THE YEAR BALANCE DOES NOT TIE TO THE END OF THE 2014 YEAR BALANCE OF THE PRIOR YEAR DUE TO MANAGEMENT RE-EVALUATION OF FUND TYPES TO ENSURE ONLY QUASI ENDOWED FUND BALANCES WERE PROPERLY STATED IN THIS CALCULATION.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

ARIZONA COMMUNITY FOUNDATION

86-0348306

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		16,020.
EUROPE	0	0	GRANTMAKING		75,000.
SUBSAHARAN AFRICA	0	0	GRANTMAKING		53,300.
PACIFIC	0	0	GRANTMAKING		5,000.
<b>3 a</b> Subtotal .....	0	0			149,320.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			149,320.

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

Schedule F (Form 990) 2019

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	75,000.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	PROGRAM SUPPORT	53,300.	WIRE TRANSFER	0.		
		NORTH AMERICA	PROGRAM SUPPORT	5,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	PROGRAM SUPPORT	11,020.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	5,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **5**

3 Enter total number of other organizations or entities ..... **0**

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

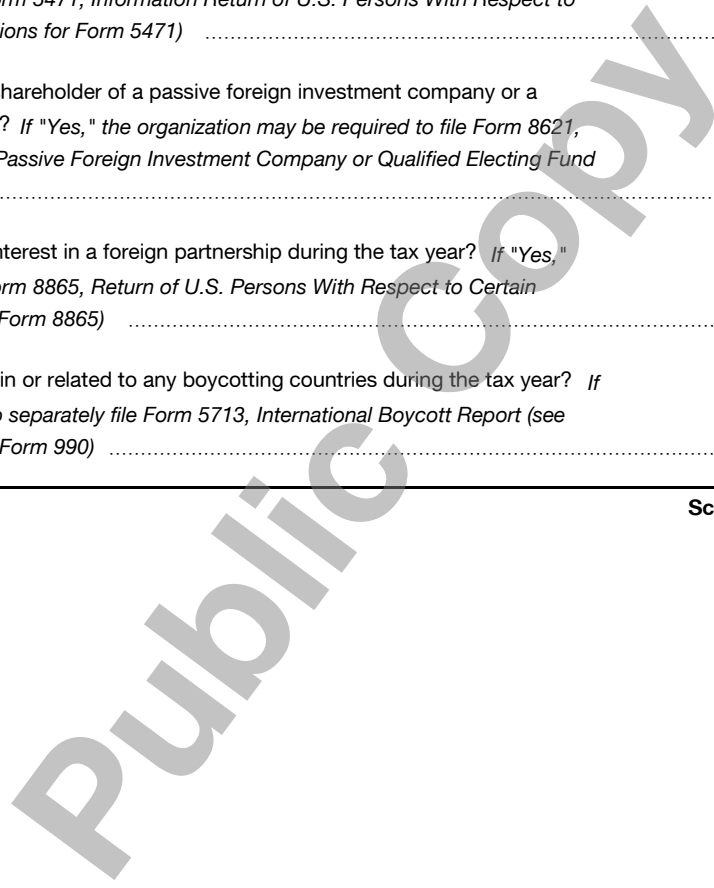
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATIONAL SCHOLARSHIP	CANADA	1	5,500.	WIRE-TRANSFER	0.		

Public Copy

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2019

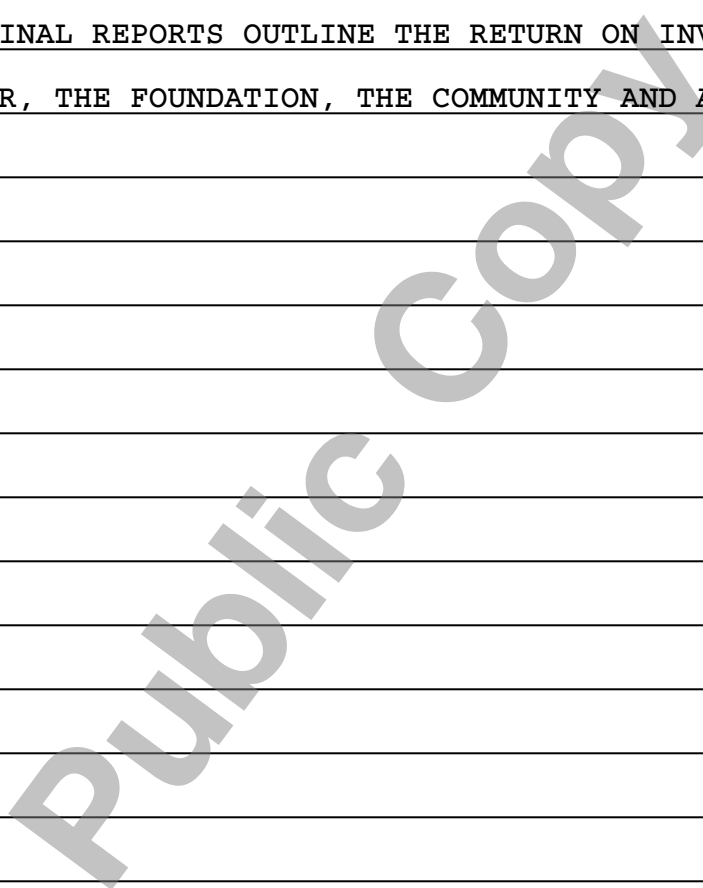


**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE ARIZONA COMMUNITY FOUNDATION ARE, IN MAJORITY CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE RESULTS OF THEIR FUNDED PROGRAM OR UPDATE ACF ON THEIR PROGRESS TO DATE. THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE GRANTEE, THE DONOR, THE FOUNDATION, THE COMMUNITY AND ANY OTHER STAKEHOLDERS INVOLVED.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**ARIZONA COMMUNITY FOUNDATION**

Employer identification number

**86-0348306**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LOU GRUBB FRIEND FOR G (event type)	FOREST HIGHLANDS EV (event type)	32 (total number)	(add col. (a) through col. (c))
Revenue	1	471,044.	365,292.	1,257,712.	2,094,048.
	2	299,020.	177,381.	611,782.	1,088,183.
	3	172,024.	187,911.	645,930.	1,005,865.
Direct Expenses	4				
	5				
	6	39,650.	4,171.	217,883.	261,704.
	7		25,782.	205,968.	231,750.
	8			15,971.	15,971.
	9	71,340.	51,482.	262,996.	385,818.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				110,622.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |        |
|-------------------------------|-----|--------|
| a The organization's facility | 13a | _____% |
| b An outside facility         | 13b | _____% |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information (continued)

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Public Copy

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **ARIZONA COMMUNITY FOUNDATION** Employer identification number **86-0348306**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 CLUB OF ARIZONA 333 N. 44TH ST. #100 PHOENIX, AZ 85008	23-7172077	501(C)(3)	5,949.	0.			PROGRAM SUPPORT
1N10 1101 N. CENTRAL AVE. #202 PHOENIX, AZ 85004-1844	86-0728990	501(C)(3)	57,387.	0.			PROGRAM SUPPORT
4FREEDOM, INC. P.O. BOX 68888 TUCSON, AZ 85737	46-1109838	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
A NEW LEAF 868 E. UNIVERSITY DR. MESA, AZ 85203	86-0256667	501(C)(3)	105,300.	0.			PROGRAM SUPPORT
A STEPPING STONE FOUNDATION 6719 E. 2ND ST. STE.A PRESCOTT VALLEY, AZ 86314	74-2567068	501(C)(3)	20,540.	0.			PROGRAM SUPPORT
A.C.C. CURE SIX WEST LAKE DR. MONTVILLE, NJ 07045	46-0663369	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **995.**

**3** Enter total number of other organizations listed in the line 1 table **27.**

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABIDE MATERNITY HOME P.O. BOX 3758 CAMP VERDE, AZ 86322-7265	47-4710502	501(C)(3)	12,094.	0.			PROGRAM SUPPORT
ABILITY360 5025 E. WASHINGTON ST. #200 PHOENIX, AZ 85034	86-0486447	501(C)(3)	12,528.	0.			PROGRAM SUPPORT
ABT PERFORMING ARTS ASSOCIATION 7701 W. PARADISE LN. PEORIA, AZ 85382	87-0794123	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
ACCELERATE GROUP, INC. 20860 N. TATUM BLVD. #300 PHOENIX, AZ 85050	81-3125859	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ACCEPT THE CHALLENGE 7104 N. 15TH PL. PHOENIX, AZ 85020	86-0795610	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ACLU FOUNDATION 125 BROAD ST. 18TH FL NEW YORK, NY 10004	13-6213516	501(C)(3)	7,670.	0.			PROGRAM SUPPORT
ACLU FOUNDATION OF ARIZONA P.O. BOX 17148 PHOENIX, AZ 85011	23-7238580	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
ACT ONE 910 E. OSBORN RD. #C PHOENIX, AZ 85014	45-3560706	501(C)(3)	23,750.	0.			PROGRAM SUPPORT
ACTIVATE FOOD ARIZONA 221 E. INDIANOLA AVE. PHOENIX, AZ 85012	27-2255896	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDISON TOWNSHIP PUBLIC LIBRARY 1400 ROCHESTER RD. LEONARD, MI 48367	38-2567933	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ADVOCACY31NINE 1718 S. SIERRA VISTA DR. TEMPE, AZ 85281	83-2281918	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
AGAPE HOUSE OF PRESCOTT 303 E. GURLEY ST. #459 PRESCOTT, AZ 86301	46-1821459	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
AGUILA YOUTH LEADERSHIP INSTITUTE INC. - 4730 N. 23RD. AVE. - PHOENIX, AZ 85015	20-5820343	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
AID TO ADOPTION OF SPECIAL KIDS (AASK) - 2320 N. 20TH ST. - PHOENIX, AZ 85006	86-0611935	501(C)(3)	21,504.	0.			PROGRAM SUPPORT
ALICE'S PLACE P.O. BOX 904 WINSLOW, AZ 86047	86-1003669	501(C)(3)	33,050.	0.			PROGRAM SUPPORT
ALL ABOUT ANIMALS RESCUE INC 4401 W. DAILEY ST. GLENDALE, AZ 85306	27-5410456	501(C)(3)	10,135.	0.			PROGRAM SUPPORT
ALL MUTTS MATTER FOUNDATION P.O. BOX 281 WESTON, WV 26452	46-1894331	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ALL SAINTS' EPISCOPAL CHURCH 6300 N. CENTRAL AVE. PHOENIX, AZ 85012	86-0133389	501(C)(3)	6,260.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS' EPISCOPAL DAY SCHOOL 6300 N. CENTRAL AVE. PHOENIX, AZ 85012	86-0133389	501(C)(3)	187,000.	0.			PROGRAM SUPPORT
ALLIANCE FOR COMPANION ANIMALS 642 N. THIRD AVE. PHOENIX, AZ 85003	83-0417002	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALLIANCE OF ARIZONA NONPROFITS 333 E. OSBORN RD. #245 PHOENIX, AZ 85004	20-2529887	501(C)(3)	38,500.	0.			PROGRAM SUPPORT
ALMOST THERE: A MOM & PUPS RESCUE 6112 N. PARADISE VIEW DR. PARADISE VALLEY, AZ 85253	46-3102120	501(C)(3)	9,999.	0.			PROGRAM SUPPORT
ALPHA DELTA KAPPA FOUNDATION 1615 W. 92ND ST. KANSAS CITY, MO 64114-3210	43-1280111	501(C)(3)	27,090.	0.			PROGRAM SUPPORT
ALPHA OMICRON PI FOUNDATION 5390 VIRGINIA WAY BRENTWOOD, TN 37027	58-1343315	501(C)(3)	27,090.	0.			PROGRAM SUPPORT
ALS ASSOCIATION - GOLDEN WEST CHAPTER - P.O. BOX 565 - AGOURA HILLS, CA 91376-9565	95-4163338	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
ALVERNIA UNIVERSITY 540 UPLAND AVE. READING, PA 19611	23-1522643	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSO - 2290 N. FIRST ST. #101 - SAN JOSE, CA 95131	13-3039601	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANDA HOPE RAINBOW ANGELS 340 E. CORONADO RD. #100 PHOENIX, AZ 85004	46-2522889	501(C)(3)	13,300.	0.			PROGRAM SUPPORT
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN (AAUW) - 1310 L ST. NW #1000 - WASHINGTON, DC 20005	52-6037388	501(C)(3)	120,000.	0.			PROGRAM SUPPORT
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE. MINNEAPOLIS, MN 55415	41-1717098	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY - EAST BAY METRO UNIT - 1001 MARINA VILLAGE PKWY. #300 - ALAMEDA, CA 94501	13-1788491	501(C)(3)	11,680.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY-PHOENIX 4550 E. BELL RD. #126 PHOENIX, AZ 85032	13-1788491	501(C)(3)	34,199.	0.			PROGRAM SUPPORT
AMERICAN CORPORATE PARTNERS 2 GRAND CENTRAL TOWER, 140 E. 45TH NEW YORK, NY 10017	61-1556042	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
AMERICAN DIABETES ASSOCIATION P.O. BOX 15829 ARLINGTON, VA 22215-0829	13-1623888	501(C)(3)	9,746.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION, INC. 2929 S. 48TH ST. TEMPE, AZ 85282	13-5613797	501(C)(3)	72,299.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION, INC. - DALLAS - 7272 GREENVILLE AVE. - DALLAS, TX 75231-4596	13-5613797	501(C)(3)	10,521.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUSICAL & DRAMATIC ACADEMY - 6305 YUCCA ST. - LOS ANGELES, CA 90028	13-2501829	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS - DISASTER RELIEF - P.O. BOX 37839 - BOONE, IA 50037-0839	53-0196605	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS - GRAND CANYON CHAPTER - 4747 N. 22ND ST. #100 - PHOENIX, AZ 85016	53-0196605	501(C)(3)	18,791.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS - GRAND CANYON CHAPTER-PRE - 4747 N. 22ND ST. #100 - PHOENIX, AZ 85016	53-0196605	501(C)(3)	29,570.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS - GREATER PHOENIX CHAPTER - 4747 N. 22ND ST. #100 - PHOENIX, AZ 85016	53-0196605	501(C)(3)	191,300.	0.			PROGRAM SUPPORT
AMERICAN THEATRE WING INC 230 W. 41ST ST. #1101 NEW YORK, NY 10036	13-1893906	501(C)(3)	208,504.	0.			PROGRAM SUPPORT
AMERICA'S MIGHTY WARRIORS P.O. BOX 8114 SURPRISE, AZ 85374	27-3409190	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
ANDREAN FOUNDATION, INC. 5959 BROADWAY MERRILLVILLE, IN 46410	23-7253554	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ANEW LIVING, INC. P.O. BOX 1931 FLAGSTAFF, AZ 86002	47-1666152	501(C)(3)	9,606.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS ON PATROL, INC. P.O. BOX 37985 PHOENIX, AZ 85069-7985	27-5070691	501(C)(3)	12,906.	0.			PROGRAM SUPPORT
ANIMAL AID UNLIMITED 6900 37TH AVE. S.W. SEATTLE, WA 98126	71-0884843	501(C)(3)	6,650.	0.			PROGRAM SUPPORT
ANNE ARUNDEL COMMUNITY COLLEGE FOUNDATION - 101 COLLEGE PKWY. - ARNOLD, MD 21012-1895	52-6078381	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
ANTI-DEFAMATION LEAGUE - PHOENIX 3200 N. CENTRAL AVE. #2120 PHOENIX, AZ 85012	13-1818723	501(C)(3)	14,970.	0.			PROGRAM SUPPORT
ANTIOCH NETWORK 1101 W. 34TH ST., BOX 315 AUSTIN, TX 78705-1907	33-0380799	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
APOLLO FOUNDATION, INC., D/B/A THE CARE FUND - 16427 N. SCOTTSDALE RD. #145 - SCOTTSDALE, AZ 85254	80-0563472	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
AQUA-AFRICA INC. 417 N. 40TH ST. OMAHA, NE 68131	20-5675703	501(C)(3)	110,000.	0.			PROGRAM SUPPORT
ARCHWAY CLASSICAL ACADEMY SCOTTSDALE - 16648 N. 94TH ST. - SCOTTSDALE, AZ 85260	27-3364842	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
AREA AGENCY ON AGING, REGION ONE, INC. - 1366 E. THOMAS RD. #108 - PHOENIX, AZ 85014	74-2371957	501(C)(3)	49,700.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA 5 ARTS CIRCLE, LTD. 3104 E. CAMELBACK RD. #157 PHOENIX, AZ 85016	86-1037482	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
ARIZONA AGRICULTURAL EDUCATION FFA FOUNDATION - P.O. BOX 5310 - GLENDALE, AZ 85312	86-0531662	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
ARIZONA ANIMAL WELFARE LEAGUE AND SPCA - 25 N. 40TH ST. - PHOENIX, AZ 85034	23-7149453	501(C)(3)	17,739.	0.			PROGRAM SUPPORT
ARIZONA ANTI-TRAFFICKING NETWORK P.O. BOX 1125 MESA, AZ 85211-1125	47-2866444	501(C)(3)	368,600.	0.			PROGRAM SUPPORT
ARIZONA AQUATIC CLUB 4960 S. GILBERT RD. #1-608 CHANDLER, AZ 85249	90-0892024	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ARIZONA ASSOCIATION FOR FOSTER AND ADOPTIVE P - 3110 E. THUNDERBIRD RD. #110 - PHOENIX, AZ 85032	76-0741183	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ARIZONA BURN FOUNDATION 1432 N. 7TH ST. PHOENIX, AZ 85006	86-0207519	501(C)(3)	36,435.	0.			PROGRAM SUPPORT
ARIZONA CAREER PATHWAYS 108 N. 40TH ST. SOUTH BLDG. #1146 PHOENIX, AZ 85034	27-4590173	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
ARIZONA CATTLE DOG RESCUE 2468 HANO TR. FLAGSTAFF, AZ 86005	27-3511165	501(C)(3)	6,140.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARIZONA CENTER FOR AFTERSCHOOL EXCELLENCE - 4323 N. 12TH ST. STE. 202 - PHOENIX, AZ 85014	86-1009220	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION A - 10251 N. 35TH AVE. - PHOENIX, AZ 85051	95-3497070	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
ARIZONA CITIZENS FOR THE ARTS 420 W. ROOSEVELT ST. #208 PHOENIX, AZ 85003	86-0406284	501(C)(3)	45,000.	0.			PROGRAM SUPPORT
ARIZONA COMMISSION FOR POSTSECONDARY EDUCATIO - 2020 N. CENTRAL AVE. #650 - PHOENIX, AZ 85004	86-6004791	STATE	25,000.	0.			PROGRAM SUPPORT
ARIZONA COMMISSION ON THE ARTS 417 W. ROOSEVELT ST. PHOENIX, AZ 85003-1326	86-6004791	STATE	231,550.	0.			PROGRAM SUPPORT
ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK #405B PHOENIX, AZ 85016	86-0348306	501(C)(3)	7,498,969.	0.			PROGRAM SUPPORT
ARIZONA CRISIS TEAM P.O. BOX 27076 PRESCOTT VALLEY, AZ 86312	81-4532857	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ARIZONA DIABETES FOUNDATION, INC. 15255 N. 40TH ST. #127 PHOENIX, AZ 85032	74-3061387	501(C)(3)	5,130.	0.			PROGRAM SUPPORT
ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD, FIRST THINGS FIRST - 4000 N. CENTRAL AVE. #800 - PHOENIX, AZ	86-6004791	501(C)(3)	120,384.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARIZONA EDUCATIONAL FOUNDATION 2100 N. CENTRAL AVE. #212 PHOENIX, AZ 85004	94-2937109	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
ARIZONA FIRE & MEDICAL AUTHORITY 18818 N. SPANISH GARDEN DR. SUN CITY WEST, AZ 85375	82-1200347	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ARIZONA FIRE CHIEFS P.O. BOX 1235 CLARKDALE, AZ 86324	82-0523833	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ARIZONA FOUNDATION FOR WOMEN INC 2201 E. CAMELBACK RD. #405B PHOENIX, AZ 85016	86-0789956	501(C)(3)	26,000.	0.			PROGRAM SUPPORT
ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION - 360 E. CORONADO RD. #190 - PHOENIX, AZ 85004	86-0468850	501(C)(3)	13,270.	0.			PROGRAM SUPPORT
ARIZONA GRANTMAKERS FORUM 2201 E. CAMELBACK RD. #405B PHOENIX, AZ 85016	86-1040394	501(C)(3)	12,750.	0.			PROGRAM SUPPORT
ARIZONA HANDS & VOICES P.O. BOX 30163 PHOENIX, AZ 85046	20-8396619	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARIZONA HELPING HANDS 3110 E. THUNDERBIRD RD. #100 PHOENIX, AZ 85032	86-0935988	501(C)(3)	21,542.	0.			PROGRAM SUPPORT
ARIZONA HIGH SCHOOL RODEO ASSOCIATION - P.O. BOX 5039 - CHINO VALLEY, AZ 86323	86-0564701	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARIZONA HISPANIC CHAMBER OF COMMERCE FOUNDATION - 1020 E. MISSOURI AVE. - PHOENIX, AZ 85014	86-0685240	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
ARIZONA HISTORICAL SOCIETY - TUCSON - 949 E. SECOND ST. - TUCSON, AZ 85719	86-1015752	501(C)(3)	58,800.	0.			PROGRAM SUPPORT
ARIZONA HOUSING COALITION 1495 E. OSBORN RD. PHOENIX, AZ 85014-5302	86-0909029	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
ARIZONA HUMANE SOCIETY 1521 W. DOBBINS RD. PHOENIX, AZ 85041	86-0135567	501(C)(3)	232,586.	0.			PROGRAM SUPPORT
ARIZONA IMMIGRANT AND REFUGEE SERVICES - 10240 N. 31ST AVE. #112 - PHOENIX, AZ 85051	37-1525253	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARIZONA LEGAL WOMEN AND YOUTH SERVICES - 24 W. CAMELBACK RD. #A335 - PHOENIX, AZ 85013	46-3795387	501(C)(3)	14,673.	0.			PROGRAM SUPPORT
ARIZONA MUSEUM OF NATURAL HISTORY FOUNDATION - 53 N. MACDONALD - MESA, AZ 85201-7325	86-0721792	501(C)(3)	26,070.	0.			PROGRAM SUPPORT
ARIZONA MUSICFEST P.O. BOX 25455 SCOTTSDALE, AZ 85255	86-1034396	501(C)(3)	189,368.	0.			PROGRAM SUPPORT
ARIZONA NATIONAL LIVESTOCK SHOW 1826 W. MCDOWELL RD. PHOENIX, AZ 85007-1696	86-0187686	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARIZONA OPERA COMPANY 1636 N. CENTRAL AVE. PHOENIX, AZ 85004	23-7169261	501(C)(3)	63,670.	0.			PROGRAM SUPPORT
ARIZONA OUTDOOR ADVENTURES 20987 N. JOHN WAYNE PKWY, #B104-125 MARICOPA, AZ 85139	86-0896931	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
ARIZONA RECREATION CENTER FOR THE HANDICAPPED - 1550 W. COLTER ST. - PHOENIX, AZ 85015	86-0310253	501(C)(3)	33,000.	0.			PROGRAM SUPPORT
ARIZONA SCHOOL FOR THE ARTS 1410 N. THIRD ST. PHOENIX, AZ 85004	86-0792809	501(C)(3)	13,250.	0.			PROGRAM SUPPORT
ARIZONA SCIENCE CENTER 600 E. WASHINGTON ST. PHOENIX, AZ 85004	86-0390558	501(C)(3)	130,670.	0.			PROGRAM SUPPORT
ARIZONA SOUTH ASIANS FOR SAFE FAMILIES - P.O BOX 2748 - SCOTTSDALE, AZ 85252-2748	06-1735170	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ARIZONA SPORTS FOUNDATION 7135 E. CAMELBACK RD. #190 SCOTTSDALE, AZ 85251	86-0253821	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
ARIZONA STATE SCHOOLS FOR DEAF AND BLIND - 1200 W. SPEEDWAY BLVD. - TUCSON, AZ 85745	86-6004791	STATE	10,000.	0.			PROGRAM SUPPORT
ARIZONA STATE UNIVERSITY FOUNDATION - P.O. BOX 2260 - TEMPE, AZ 85280	86-6051042	501(C)(3)	1,449,511.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARIZONA TECHNOLOGY COUNCIL FOUNDATION - 2800 N. CENTRAL AVE. #1530 - PHOENIX, AZ 85004	20-1185167	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
ARIZONA TENNIS CHARITIES 2801 E. CAMELBACK RD. #450 PHOENIX, AZ 85016	84-2133333	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARIZONA THEATRE COMPANY P.O. BOX 1631 TUCSON, AZ 85702	86-0211777	501(C)(3)	46,500.	0.			PROGRAM SUPPORT
ARIZONA TOWN HALL 2400 W. DUNLAP AVE. #200 PHOENIX, AZ 85021	86-0177876	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ARIZONA TRAIL ASSOCIATION, INC. 738 N. FIFTH AVE. #201 TUCSON, AZ 85705	86-0762149	501(C)(3)	29,130.	0.			PROGRAM SUPPORT
ARIZONA WOMEN'S BOARD 5921 E. INDIAN BEND RD. PARADISE VALLEY, AZ 85253	27-1895934	501(C)(3)	26,565.	0.			PROGRAM SUPPORT
ARIZONANS CONCERNED ABOUT SMOKING 525 W. SOUTHERN AVE. #109 MESA, AZ 85210	95-3347438	501(C)(3)	65,000.	0.			PROGRAM SUPPORT
ARIZONANS FOR CHILDREN, INC. 2435 E. LA JOLLA DR. TEMPE, AZ 85282	02-0651198	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ARK CAT SANCTUARY P.O. BOX 30098 FLAGSTAFF, AZ 86003	20-5883650	501(C)(3)	24,500.	0.			PROGRAM SUPPORT

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ARLINGTON ELEMENTARY SCHOOL DISTRICT - P.O. BOX 39 - ARLINGTON, AZ 85322	86-6000502	ST OF ARIZ	50,000.	0.			PROGRAM SUPPORT
ARTABILITYAZ P.O. BOX 25159 PHOENIX, AZ 85002	94-2823675	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ARTHRITIS FOUNDATION - ARIZONA 5009 E. WASHINGTON ST. #125 PHOENIX, AZ 85034	58-1341679	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
ARTHRITIS FOUNDATION - GEORGIA 1355 PEACHTREE ST. NE #600 ATLANTA, GA 30309	58-1341679	501(C)(3)	6,353.	0.			PROGRAM SUPPORT
ARTHRITIS FOUNDATION - ORANGE COUNTY AND INLAND EMPIRE - 4701 VON KARMAN AVE. #100 - NEWPORT BEACH, CA 92660	58-1341679	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
ASIAN PACIFIC COMMUNITY IN ACTION 326 E. CORONADO RD. #200 PHOENIX, AZ 85004	75-3040117	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ASPIRE ARIZONA 308 E. AERO DR. PAYSON, AZ 85541	46-4130332	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ASSISTANCE LEAGUE OF EAST VALLEY 2326 N. ALMA SCHOOL RD. CHANDLER, AZ 85224	86-0659387	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ASSISTANCE LEAGUE OF PHOENIX 9224 N. FIFTH ST. PHOENIX, AZ 85020	86-0193883	501(C)(3)	25,625.	0.			PROGRAM SUPPORT

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ASSOCIATION FOR SUPPORTIVE CHILD CARE (ASCC) - 8222 S. 48TH ST. #120 - PHOENIX, AZ 85044	86-0332919	501(C)(3)	26,000.	0.			PROGRAM SUPPORT
ASSOCIATION OF ARIZONA FOOD BANKS 340 E. CORONADO RD. #400 PHOENIX, AZ 85004-1524	86-0507679	501(C)(3)	33,250.	0.			PROGRAM SUPPORT
AUDUBON ARIZONA 3131 S. CENTRAL AVE. PHOENIX, AZ 85040	13-1624102	501(C)(3)	20,300.	0.			PROGRAM SUPPORT
AUNT RITA'S FOUNDATION 1101 N. CENTRAL AVE. #212 PHOENIX, AZ 85004-1808	41-2176501	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
AZ COMMON GROUND P.O. BOX 90990 PHOENIX, AZ 85066	27-2623077	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
AZCEND 345 S. CALIFORNIA ST. CHANDLER, AZ 85224	86-0428780	501(C)(3)	8,510.	0.			PROGRAM SUPPORT
AZULITA PROJECT 416 N. SITGREAVES ST. FLAGSTAFF, AZ 86001	81-0869112	501(C)(3)	11,200.	0.			PROGRAM SUPPORT
BACK TO SCHOOL CLOTHING DRIVE ASSOCIATION - 360 E. CORONADO RD. #200 - PHOENIX, AZ 85004	74-2382265	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BACKPACKS 4 KIDS AZ INC. 1720 E. EIGHTH AVE. #2 MESA, AZ 85204	81-3669879	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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BALLET ARIZONA 2835 E. WASHINGTON ST. PHOENIX, AZ 85034	86-0367773	501(C)(3)	45,300.	0.			PROGRAM SUPPORT
BANNER ALZHEIMER'S FOUNDATION 2901 N. CENTRAL AVE. #160 PHOENIX, AZ 85012	20-4862361	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
BANNER HEALTH FOUNDATION OF ARIZONA - 2901 N. CENTRAL AVE. #160 - PHOENIX, AZ 85023	94-2545356	501(C)(3)	19,509.	0.			PROGRAM SUPPORT
BANNER SUN HEALTH RESEARCH INSTITUTE - 14719 W. GRAND AVE. #113 - SURPRISE, AZ 85374-7203	23-7107959	501(C)(3)	7,400.	0.			PROGRAM SUPPORT
BARROW NEUROLOGICAL FOUNDATION 124 W. THOMAS RD. #250 PHOENIX, AZ 85013	86-0174371	501(C)(3)	467,512.	0.			PROGRAM SUPPORT
BASIS SCHOOLS, INC. 7975 N. HAYDEN RD. #B100 SCOTTSDALE, AZ 85258	86-0908854	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
BAYLOR COLLEGE OF MEDICINE 3200 SOUTHWEST FREEWAY #1180 HOUSTON, TX 77027	74-1613878	501(C)(3)	195,000.	0.			PROGRAM SUPPORT
BE A LEADER FOUNDATION 1717 W. NORTHERN AVE. #116 PHOENIX, AZ 85021	55-0850279	501(C)(3)	144,800.	0.			PROGRAM SUPPORT
BEATITUDES CAMPUS FOUNDATION 1610 W. GLENDALE AVE. PHOENIX, AZ 85021	86-0649306	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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BELLINGHAM CENTRAL LIONS CLUB FOUNDATION - P.O. BOX 602 - BELLINGHAM, WA 98227	31-1707651	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BELLINGHAM FOOD BANK 1824 ELLIS ST. BELLINGHAM, WA 98225	91-0918619	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BENCHMARK PRESCHOOL AND ELEMENTARY SCHOOL - 4120 E. ACOMA DR. - PHOENIX, AZ 85032	86-0912413	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
BENEVILLA 16752 N. GREASEWOOD ST. SURPRISE, AZ 85378	86-0404687	501(C)(3)	122,693.	0.			PROGRAM SUPPORT
BENSON HOSPITAL CORPORATION P.O. BOX 2290 BENSON, AZ 85602-2290	86-6007695	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
BERKS COUNTY CHAMBER FOUNDATION 606 COURT ST. READING, PA 19601	22-2661138	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BETHANYS GAIT INC P.O. BOX 12945 PRESCOTT, AZ 86304	65-1295634	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS CAPE COD & THE ISLAN - 684 MAIN ST. #3 - HYANNIS, MA 02601	04-2074462	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA - 4745 N. SEVENTH ST. #210 - PHOENIX, AZ 85014	86-0205254	501(C)(3)	55,273.	0.			PROGRAM SUPPORT

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BIG BROTHERS BIG SISTERS OF FLAGSTAFF - 102 W. HUNT AVE. - FLAGSTAFF, AZ 86001	23-7170086	501(C)(3)	18,819.	0.			PROGRAM SUPPORT
BILTMORE LIONS CLUB P.O. BOX 16043 PHOENIX, AZ 85011	26-1513401	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BLACK FAMILY & CHILD SERVICES 1522 E. SOUTHERN AVE. PHOENIX, AZ 85040	86-0480412	501(C)(3)	60,270.	0.			PROGRAM SUPPORT
BLACK MOTHER'S FORUM, INC. P.O. BOX 90917 PHOENIX, AZ 85066	82-0711275	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
BLACK THEATRE TROUPE, INC. P.O. BOX 13349 PHOENIX, AZ 85002	86-0289149	501(C)(3)	19,150.	0.			PROGRAM SUPPORT
BLAKE SCHOOL 110 S. BLAKE RD. HOPKINS, MN 55343	23-7243247	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BLE BEST LIFE EVER FLAGSTAFF P.O. BOX 841 FLAGSTAFF, AZ 86002-0841	47-5173801	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BLOOM365 20403 N. LAKE PLEASANT RD. #117-492 PEORIA, AZ 85382	26-2944620	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
BONNIE J. ADDARIO LUNG CANCER FOUNDATION - 1100 INDUSTRIAL RD. #1 - SAN CARLOS, CA 94070	20-4417327	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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BORDERLANDS RESTORATION NETWORK P.O. BOX 121 PATAGONIA, AZ 85624	47-2581032	501(C)(3)	21,850.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF CASA GRANDE P.O. BOX 10291 CASA GRANDE, AZ 85130	86-0864429	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF FLAGSTAFF P.O. BOX 220 FLAGSTAFF, AZ 86002	45-3083785	501(C)(3)	36,841.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF GREATER SCOTTSDALE - 10533 E. LAKEVIEW DR. - SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	59,600.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF NORTHWEST COLORADO - P.O. BOX 1251 - CRAIG, CO 81626	75-3124416	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF TUCSON P.O. BOX 40217 TUCSON, AZ 85717	86-0172257	501(C)(3)	5,969.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF EAST VALLEY - METRO PHOENIX - 4309 E. BELLEVIEW ST. #14 - PHOENIX, AZ 85008-1824	86-0107639	501(C)(3)	635,925.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF KING COUNTY 603 STEWART ST. #300 SEATTLE, WA 98101	91-0532600	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N. CENTRAL AVE. - ARCADE 7 PHOENIX, AZ 85012	43-1209928	501(C)(3)	9,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS TO MEN MENTORING NETWORK, NCA 551 FIRST ST. PRESCOTT, AZ 86301	27-2093996	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
BOYS TO MEN OF GREATER PHOENIX 2452 E. INDIGO BRUSH RD. PHOENIX, AZ 85048	47-3518202	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BRAC USA, INC. 110 WILLIAM ST. 18TH FL. NEW YORK, NY 10038	20-8456741	501(C)(3)	23,642.	0.			PROGRAM SUPPORT
BRAIN INJURY ALLIANCE OF ARIZONA 5025 E. WASHINGTON ST. #108 PHOENIX, AZ 85034	94-2937165	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BREAD OF LIFE MISSIONS, INC. P.O. BOX 2991 CAMP VERDE, AZ 86322	86-0814302	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BREAKDOWN INTERNATIONAL INC P.O. BOX 1204 SAHUARITA, AZ 85629	27-3556243	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
BRIDGE2RWANDA INC. 1818 N. TAYLOR ST. #B LITTLE ROCK, AR 72207	26-1205347	501(C)(3)	5,671.	0.			PROGRAM SUPPORT
BROPHY COLLEGE PREPARATORY 4701 N. CENTRAL AVE. PHOENIX, AZ 85012-1723	86-0119984	501(C)(3)	329,700.	0.			PROGRAM SUPPORT
BULLION PLAZA CULTURAL CENTER AND MUSEUM - P.O. BOX 786 - MIAMI, AZ 85539	86-1028253	501(C)(3)	5,160.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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BUTTERFLY WONDERLAND FOUNDATION, INC. - 5900 N. GRANITE REEF RD. #200 - SCOTTSDALE, AZ 85250	27-4186543	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CAMELBACK HIGH SCHOOL ALUMNI ASSOCIATION - C/O GALLAGHER & KENNEDY, 2575 E. CAMBELBACK RD. #1100 - PHOENIX, AZ 85016	20-0604476	501(C)(3)	41,700.	0.			PROGRAM SUPPORT
CAMELOT THERAPEUTIC HORSEMANSHIP 23623 N. SCOTTSDALE RD. PMB 259 SCOTTSDALE, AZ 85255	86-0444470	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CAMP CATANESE FOUNDATION 1 W. CAMPBELL AVE. #2110 PHOENIX, AZ 85013	81-3263828	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CAMP COLLEY FOUNDATION 216 W. PORTLAND ST. PHOENIX, AZ 85003	16-1706639	501(C)(3)	76,750.	0.			PROGRAM SUPPORT
CAMP SWIFT YOUTH FOUNDATION 16099 N. 82ND ST. #B2A SCOTTSDALE, AZ 85260	86-0793061	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
CAMP VERDE MARSHAL'S OFFICE 646 S. FIRST ST. CAMP VERDE, AZ 86322	86-0573698	501(C)(3)	15,475.	0.			PROGRAM SUPPORT
CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CANCER SUPPORT COMMUNITY - ARIZONA 360 E. PALM LN. PHOENIX, AZ 85004	86-0897810	501(C)(3)	11,435.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CAPE COD HEALTHCARE FOUNDATION P.O. BOX 370 HYANNIS, MA 02601	04-3475950	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CAPE COD TIMES NEEDY FUND, INC. P.O. BOX 804 HYANNIS, MA 02601	22-2480332	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
CARRY THE LOAD 514 S. HALL STREET DALLAS, TX 75226	27-4568835	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CASA DE LOS NINOS 1120 N. FIFTH AVE. TUCSON, AZ 85705	86-0314595	501(C)(3)	14,005.	0.	FAIR MARKET VALUE	PROPERTY AND EQUIPMENT	PROGRAM SUPPORT
CATECHESIS OF THE GOOD SHEPHERD INC - 7655 E. MAIN ST. - SCOTTSDALE, AZ 85251	52-1328815	501(C)(3)	10,000.	0.	FAIR MARKET VALUE	PROPERTY AND EQUIPMENT	PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICES, INC. - 4747 N. SEVENTH AVE. - PHOENIX, AZ 85013	86-0223999	501(C)(3)	48,174.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICES, INC. - - 2101 N. FOURTH ST. - FLAGSTAFF, AZ 86004	86-0223999	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX - 4500 S. LAKESHORE DR. #650 - TEMPE, AZ 85282	86-0465177	501(C)(3)	12,965.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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CATHOLIC COMMUNITY SERVICES-SOUTHERN AZ, INC. - 140 W. SPEEDWAY BLVD. #230 - TUCSON, AZ 85705	86-0100880	501(C)(3)	5,581.	0.			PROGRAM SUPPORT
CATTLE TRACK ARTS & PRESERVATION (CTAP) - 6105 CATTLE TRACK - SCOTTSDALE, AZ 85250	86-0920589	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CATTLEGROWERS FOUNDATION, INC. P.O. BOX 7517 ALBUQUERQUE, NM 87194	85-0456690	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CENTER FOR THE FUTURE OF ARIZONA 541 E. VAN BUREN ST. #B-5 PHOENIX, AZ 85004-2211	82-0538372	501(C)(3)	278,432.	0.			PROGRAM SUPPORT
CENTRAL ARIZONA DENTAL SOCIETY 5300 N. CENTRAL AVE. STE. 200 PHOENIX, AZ 85012	27-4537263	501(C)(3)	12,570.	0.			PROGRAM SUPPORT
CENTRAL ARIZONA SHELTER SERVICES (CASS) - 230 S. 12TH AVE. - PHOENIX, AZ 85007	86-0500753	501(C)(3)	142,500.	0.			PROGRAM SUPPORT
CENTRAL ARTS ALLIANCE 1819 S. DOBSON RD. UNIT 214 MESA, AZ 85202	86-0712649	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON ST. READING, PA 19603	23-2041081	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
CHANCES FOR CHILDREN 20343 N. HAYDEN RD. #105-114 SCOTTSDALE, AZ 85255	20-5835605	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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CHANDLER EDUCATION FOUNDATION 1525 W. FRYE RD. CHANDLER, AZ 85224	86-0589677	501(C)(3)	17,691.	0.			PROGRAM SUPPORT
CHANGEPOINT INTEGRATED HEALTH 1801 W. DEUCE OF CLUB SHOW LOW, AZ 85901	86-0215065	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
CHARLES HUMPHREY KEATING IV FOUNDATION - P.O. BOX 181679 - CORONADO, CA 92118	82-2075362	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
CHICANOS POR LA CAUSA 1112 E. BUCKEYE RD. PHOENIX, AZ 85034-4043	86-0227210	501(C)(3)	177,415.	0.			PROGRAM SUPPORT
CHICO AIR MUSEUM 165 RYAN AVE. CHICO, CA 95973	59-3819450	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
CHILD & FAMILY SERVICES OF YUMA, INC. - 257 S. THIRD AVE. - YUMA, AZ 85364	86-0654864	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHILD AND FAMILY RESOURCES, INC. 2800 E. BROADWAY BLVD. TUCSON, AZ 85716	86-0251984	501(C)(3)	8,890.	0.			PROGRAM SUPPORT
CHILD CRISIS ARIZONA 817 N. COUNTRY CLUB DR. MESA, AZ 85201	86-0324144	501(C)(3)	76,210.	0.			PROGRAM SUPPORT
CHILDREN FIRST ACADEMY OF TEMPE 1460 S. HORNE MESA, AZ 85204	74-3033931	501(C)(3)	53,224.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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CHILDREN FIRST FOUNDATION 1648 S. 16TH ST. PHOENIX, AZ 85034	36-4742470	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
CHILDREN'S ACTION ALLIANCE 3030 N. THIRD ST. #650 PHOENIX, AZ 85012	86-0594785	501(C)(3)	88,000.	0.			PROGRAM SUPPORT
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD. #210 SHERMAN OAKS, CA 91403	95-3954352	501(C)(3)	6,065.	0.			PROGRAM SUPPORT
CHILDREN'S CABINET, INC 1090 S. ROCK BLVD. RENO, NV 89502	77-0097156	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
CHILDREN'S CANCER NETWORK 6150 W. CHANDLER BLVD. #1 CHANDLER, AZ 85226	20-2129902	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LN. #355 MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CHILDRENS FUND INCORPORATED 348 W. HOSPITALITY LN. #110 SAN BERNARDINO, CA 92408	33-0193286	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHILDREN'S MUSEUM OF PHOENIX 215 N. SEVENTH ST. PHOENIX, AZ 85034	86-0934323	501(C)(3)	41,000.	0.			PROGRAM SUPPORT
CHILDSPLAY, INC. 900 S. MITCHELL DR. TEMPE, AZ 85281	86-0336473	501(C)(3)	39,000.	0.			PROGRAM SUPPORT

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CHINO VALLEY EDUCATION FOUNDATION 650 E. CENTER ST. CHINO VALLEY, AZ 86323	90-1000527	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
CHIRICAHUA COMMUNITY HEALTH CENTER, INC. - 1205 F AVE. - DOUGLAS, AZ 85607	86-0814898	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHOC CHILDREN'S FOUNDATION 1201 W. LA VETA AVE. ORANGE, CA 92868	95-6097416	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
CHRIST ANGLICAN CHURCH P.O. BOX 5892 CAREFREE, AZ 85377	86-0920155	501(C)(3)	5,400.	0.			PROGRAM SUPPORT
CHRIST CHURCH ANGLICAN P.O. BOX 10219 PHOENIX, AZ 85064-0219	33-1179703	501(C)(3)	27,875.	0.			PROGRAM SUPPORT
CHRISTIAN ALLIANCE FOR ORPHANS 6723 WHITTIER AVE. #202 MCLEAN, VA 22101	26-1492375	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CHRISTIAN LEGAL AID OF ARIZONA P.O. BOX 1734 GLENDALE, AZ 85311-1734	72-1553889	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
CHRISTS CHURCH OF THE VALLEY 7007 W. HAPPY VALLEY RD. PEORIA, AZ 85383	86-0461930	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CHRYSALIS SHELTERS FOR VICTIMS OF DOMESTIC VI - 2055 W. NORTHERN AVE. - PHOENIX, AZ 85021	86-0447620	501(C)(3)	71,610.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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CIRCLE THE CITY 300 W. CLARENDON #200 PHOENIX, AZ 85013	26-2420730	501(C)(3)	55,500.	0.			PROGRAM SUPPORT
CITY CHURCH SAN FRANCISCO P.O. BOX 641049 SAN FRANCISCO, CA 94164-1049	32-0256592	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CITY HELP INC. OF PHOENIX, D/B/A PHOENIX DREAM CENTER - 75 N CENTRAL STREET #843010 - COLORADO CITY, AZ 86021	86-1001113	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
CITY OF BUCKEYE COMMUNITY SERVICES DEPARTMENT, 110 BUCKEYE, AZ 85326	86-6000236	CITY GOVERNMENT	20,000.	0.			PROGRAM SUPPORT
CITY OF PHOENIX - PARKS AND RECREATION - 200 W. WASHINGTON 16TH FL. - PHOENIX, AZ 85003	86-6000256	CITY GOVERNMENT	36,519.	0.			PROGRAM SUPPORT
CITY OF READING 815 WASHINGTON ST. READING, PA 19601	23-6001907	CITY GOVERNMENT	6,940.	0.			PROGRAM SUPPORT
CITY OF SOMERTON PARKS AND RECREATION DEPT. - P.O. BOX 638 - SOMERTON, AZ 85350	86-6000261	CITY GOVERNMENT	9,053.	0.			PROGRAM SUPPORT
CITY OF TEMPE FINANCIAL SERVICES OFFICE - 31 E. FIFTH ST. - TEMPE, AZ 85281	86-6000262	CITY GOVERNMENT	16,700.	0.			PROGRAM SUPPORT
CIVIL VISION INTERNATIONAL, INC. 1838 PASEO SAN LUIS SIERRA VISTA, AZ 85635	46-1453081	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

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CIVITAN FOUNDATION, INC. 12635 N. 42ND ST. PHOENIX, AZ 85032	23-7036797	501(C)(3)	28,000.	0.			PROGRAM SUPPORT
CLAYTON LEARNING CENTER 3801 MARTIN LUTHER KING BLVD. DENVER, CO 80205	84-0432238	501(C)(3)	53,000.	0.			PROGRAM SUPPORT
CLEAN THE WORLD FOUNDATION P.O. BOX 622620 ORLANDO, FL 32862-2620	26-4212487	501(C)(3)	13,125.	0.			PROGRAM SUPPORT
CM BASEBALL LEAGUE 7498 E. MONTE CRISTO AVE. #103 SCOTTSDALE, AZ 85260	46-4175298	501(C)(3)	132,000.	0.			PROGRAM SUPPORT
CO+HOOTS FOUNDATION 221 E. INDIANOLA AVE. PHOENIX, AZ 85012	46-4741046	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
COALITION OF BLACKS AGAINST BREAST CANCER - 4949 E. VAN BUREN ST. - PHOENIX, AZ 85026	46-0789952	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
COCHISE CANINE RESCUE P.O. BOX 87 POMERENE, AZ 85627	46-3163709	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
COCONINO COMMUNITY COLLEGE FOUNDATION - 2800 S. LONE TREE RD. - FLAGSTAFF, AZ 86005	86-0717956	501(C)(3)	64,000.	0.			PROGRAM SUPPORT
COCONINO COUNTY COMMUNITY SERVICES 2625 N. KING ST. FLAGSTAFF, AZ 86004	86-6000441	COCONINO C	6,623.	0.			PROGRAM SUPPORT

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COCONINO COUNTY SHERIFF'S OFFICE 911 E. SAWMILL RD. FLAGSTAFF, AZ 86001	86-6000441	COUNTY GOV'T	12,000.	0.			PROGRAM SUPPORT
COCONINO COUNTY SHERIFF'S SEARCH AND RESCUE - 911 E. SAWMILL RD. - FLAGSTAFF, AZ 86001	94-2385592	COUNTY GOV'T	6,000.	0.			PROGRAM SUPPORT
COCONINO COUNTY SUPERINTENDENT OF SCHOOLS - 2384 N. STEVES BLVD. - FLAGSTAFF, AZ 86004	86-6000441	COUNTY GOV'T	10,000.	0.			PROGRAM SUPPORT
COLLEGE SUCCESS ARIZONA 4747 N. 32ND ST. #150 PHOENIX, AZ 85018	20-2366755	501(C)(3)	567,200.	0.			PROGRAM SUPPORT
COLORADO PLATEAU FOUNDATION 113 E. BIRCH AVE. FLAGSTAFF, AZ 86001	83-0959411	501(C)(3)	239,165.	0.			PROGRAM SUPPORT
COMMUNITY BRIDGES, INC. 1855 W. BASELINE RD. #101 MESA, AZ 85202	94-2880847	501(C)(3)	75,135.	0.			PROGRAM SUPPORT
COMMUNITY CANCER FUND 510 W. RIVERSIDE AVE. #207 SPOKANE, WA 99210-2127	46-4735260	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 S. COUNTRY CLUB RD. - TUCSON, AZ 85713	51-0192519	501(C)(3)	42,624.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION FOR SOUTHERN ARIZONA - 5049 E. BROADWAY BLVD. #201 - TUCSON, AZ 85711	94-2681765	501(C)(3)	78,285.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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COMMUNITY LEGAL SERVICES 305 S. SECOND AVE. PHOENIX, AZ 85003	86-0166615	501(C)(3)	467,200.	0.			PROGRAM SUPPORT
COMMUNITY OUTREACH PROGRAM FOR THE DEAF - 268 W. ADAMS ST. - TUCSON, AZ 85705	86-0100880	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMPANIONS FOR HEROES P.O. BOX 29016 PHOENIX, AZ 85038-9001	27-0648741	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY. COLORADO SPRINGS, CO 80921-3668	36-2423707	501(C)(3)	9,174.	0.			PROGRAM SUPPORT
CORNUCOPIA COMMUNITY ADVOCATES 95 SPOTTED FAWN CT. SEDONA, AZ 86351	86-0990310	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
CORTNEY'S PLACE 7000 E. SHEA BLVD. #1430 SCOTTSDALE, AZ 85254	42-1745079	501(C)(3)	15,490.	0.			PROGRAM SUPPORT
COSANTI FOUNDATION 13555 S. CROSS L RD. MAYER, AZ 86333	86-0208931	501(C)(3)	10,400.	0.			PROGRAM SUPPORT
COVENANT HOUSE CALIFORNIA 1325 N. WESTERN AVE. LOS ANGELES, CA 90027	13-3391210	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CREATIVITY FOR PEACE 369 MONTEZUMA AVE. #566 SANTA FE, NM 87501	85-0366087	501(C)(3)	19,000.	0.			PROGRAM SUPPORT

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CREIGHTON COMMUNITY FOUNDATION 3219 E. CAMELBACK RD. #376 PHOENIX, AZ 85018	46-2275877	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CRISIS RESPONSE NETWORK OF SOUTHERN ARIZONA DBA CENTERPOINT FOR HOPE - 1275 W. WASHINGTON ST #108 - TEMPE, AZ 85281	45-1564583	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
CROSSROADS MISSION P.O. BOX 1161 YUMA, AZ 85366	86-6052435	501(C)(3)	10,450.	0.			PROGRAM SUPPORT
CROWNS OF COURAGE 4900 N. SCOTTSDALE RD. #3000 SCOTTSDALE, AZ 85251	81-5158760	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CYSTIC FIBROSIS FOUNDATION - ARIZONA CHAPTER - 2777 E. CAMELBACK RD. #330 - PHOENIX, AZ 85016	13-1930701	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DAMION GOSA MEMORIAL FOUNDATION INC - 2102 E. ALTA VISTA RD. - PHOENIX, AZ 85042	45-5441868	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DANCING IN THE STREETS ARIZONA 6411 E. BRIAN KENT TUCSON, AZ 85710	32-0232575	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
DARING ADVENTURES 1946 W. MORNINGSIDE DR. PHOENIX, AZ 85023	86-0749240	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE, 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755-4400	02-0222111	501(C)(3)	6,880.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIS COMMUNITY CHURCH 412 C ST. DAVIS, CA 95616	94-1231014	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DAYSTAR U.S 8011 34TH AVE. S. #C50 BLOOMINGTON, MN 55425	95-3732280	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
DEAN COLLEGE 99 MAIN ST. FRANKLIN, MA 02038	04-2104149	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W. WICKENBURG WAY #3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
DENVER WALDORF SCHOOL ASSOCIATION 2100 S. PENNSYLVANIA ST. DENVER, CO 80210	84-0717615	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DEPAUL UNIVERSITY 1 E. JACKSON BLVD. CHICAGO, IL 60604	36-2167048	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DERRICK HALL PRO-STATE FOUNDATION 401 E. JEFFERSON ST. PHOENIX, AZ 85004	46-1149656	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
DESERT BOTANICAL GARDEN 1201 N. GALVIN PKWY. PHOENIX, AZ 85008	86-0136925	501(C)(3)	74,700.	0.			PROGRAM SUPPORT
DESERT CAT RESCUE AND SANCTUARY P.O. BOX 1238 THATCHER, AZ 85552	47-3983524	501(C)(3)	11,160.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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DESERT FOOTHILLS LAND TRUST P.O. BOX 4861 CAVE CREEK, AZ 85327	86-0677917	501(C)(3)	12,942.	0.			PROGRAM SUPPORT
DESERT MISSION, INC. 9225 N. THIRD ST. #200 PHOENIX, AZ 85020	86-0096941	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
DESERT PALMS PRESBYTERIAN CHURCH 13459 W. STARDUST BLVD. SUN CITY WEST, AZ 85375-2548	86-0397656	501(C)(3)	20,650.	0.			PROGRAM SUPPORT
DESERT VOICES ORAL LEARNING CENTER 3426 E. SHEA BLVD. PHOENIX, AZ 85028	86-0834633	501(C)(3)	30,750.	0.			PROGRAM SUPPORT
DETOUR CO. THEATRE P.O. BOX 697 SCOTTSDALE, AZ 85252	01-0622545	501(C)(3)	10,100.	0.			PROGRAM SUPPORT
DEVEREUX ADVANCED BEHAVIORAL HEALTH ARIZONA - 2025 N. THIRD ST. #250 - PHOENIX, AZ 85004	23-1390618	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
DEWEY-HUMBOLDT FIREWISE PO BOX 764 HUMBOLDT, AZ 86329	86-0348306	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
DIAMOND STAR RANCH INC. 906 S. 339TH AVE. TONOPAH, AZ 85354	20-2842812	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
DIRECT RELIEF 6100 WALLACE BECKNELL RD. SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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DISABLED AMERICAN VETERANS CHARITABLE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(C)(3)	20,580.	0.			PROGRAM SUPPORT
DNA-PEOPLE'S LEGAL SERVICES P.O. BOX 306 WINDOW ROCK, AZ 86515	86-0207220	501(C)(3)	38,400.	0.			PROGRAM SUPPORT
DOCTORS OF THE WORLD USA INC. 222 BROADWAY, 19TH FL. NEW YORK, NY 10038	35-2426718	501(C)(3)	9,901.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
DONALD R. KEMP YOUTH HUNTING CLUB, INC. - 2831 CLOUDCROFT CIR. - LAS CRUCES, NM 88011	20-2145081	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
DRESS FOR SUCCESS 1024 E. BUCKEYE RD. #165 PHOENIX, AZ 85034	26-3610807	501(C)(3)	15,850.	0.			PROGRAM SUPPORT
DUET PARTNERS IN HEALTH & AGING, INC. - 10000 N. 31ST AVE. STE. D200 - PHOENIX, AZ 85051	74-2370522	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
EAGLE VALLEY COMMUNITY FOUNDATION P.O. BOX 1580 VAIL, CO 81658	47-1915583	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EAST VALLEY ADULT RESOURCES, INC 45 W. UNIVERSITY DR. #A MESA, AZ 85201	94-2596075	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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EAST VALLEY JEWISH CC C/O EMILY ZAPPA, 908 N. ALMA SCHOOL CHANDLER, AZ 85224	86-0618301	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY #A200, ADMINISTRATIVE OFFICE - TUCSON, AZ 85710	86-0093224	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
ECHOING HOPE RANCH 8344 S. HEREFORD RD, HEREFORD, AZ 85615	27-1176662	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
EDUCARE ARIZONA 1300 N. 48TH ST. PHOENIX, AZ 85008	26-1778287	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EDUCATION FOUNDATION FOR THE BUCKEYE ELEMENTARY SCHOOL DISTRICT - P.O. BOX 190 - BUCKEYE, AZ 85326	47-3003664	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
EDUCATIONAL FOUNDATION OF YUMA COUNTY - 210 S. FIRST AVE. - YUMA, AZ 85364	86-0609864	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EIGHT, ARIZONA PBS - ARIZONA STATE UNIVERSITY - 555 N. CENTRAL AVE. #500 - PHOENIX, AZ 85004-1252	86-6051042	501(C)(3)	39,100.	0.			PROGRAM SUPPORT
EL DORADO FOUNDATION, INC 4710 N. CAIDA PL. TUCSON, AZ 85718	46-3250790	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
EL GRUPO YOUTH CYCLING P.O. BOX 295 TUCSON, AZ 85702	80-0252901	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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EL RIO HEALTH CENTER FOUNDATION 839 W. CONGRESS ST. TUCSON, AZ 85745	86-0816675	501(C)(3)	50,020.	0.			PROGRAM SUPPORT
EL TORO FOUNDATION DBA MATADOR ATHLETIC ASSOCIATION, P YUMA, AZ 85366-0929	86-6053927	501(C)(3)	5,625.	0.			PROGRAM SUPPORT
EL ZARIBAH PERMANENT ENDOWMENT TRANSPORTATION - 552 N. 40TH ST. - PHOENIX, AZ 85008	86-0018510	501(C)(10)	54,402.	0.			PROGRAM SUPPORT
ELAINE 220 S. 12TH AVE. PHOENIX, AZ 85007	81-1989463	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ELDERTLC, INC. 5315 E. PARADISE CANYON RD. PARADISE VALLEY, AZ 85253	81-4206947	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ELEVATE PHOENIX 3750 W. INDIAN SCHOOL RD. PHOENIX, AZ 85019	90-0451740	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EMPACT-SUICIDE PREVENTION CENTER 618 S. MADISON DR. TEMPE, AZ 85281	74-2562293	501(C)(3)	12,028.	0.			PROGRAM SUPPORT
ENTREPRENEURS' ORGANIZATION 500 MONTGOMERY ST. #700 ALEXANDRIA, VA 22314	52-1651248	501(C)(3)	105,000.	0.			PROGRAM SUPPORT
EPILEPSY FOUNDATION OF ARIZONA 3620 N. 4TH AVE #228 PHOENIX, AZ 85013	86-6080639	501(C)(3)	6,420.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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EPISCOPAL PARISH OF ST. BARNABAS ON THE DESERT - 6715 N. MOCKINGBIRD LN. - SCOTTSDALE, AZ 85253	86-0127609	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
EQUINE VOICES RESCUE & SANCTUARY P.O. BOX 1685 GREEN VALLEY, AZ 85622	74-3127794	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
EVA MARSHALL ELEMENTARY SCHOOL 840 N. BONITO ST. FLAGSTAFF, AZ 86001	86-0593041	STATE	6,200.	0.			PROGRAM SUPPORT
EXECUTIVE COUNCIL CHARITIES 4114 E. INDIAN SCHOOL RD. PHOENIX, AZ 85018	27-3923417	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
EXPECT MORE ARIZONA 4747 N. 32ND ST. #160 PHOENIX, AZ 85018	45-3681012	501(C)(3)	28,600.	0.			PROGRAM SUPPORT
EXPERIENCE MATTERS CONSORTIUM, INC. - 360 E. CORONADO RD. #170 - PHOENIX, AZ 85004	45-3788542	501(C)(3)	13,050.	0.			PROGRAM SUPPORT
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 2ND ST. - SANTA ROSA, CA 95404	68-0052664	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
FAITH PRESBYTERIAN CHURCH 16000 N. DEL WEBB BLVD. SUN CITY, AZ 85351	23-7323022	501(C)(3)	17,700.	0.			PROGRAM SUPPORT
FAMILY HEALTHCARE AMIGOS P.O. BOX 13 PATAGONIA, AZ 85624	51-0206952	501(C)(3)	8,500.	0.			PROGRAM SUPPORT

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FAMILY PROMISE OF GREATER PHOENIX 7447 E. EARLL DR. SCOTTSDALE, AZ 85251	86-0914408	501(C)(3)	88,500.	0.			PROGRAM SUPPORT
FAMILY TREE HEALTHCARE INTERNATIONAL - 7002 S. CENTRAL AVE. - PHOENIX, AZ 85042	56-2440799	501(C)(3)	5,800.	0.			PROGRAM SUPPORT
FATHER WASSON LEGACY ENDOWMENT INC. - 134 N. LASALLE ST. #500 - CHICAGO, IL 60602-1036	91-2005679	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FEATHER RIVER COLLEGE FOUNDATION 570 GOLDEN EAGLE AVE. QUINCY, CA 95971-9124	68-0188281	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FEED MY STARVING CHILDREN 1345 S. ALMA SCHOOL RD. MESA, AZ 85210	41-1601449	501(C)(3)	7,332.	0.			PROGRAM SUPPORT
FEEDING MATTERS, INC. 7227 N. 16TH ST. #110 PHOENIX, AZ 85020	20-8095826	501(C)(3)	28,000.	0.			PROGRAM SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES - PHOENIX - ONE N. FIRST ST. #719 - PHOENIX, AZ 85004	44-0610626	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
FESTIVAL OF ARTS OF LAGUNA BEACH 650 LAGUNA CANYON RD. LAGUNA BEACH, CA 92651	95-1964772	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
FIESTA EVENTS INC. 7135 E. CAMELBACK RD. #190 SCOTTSDALE, AZ 85251	86-0666998	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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FIRE INTERNATIONAL INC. P.O. BOX 5306 CONCORD, NC 28027	59-3563742	501(C)(3)	26,000.	0.			PROGRAM SUPPORT
FIRST 200 BEDFORD ST. MANCHESTER, NH 03101	22-2990908	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH OF DEMING 206 W. PINE ST. DEMING, NM 88030	85-0212420	501(C)(3)	5,510.	0.			PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH OF PHOENIX 6750 N. SEVENTH AVE. PHOENIX, AZ 85013	86-0135566	501(C)(3)	42,700.	0.			PROGRAM SUPPORT
FIRST CONGREGATIONAL CHURCH 2801 LOMAS BLVD. NE ALBUQUERQUE, NM 87106	85-0155122	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FIRST CONGREGATIONAL CHURCH UCC PHOENIX - 1407 N. SECOND ST. - PHOENIX, AZ 85004	86-0119986	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
FIRST LIBERTY INSTITUTE 2001 W. PLANO PKWY. #1600 PLANO, TX 75075	75-1403169	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
FIRST PLACE AZ 717 E. MARYLAND AVE. #110 PHOENIX, AZ 85014	46-1722227	501(C)(3)	153,000.	0.			PROGRAM SUPPORT
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE. 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	32,164.	0.			PROGRAM SUPPORT

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FLAGSTAFF ARTS AND LEADERSHIP ACADEMY, INC. - 3100 N. FORT VALLEY RD. #41 - FLAGSTAFF, AZ 86001	86-0826280	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FLAGSTAFF COMMUNITY BAND P.O. BOX 2423 FLAGSTAFF, AZ 86003	86-0806577	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FLAGSTAFF FAMILY FOOD CENTER: FOOD BANK AND KITCHEN - 3805 E. HUNTINGTON DR. - FLAGSTAFF, AZ 86004	86-0754044	501(C)(3)	120,104.	0.			PROGRAM SUPPORT
FLAGSTAFF SHELTER SERVICES, INC. P.O. BOX 1808 FLAGSTAFF, AZ 86002	20-4921369	501(C)(3)	181,952.	0.			PROGRAM SUPPORT
FLAGSTAFF SYMPHONY ORCHESTRA 113-A E. ASPEN AVE. FLAGSTAFF, AZ 86004	86-0186038	501(C)(3)	21,900.	0.			PROGRAM SUPPORT
FLORENCE CRITTENTON SERVICES OF AZ 715 W. MARIPOSA ST. PHOENIX, AZ 85013	86-0103282	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT, INC. - P.O. BOX 86299 - TUCSON, AZ 85754	86-0658103	501(C)(3)	12,600.	0.			PROGRAM SUPPORT
FOCUS ON LYME FOUNDATION 4949 E. LINCOLN DR. #5 PARADISE VALLEY, AZ 85253	86-0946204	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOLDS OF HONOR FOUNDATION DEPARTMENT #13 TULSA, OK 74182	75-3240683	501(C)(3)	6,697.	0.			PROGRAM SUPPORT

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FOOTHILLS CARING CORPS P.O. BOX 831 CAREFREE, AZ 85377	26-4341807	501(C)(3)	37,750.	0.			PROGRAM SUPPORT
FOOTHILLS COMMUNITY FOUNDATION 34250 N. 60TH ST. BLDG. B SCOTTSDALE, AZ 85266	86-0537424	501(C)(3)	43,929.	0.			PROGRAM SUPPORT
FOSTER ARIZONA P.O. BOX 20787 MESA, AZ 85277	46-3920514	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOSTERING WITHOUT WALLS 2316 E. JENSEN ST. MESA, AZ 85213	83-4628495	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOUNDATION FOR ARTS CULTURE & EDUCATION OF THE HCPA - P.O. BOX 2424 - GILBERT, AZ 85299	46-5697525	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOUNDATION FOR BLIND CHILDREN 1234 E. NORTHERN AVE. PHOENIX, AZ 85020	86-0129981	501(C)(3)	10,026.	0.			PROGRAM SUPPORT
FOUNDATION FOR SENIOR LIVING 1201 E. THOMAS RD. PHOENIX, AZ 85014	86-0411904	501(C)(3)	62,500.	0.			PROGRAM SUPPORT
FOUNDATION FOR THE CONSERVATION OF ARIZONA'S WILDLIFE, D/B/A WILDLIFE FOR TOMORR - 5000 W. CAREFREE HWY. MAIL DROP DOHQ - PHOENIX, AZ 85086	86-0684044	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FOX TUCSON THEATRE FOUNDATION 17 W. CONGRESS TUCSON, AZ 85701	86-0965120	501(C)(3)	15,070.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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FRANCISCAN RENEWAL CENTER 5802 E. LINCOLN DR. SCOTTSDALE, AZ 85253	86-0720036	501(C)(3)	50,635.	0.			PROGRAM SUPPORT
FRANK LLOYD WRIGHT FOUNDATION 12621 N. FRANK LLOYD WRIGHT BIVD. SCOTTSDALE, AZ 85259	86-0197576	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
FREE ARTS FOR ABUSED CHILDREN OF ARIZONA - 352 E. CAMELBACK RD. - PHOENIX, AZ 85012	86-0739613	501(C)(3)	17,078.	0.			PROGRAM SUPPORT
FRESH START WOMEN'S FOUNDATION 1130 E. MCDOWELL RD. PHOENIX, AZ 85006	86-0762610	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
FRIENDS OF BISBEE ANIMAL SHELTER P.O. BOX 1620 BISBEE, AZ 85603	47-2518622	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
FRIENDS OF CAMP COLTON P.O. BOX 393 FLAGSTAFF, AZ 86002	86-1015268	501(C)(3)	13,300.	0.			PROGRAM SUPPORT
FRIENDS OF ISRAEL GOSPEL MINISTRY, INC. - P.O. BOX 908 - BELLMAR, NJ 08099	23-1365331	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FRIENDS OF MUSIC COMMITTEE, INC. P.O. BOX 2078 WICKENBURG, AZ 85358	86-0351746	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FRIENDS OF PUBLIC RADIO ARIZONA P.O. BOX 62228 PHOENIX, AZ 85082-2228	01-0579687	501(C)(3)	45,660.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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FRIENDS OF THE CENTRE FOR ADDICTION AND MENTAL HEALTH - 1725 I ST. NW #300 - WASHINGTON, DC 20006	80-0899950	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FRIENDS OF THE PHOENIX PUBLIC LIBRARY - 1221 N. CENTRAL AVE. - PHOENIX, AZ 85004	86-0337769	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
FRIENDS OF THE SIERRA VISTA ANIMAL SHELTER - 2160 E. FRY BLVD. #C5 PMB 284 - SIERRA VISTA, AZ 85635	27-1084477	501(C)(3)	18,500.	0.			PROGRAM SUPPORT
FROTH AND BUBBLE FOUNDATION FOR FOOD ASSISTANCE, INC. - 7349 VIA PASEO DEL SUR #515-426 - SCOTTSDALE, AZ 85258	82-3212998	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
FUTURE FOR KIDS 1425 W. SOUTHERN AVE. #10A TEMPE, AZ 85282	86-1011434	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
GABRIEL'S ANGELS, INC. 727 E. BETHANY HOME RD. #C-100 PHOENIX, AZ 85014	86-0991198	501(C)(3)	12,297.	0.			PROGRAM SUPPORT
GADSDEN ELEMENTARY SCHOOL DISTRICT #32 - P.O. BOX 6870 - SAN LUIS, AZ 85349	90-0149673	STATE	5,160.	0.			PROGRAM SUPPORT
GAMMA MU EDUCATIONAL SERVICES, INC. - 4748 N. 186TH LN. - GOODYEAR, AZ 85395	27-4698031	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GAP MINISTRIES, INC. 2861 N. FLOWING WELLS RD. #161 TUCSON, AZ 85705	77-0385387	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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GARY SINISE FOUNDATION P.O. BOX 368 WOODLAND HILLS, CA 91365	80-0587086	501(C)(3)	10,280.	0.			PROGRAM SUPPORT
GAVIOTA COAST CONSERVANCY P.O. BOX 1099 GOLETA, CA 93116-1099	77-0455133	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS, DBA ARIZONA SONSHINE - P.O. BOX 1620 - CHINO VALLEY, AZ 86323	86-0131620	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
GENERATION JUSTICE 3900 E. CAMELBACK RD. #300 PHOENIX, AZ 85018	82-2604035	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
GENIUS RECOVERY FOUNDATION 4440 S. RURAL RD. #F TEMPE, AZ 85282	83-3119272	501(C)(3)	28,500.	0.			PROGRAM SUPPORT
GEORGE W. BUSH FOUNDATION 2943 SMU BLVD. DALLAS, TX 75205-2563	20-4119317	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
GESHER DISABILITY RESOURCES 12701 N. SCOTTSDALE RD. #205 SCOTTSDALE, AZ 85254	86-0626273	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GIGI'S PLAYHOUSE 9160 E. SHEA BLVD. #103B SCOTTSDALE, AZ 85260	47-1746104	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E. BROADWAY BLVD. TUCSON, AZ 85711	86-0098917	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS-ARIZONA CACTUS-PINE COUNCIL, INC. - 119 E. CORONADO RD. - PHOENIX, AZ 85004	86-0133397	501(C)(3)	168,344.	0.			PROGRAM SUPPORT
GIVEDIRECTLY, INC P.O. BOX 3221 NEW YORK, NY 10008	27-1661997	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GLOBAL LEADERS INC. 140 W. OAK ST. #270 FORT COLLINS, CO 80524	45-4279561	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GLOBAL NETWORK FOR SUSTAINABLE DEVELOPMENT - 92138 S. ROGERS - MESA, AZ 85202	82-3512985	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON ST. READING, PA 19601	41-2165262	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
GOLDA CIRCLE ART HOUSE, INC. 3494 GOLDA CIRCLE NORTH FORT MYERS, FL 33917	51-0635112	501(C)(3)	24,700.	0.			PROGRAM SUPPORT
GOMPERS HABILITATION CENTER 6601 N. 27TH AVE. PHOENIX, AZ 85017	86-0098909	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
GOOD SHEPHERD OF THE HILLS P.O. BOX 110 CAVE CREEK, AZ 85327	86-4457955	501(C)(3)	20,642.	0.			PROGRAM SUPPORT
GOODWILL INDUSTRIES OF CENTRAL ARIZONA - PHOE - 2626 W. BERYL AVE. - PHOENIX, AZ 85021	86-0104415	501(C)(3)	120,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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GOSPEL OUTBOUND 2738 E. MAIN ST. MILLVILLE, NJ 08332	22-3537576	501(C)(3)	84,000.	0.			PROGRAM SUPPORT
GOWAN SCIENCE ACADEMY 1590 S. AVENUE C YUMA, AZ 85364	62-1450220	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GRACE HEARING CENTER, INC. 2542 E. VISTOSO COMMERCE LOOP TUCSON, AZ 85755	81-3348937	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GRAHAM COUNTY INTERFAITH CARE ALLIANCE, INC. - 1020 S. TENTH AVE. - SAFFORD, AZ 85546	20-0972668	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
GRAHAM COUNTY SUBSTANCE ABUSE COALITION - 7749 US HWY. 191 - SAFFORD, AZ 85546-7703	26-3016308	501(C)(3)	76,247.	0.			PROGRAM SUPPORT
GRAND CANYON TRUST 2601 N. FORT VALLEY RD. FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
GRAND CANYON UNIVERSITY SCHOLARSHIP FOUNDATIO - 24 W. CAMELBACK RD. #A-407 - PHOENIX, AZ 85013	20-4879525	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
GRAND CANYON YOUTH P.O. BOX 23376 FLAGSTAFF, AZ 86002	86-0905180	501(C)(3)	65,900.	0.			PROGRAM SUPPORT
GREASEPAINT YOUTHEATRE 7020 E. 2ND ST. SCOTTSDALE, AZ 85251	86-6050982	501(C)(3)	17,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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GREATER PHOENIX CHAMBER FOUNDATION 201 N. CENTRAL AVE. #2700 PHOENIX, AZ 85004	81-1367313	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GREATER PHOENIX ECONOMIC COUNCIL TWO N. CENTRAL AVE. #2500 PHOENIX, AZ 85004	86-0539979	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GREATER PHOENIX LEADERSHIP, INC. 400 E. VAN BUREN ST. #555 PHOENIX, AZ 85004-2268	86-0559918	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
GREEN VALLEY FIREFIGHTERS FOUNDATION - 1285 W. CAMINO ENCANTO - GREEN VALLEY, AZ 85622	81-0742391	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GROW EDUCATION OUTDOORS 1711 E. MISSOURI AVE. #8 PHOENIX, AZ 85016	46-2829434	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GUADALUPE CENTER EDUCATIONAL PROGRAMS, INC - 1385 N. 1200 W. - SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	90,000.	0.			PROGRAM SUPPORT
GUIDE DOGS FOR THE BLIND, INC.: SOUTHWEST SIG - P.O. BOX 151200 - SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	5,600.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY CENTRAL ARIZONA - P.O. BOX 369 - PEORIA, AZ 85380	74-2401708	501(C)(3)	30,141.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY OF NORTHERN ARIZONA - P.O. BOX 3783 - FLAGSTAFF, AZ 86003	86-0745153	501(C)(3)	8,152.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE. TUCSON, AZ 85719	94-2725100	501(C)(3)	23,563.	0.			PROGRAM SUPPORT
HANDSON GREATER PHOENIX 1125 E. S. AVE. MESA, AZ 85204	86-0735514	501(C)(3)	21,650.	0.			PROGRAM SUPPORT
HARQUAHALA VALLEY COMMUNITY BENEFITS FOUNDATI - P.O. BOX 1205 - TONOPAH, AZ 85354	80-0007461	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
HARTT, INC. 747 E. THUNDERBIRD RD. PHOENIX, AZ 85022	84-1994672	501(C)(3)	5,700.	0.			PROGRAM SUPPORT
HAVASUPAI TRIBE P.O. BOX 10 SUPAI, AZ 86435	86-0118597	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HEALING HEARTS ANIMAL RESCUE AND REFUGE - 6715 E. PEAK VIEW RD. - CAVE CREEK, AZ 85331	65-1259371	501(C)(3)	20,108.	0.			PROGRAM SUPPORT
HEALTH CURRENT 3877 N. 7TH ST. #150 PHOENIX, AZ 85014	20-8381131	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
HEALTH WORLD OF SCOTTSDALE, LTD. 8711 E. PINNACLE PEAK RD. #114 SCOTTSDALE, AZ 85255	86-0870332	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HEALTHCORPS, INC. 75 BROAD ST. #2410 NEW YORK, NY 10004	26-1269358	501(C)(3)	160,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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HEARD MUSEUM 2301 N. CENTRAL AVE. PHOENIX, AZ 85004	86-0107517	501(C)(3)	49,385.	0.			PROGRAM SUPPORT
HELEN'S HOPE CHEST 137 E. UNIVERSITY DR. MESA, AZ 85201	46-4747933	501(C)(3)	10,260.	0.			PROGRAM SUPPORT
HELPING HANDS FOR SINGLE MOMS 360 E. CORONADO RD. #150 PHOENIX, AZ 85004	68-0489835	501(C)(3)	96,500.	0.			PROGRAM SUPPORT
HIGH COUNTRY NEWS P.O. BOX 1090 PAONIA, CO 81428	23-7015336	501(C)(3)	5,150.	0.			PROGRAM SUPPORT
HILLSDALE COLLEGE 33 E. COLLEGE ST. HILLSDALE, MI 49242	38-1374230	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
HISTORIC PIPESTONE INC BOX 277 - HPI PIPESTONE, MN 56164	41-1477796	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HISTORICAL SOCIETY OF BERKS COUNTY, D/B/A BERKS HISTORY CENTER - 940 CENTRE AVE. - READING, PA 19601	23-1421917	501(C)(3)	62,347.	0.			PROGRAM SUPPORT
HOMELESS YOUTH CONNECTION 9950 W. VAN BUREN #114 AVONDALE, AZ 85323	27-3182999	501(C)(3)	76,531.	0.			PROGRAM SUPPORT
HOMEMAKERS BY CHOICE 11453 N. 53RD PL. SCOTTSDALE, AZ 85254	86-0802701	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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HOMeward BOUND P.O. BOX 66073 PHOENIX, AZ 85015	86-0660875	501(C)(3)	32,500.	0.			PROGRAM SUPPORT
HONORHEALTH FOUNDATION 8125 N. HAYDEN RD. SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	329,529.	0.			PROGRAM SUPPORT
HOOFNSHORNS FARM INC. 9740 W. LARIAT DR. TUCSON, AZ 85743	46-2593963	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HOPE 4 KIDS INTERNATIONAL - ARIZONA - P.O. BOX 74010 - PHOENIX, AZ 85087	47-1686704	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HOPE COMMUNITY SERVICES 13760 N. 93RD AVE., STE 101 PEORIA, AZ 85381	86-0589516	501(C)(3)	16,654.	0.			PROGRAM SUPPORT
HOPE CRISIS PREGNANCY CENTER P.O. BOX 31317 FLAGSTAFF, AZ 86003	86-0334186	501(C)(3)	9,703.	0.			PROGRAM SUPPORT
HOPE WOMEN'S CENTER 1640 E. MCDOWELL RD. PHOENIX, AZ 85006	86-0668354	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
HOPEKIDS P.O. BOX 28471 SCOTTSDALE, AZ 85255	86-1042378	501(C)(3)	22,570.	0.			PROGRAM SUPPORT
HOPEWEST 725 S. FOURTH ST. MONTROSE, CO 81401	84-1207388	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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HORSE'N AROUND RESCUE RANCH AND FOUNDATION, I - P.O. BOX 698 - HEREFORD, AZ 85615	27-1823705	501(C)(3)	33,000.	0.			PROGRAM SUPPORT
HORSES WITH H.E.A.R.T., INC. P.O. BOX 2427 CHINO VALLEY, AZ 86323	86-0735678	501(C)(3)	10,250.	0.			PROGRAM SUPPORT
HOSPICE DREAMCATCHER FOUNDATION 10105 E. VIA LINDA #103 SCOTTSDALE, AZ 85258	05-0634716	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
HOSPICE OF THE VALLEY 1510 E. FLOWER ST. PHOENIX, AZ 85014-5656	86-0338886	501(C)(3)	173,607.	0.			PROGRAM SUPPORT
HOSPICE OF YUMA 1824 S. EIGHTH AVE. YUMA, AZ 85364-5517	86-0409708	501(C)(3)	12,675.	0.			PROGRAM SUPPORT
HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. - 2604 N. THIRD ST. - FLAGSTAFF, AZ 86004	86-0732457	501(C)(3)	43,525.	0.			PROGRAM SUPPORT
HOZHONI FOUNDATION, INC. 2133 N. WALGREEN ST. FLAGSTAFF, AZ 86004	86-0255127	501(C)(3)	40,561.	0.			PROGRAM SUPPORT
HUALALAI 'OHANA FOUNDATION P.O. BOX 5227 KAILUA-KONA, HI 96745	81-0570716	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
HUMAN SERVICES CAMPUS 204 S. 12TH AVE. PHOENIX, AZ 85007	86-1050572	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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HUMANE SOCIETY OF CENTRAL ARIZONA P.O. BOX 242 PAYSON, AZ 85547	23-7206092	501(C)(3)	41,700.	0.			PROGRAM SUPPORT
HUMANE SOCIETY OF WICKENBURG 4000 INDUSTRIAL WAY WICKENBURG, AZ 85390-2019	20-1658195	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HUMANE SOCIETY OF YUMA 4050 S. AVE. 4-1/2 E YUMA, AZ 85365	86-6053617	501(C)(3)	54,400.	0.			PROGRAM SUPPORT
HUMANITARIAN EFFORTS REACHING OUT 205 SADDLEROCK CIR. SEDONA, AZ 86336	27-0935556	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HUSTLE PHX ONE N. FIRST ST. #600 PHOENIX, AZ 85004	38-3903954	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
I CAN MATH 1087 S. SACRAMENTO PL. CHANDLER, AZ 85286	82-3355631	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
I.D.E.A. MUSEUM 150 W. PEPPER PL. MESA, AZ 85201	94-2621572	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
ICAN 27 W. MORTEN AVE. PHOENIX, AZ 85021	86-0818253	501(C)(3)	6,469.	0.			PROGRAM SUPPORT
ICIVICS 1035 CAMBRIDGE ST. #21B CAMBRIDGE, MA 02141	38-3796793	501(C)(3)	7,100.	0.			PROGRAM SUPPORT

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IMPROVING CHANDLER AREA NEIGHBORHOODS - 650 E. MORELOS ST. - CHANDLER, AZ 85225	86-0761030	501(C)(3)	58,554.	0.			PROGRAM SUPPORT
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206-6460	35-6018940	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
INNOCENTS AT RISK INC. 1101 30TH ST. NW #500 WASHINGTON, DC 20007	16-1722439	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
INTERFAITH COOPERATIVE MINISTRIES P.O. BOX 2225 PHOENIX, AZ 85002-2225	86-0401223	501(C)(3)	9,300.	0.			PROGRAM SUPPORT
INTERNATIONAL JAZZ DAY AZ FOUNDATION - 422 W. ROCKWOOD DR. - PHOENIX, AZ 85027	81-4688353	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
INTERNATIONAL RESCUE COMMITTEE 4425 W OLIVE AVE #400 PHOENIX, AZ 85021	13-5660870	501(C)(3)	43,355.	0.			PROGRAM SUPPORT
INTERNATIONAL SERVANTS ACTING AS CHRIST, INC. - 10620 HARRIS RD. - HUNTERSVILLE, NC 28078	20-0580555	501(C)(3)	32,000.	0.			PROGRAM SUPPORT
J STREET EDUCATION FUND P.O. BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	11,800.	0.			PROGRAM SUPPORT
JACK CREEK PRESERVE FOUNDATION, INC. - P.O. BOX 3 - ENNIS, MT 59729	20-2214684	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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JB'S KEYS TO DMD INC. P.O. BOX 446 DOVER, MA 02030	27-1060320	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
JESSIE REES FOUNDATION P.O. BOX 80667 RANCHO SANTA MARGARITA, CA 92688	45-1836440	501(C)(3)	43,750.	0.			PROGRAM SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICES - 4747 N. SEVENTH ST. #100 - PHOENIX, AZ 85014	86-0096781	501(C)(3)	26,350.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF GREATER PHOENIX - 12701 N. SCOTTSDALE RD. #200 - SCOTTSDALE, AZ 85254	45-3910992	501(C)(3)	15,600.	0.			PROGRAM SUPPORT
JEWISH FEDERATIONS OF NORTH AMERICA, INC. - WALL STREET STATION, P.O. BOX 157 - NEW YORK, NY 10268	13-1624240	501(C)(3)	6,040.	0.			PROGRAM SUPPORT
JEWISH FREE LOAN 3443 N. CENTRAL AVE. #707 PHOENIX, AZ 85012	95-1691014	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
JEWISH NATIONAL FUND 5010 E. SHEA BLVD. #230 SCOTTSDALE, AZ 85254	13-1659627	501(C)(3)	23,000.	0.			PROGRAM SUPPORT
JGAA/JUNIOR GOLF ASSOCIATION OF ARIZONA - 10888 N. 19TH AVE. - PHOENIX, AZ 85029	86-0464216	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
JOBS FOR ARIZONA'S GRADUATES, INC. 3320 W. CHERYL DR. #B220 PHOENIX, AZ 85051	86-0669709	501(C)(3)	37,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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JOHNJAY AND RICH LOVE UP FOUNDATION - 4340 E. INDIAN SCHOOL RD. #21-524 - PHOENIX, AZ 85018	26-1473086	501(C)(3)	23,847.	0.			PROGRAM SUPPORT
JONSSON CANCER CENTER FOUNDATION 8-950 FACTOR BUILDING, P.O. BOX 951780 - LOS ANGELES, CA 90095-1780	95-2242757	501(C)(3)	27,600.	0.			PROGRAM SUPPORT
JUDICIAL WATCH 425 THIRD ST. SW #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF ARIZONA 636 W. SOUTHERN AVE. TEMPE, AZ 85282	86-0184349	501(C)(3)	37,100.	0.			PROGRAM SUPPORT
JUSTA CENTER 1001 W. JEFFERSON ST. PHOENIX, AZ 85007	47-2389424	501(C)(3)	12,875.	0.			PROGRAM SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 4343 E. CAMELBACK RD. #230 - PHOENIX, AZ 85018	23-1907729	501(C)(3)	14,029.	0.			PROGRAM SUPPORT
K2 ADVENTURES FOUNDATION 20645 N. PIMA RD. #N-100 SCOTTSDALE, AZ 85255	27-1302780	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
KASEM CARES, INC. C/O EMERGE BUSINESS MANAGEMENT, 16000 VENTURA BLVD. #520 - ENCINO, CA 91436	47-3610518	501(C)(3)	130,000.	0.			PROGRAM SUPPORT
KEOGH HEALTH CONNECTION 3620 N. FOURTH AVE. #2-2 PHOENIX, AZ 85013	20-0251176	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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KIDS AT HOPE 5350 W. BELL RD. STE. C-122 #468 GLENDALE, AZ 85308	86-0980161	501(C)(3)	5,042.	0.			PROGRAM SUPPORT
KIDS CAN SUCCEED 15051 W. COTTONWOOD ST. SURPRISE, AZ 85374	47-3729666	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
KIK - KENTFIELD SCHOOL FOUNDATION 750 COLLEGE AVE. KENTFIELD, CA 94904	94-2665683	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
KINGDOM COMMUNITIES OF THE VALLEY 5644 S. 16TH ST. PHOENIX, AZ 85040	83-0370609	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
KING'S DAUGHTERS DAY HOME 590 N. DUPONT AVE. MADISON, TN 37115	62-0729602	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
KINO BORDER INITIATIVE, INC. P.O. BOX 159 NOGALES, AZ 85628-0159	26-3623357	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
KIRK GIBSON FOUNDATION FOR PARKINSON'S - 19798 MACK AVE. - GROSSE POINTE FARMS, MI 48236	82-4716374	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
KITCHEN ON THE STREET INC. 2650 E. MOHAWK LN. #168 PHOENIX, AZ 85050	20-5723799	501(C)(3)	23,650.	0.			PROGRAM SUPPORT
KITTEN HOUSE RESCUE 5050 FM 1960 W. #103 HOUSTON, TX 77069	76-0447130	501(C)(3)	18,380.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIWANIS CLUB OF PRESCOTT ARIZONA P.O. BOX 1020 PRESCOTT, AZ 86302	86-0814086	501(C)(3)	8,360.	0.			PROGRAM SUPPORT
KNIFE RIVER LUTHERAN CHURCH 158 CHURCH RD. KNIFE RIVER, MN 55609	41-2009809	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
KNIFE RIVER RECREATION COUNCIL 199 ALGER SMITH RD. KNIFE RIVER, MN 55609	36-3307682	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LA LUZ CENTER 17560 GREGER ST. SONOMA, CA 95476	68-0228235	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LABOR'S COMMUNITY SERVICE AGENCY 3117 N. 16TH ST. #100 PHOENIX, AZ 85016	86-0300832	501(C)(3)	16,534.	0.			PROGRAM SUPPORT
LAUGH OUT LOUD MINISTRY, INC. 501 WELD COUNTY RD. 48 BERTHOUD, CO 80513	20-2920829	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
LAWRENCE UNIVERSITY 711 E. BOLDT WAY SPC 1847 APPLETON, WI 54911	39-0806297	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
LEGACY CONNECTION 360 E. CORONADO RD. #100 PHOENIX, AZ 85004	90-0036015	501(C)(3)	26,875.	0.			PROGRAM SUPPORT
LIBERTY WILDLIFE REHABILITATION FOUNDATION - 2600 E. ELWOOD ST. - PHOENIX, AZ 85040	94-2738161	501(C)(3)	13,350.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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LIBRARY FRIENDS OF PAYSON 328 N. MCLANE RD. PAYSON, AZ 85541	86-0527550	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LIFE MINISTRIES, INC., D/B/A COMMUNITY PREGNANCY CENTER - 1124 E. GURLEY - PRESCOTT, AZ 86301	86-0576260	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
LIFT UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	84-1385379	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
LIGHTS, CAMERA, DISCOVER 325 E. SOUTHERN AVE. STE. 106 TEMPE, AZ 85282	46-5004833	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LIONS CAMP TATIYEE, INC. 5283 W. WHITE MOUNTAIN BLVD. LAKESIDE, AZ 85929	86-6052371	501(C)(3)	25,500.	0.			PROGRAM SUPPORT
LISC 4520 N. CENTRAL AVE. #570 PHOENIX, AZ 85012-1835	13-3030229	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
LITCHFIELD PARK HISTORICAL SOCIETY P.O. BOX 1936 LITCHFIELD PARK, AZ 85340	86-1041362	501(C)(3)	625,000.	0.			PROGRAM SUPPORT
LITERACY CONNECTS 200 E. YAVAPAI RD. TUCSON, AZ 85705	23-7047508	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LITERACY VOLUNTEERS OF COCONINO COUNTY, D/B/A THE LITERACY CENTER - 2500 N. ROSE ST. #102 - FLAGSTAFF, AZ 86004-3659	86-0716673	501(C)(3)	16,475.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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LITTLE HOOVES & BIG HEARTS P.O. BOX 1712 ORACLE, AZ 85623	20-8107780	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LITTLE LOTUS RESCUE & SANCTUARY 6660 S. CAVALRY LN. HEREFORD, AZ 85615	46-0820395	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
LITTLEWOOD FINE ART & COMMUNITY CO-OP - 176 S. MAIN ST. - YUMA, AZ 85364	81-5003317	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LIVE AND LEARN PROGRAM 326 E. CORONADO RD. #201 PHOENIX, AZ 85004	47-2086218	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
LOCAL FIRST ARIZONA FOUNDATION 407 E. ROOSEVELT ST. PHOENIX, AZ 85004	26-1657951	501(C)(3)	20,800.	0.			PROGRAM SUPPORT
LOST OUR HOME PET RESCUE 2323 S. HARDY DR. TEMPE, AZ 85282	37-1589959	501(C)(3)	70,500.	0.			PROGRAM SUPPORT
LOVEPUP FOUNDATION 6405 E. THOMAS RD. SCOTTSDALE, AZ 85251	82-1977302	501(C)(3)	21,023.	0.			PROGRAM SUPPORT
LOWELL OBSERVATORY 1400 W. MARS HILL RD. FLAGSTAFF, AZ 86001	86-0098918	501(C)(3)	83,500.	0.			PROGRAM SUPPORT
LURA KINSEY ELEMENTARY SCHOOL 1601 S. LONETREE RD. FLAGSTAFF, AZ 86001	86-0593041	501(C)(3)	27,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST - 2502 E. UNIVERSITY DR. #125 - PHOENIX, AZ 85034	86-0252302	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
MAGGIE'S PLACE 4001 N. 30TH ST. PHOENIX, AZ 85016	86-0972675	501(C)(3)	123,944.	0.			PROGRAM SUPPORT
MAKE WAY FOR BOOKS 700 N. STONE AVE. TUCSON, AZ 85705	31-1583036	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MAKE-A-WISH ARIZONA 2901 N. 78TH ST. SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	55,259.	0.			PROGRAM SUPPORT
MANZANITA OUTREACH P.O. BOX 371 COTTONWOOD, AZ 86326-0371	27-4446452	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MARICI 10744 DEEP CLIFFE DR. CUPERTINO, CA 95014	82-1536804	501(C)(3)	120,000.	0.			PROGRAM SUPPORT
MARICOPA COMMUNITY COLLEGES FOUNDATION - 2419 W. 14TH ST. - TEMPE, AZ 85281	86-0327449	501(C)(3)	144,000.	0.			PROGRAM SUPPORT
MARICOPA COUNTY ANIMAL CARE AND CONTROL - 2500 S. 27TH AVE. - PHOENIX, AZ 85009	86-6000472	COUNTY GOV'T	89,214.	0.			PROGRAM SUPPORT
MARICOPA COUNTY SHERIFF'S OFFICE 550 W. JACKSON ST. PHOENIX, AZ 85003	86-6000472	COUNTY GOV'T	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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MARICOPA ECONOMIC DEVELOPMENT ALLIANCE - P.O. BOX 1703 - MARICOPA, AZ 85139	27-0924554	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N. WASHINGTON ST. #400 - ALEXANDRIA, VA 22314	22-1905062	501(C)(3)	29,944.	0.			PROGRAM SUPPORT
MARYVALE REVITALIZATION CORPORATION - 3802 N. 53RD AVE. STE. 350 - PHOENIX, AZ 85031	86-0713066	501(C)(3)	47,500.	0.			PROGRAM SUPPORT
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 1577 FALMOUTH RD. - CENTERVILLE, MA 02632	04-2103597	501(C)(3)	15,065.	0.			PROGRAM SUPPORT
MATTHEW'S CROSSING FOOD BANK 1368 N. ARIZONA AVE. #112 CHANDLER, AZ 85225	55-0896414	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	711,100.	0.			PROGRAM SUPPORT
MAYO CLINIC ARIZONA 13400 E. SHEA BLVD. SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	602,500.	0.			PROGRAM SUPPORT
MCCALLUM THEATRE 73000 FRED WARING DR. PALM DESERT, CA 92260	95-2834871	501(C)(3)	18,600.	0.			PROGRAM SUPPORT
MCDOWELL MOUNTAIN MUSIC FESTIVAL INC. - 9440 N. 26TH ST. #100 - PHOENIX, AZ 85028-4711	68-0570400	501(C)(3)	5,013.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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MCDOWELL SONORAN CONSERVANCY 7729 E. GREENWAY RD. #100 SCOTTSDALE, AZ 85260	86-0674350	501(C)(3)	72,442.	0.			PROGRAM SUPPORT
MCKENZIE MONKS FOUNDATION 9521 N. TECHNOLOGY DR. #C1 FOUNTAIN HILLS, AZ 85268	20-0806404	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS 1375 FAIRFAX AVE. SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS SHOW LOW 301 E. MCNEIL SHOW LOW, AZ 85901	86-1007764	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MENTORKIDS USA 15300 N. 90TH ST. #200 SCOTTSDALE, AZ 85260	86-0865368	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MERCY PEDALERS INC. 2419 L ST. #6 SACRAMENTO, CA 95816	83-0699074	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MESA ARTS CENTER FOUNDATION ARTS AND CULTURE - P.O. BOX 1466 - MESA, AZ 85211-1466	74-2535164	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
MESA PUBLIC SCHOOLS 63 E. MAIN ST. #101 MESA, AZ 85201-7422	86-6000481	CITY OF MESA	6,500.	0.			PROGRAM SUPPORT
MIDWEST FOOD BANK 725 E. BASELINE RD. GILBERT, AZ 85233	41-2120170	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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MIDWESTERN UNIVERSITY - ARIZONA 19555 N. 59TH AVE. GLENDALE, AZ 85308	36-3377698	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MILLER SCHOOL OF ALBERMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MILLION DOLLAR TEACHER PROJECT 2942 N. 24TH ST. #211 PHOENIX, AZ 85016	81-3050329	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
MINDFULNESS FIRST P.O. BOX 26045 SCOTTSDALE, AZ 85255	46-4253699	501(C)(3)	7,930.	0.			PROGRAM SUPPORT
MINGEI INTERNATIONAL MUSEUM 1439 EL PRADO SAN DIEGO, CA 92101	23-7433357	501(C)(3)	5,800.	0.			PROGRAM SUPPORT
MINNESOTA LAKES MARITIME SOCIETY 205 THIRD AVE. W. ALEXANDRIA, MN 56308	41-1967683	501(C)(3)	14,400.	0.			PROGRAM SUPPORT
MIRACLE LEAGUE OF ARIZONA 11130 E. CHOLLA ST. #I-110 SCOTTSDALE, AZ 85259	20-2742885	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
MIRACOSTA COLLEGE FOUNDATION ONE BARNARD DR. OCEANSIDE, CA 92056	95-6151938	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
MISSION OF MERCY, INC. 360 E. CORONADO RD. #160 PHOENIX, AZ 85004	86-0704883	501(C)(3)	111,750.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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MOHAVE VALLEY ELEMENTARY SCHOOL DISTRICT - 8450 S. OLIVE AVE. - MOHAVE VALLEY, AZ 86440	86-1027640	STATE	10,000.	0.			PROGRAM SUPPORT
MONTROSE COMMUNITY FOUNDATION P.O. BOX 3020 MONTROSE, CO 81402	84-1128761	501(C)(3)	5,510.	0.			PROGRAM SUPPORT
MORIAH COOPERATIVE, INC. 21001 N. TATUM BLVD. #1630-513 PHOENIX, AZ 85050	46-5696583	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MOTHER'S GRACE 11440 N. ST. ANDREWS WAY SCOTTSDALE, AZ 85254	27-3766797	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
MOUNT CLARET RETREAT CENTER 4633 N. 54TH ST. PHOENIX, AZ 85018	32-0268278	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION-AZ 7975 N. HAYDEN RD. #C-370 SCOTTSDALE, AZ 85258	13-1665552	501(C)(3)	15,630.	0.			PROGRAM SUPPORT
MUSEUM OF NORTHERN ARIZONA 3101 N. FORT VALLEY RD. FLAGSTAFF, AZ 86001-8348	86-0098920	501(C)(3)	29,000.	0.			PROGRAM SUPPORT
MUSICAL INSTRUMENT MUSEUM 4725 E. MAYO BLVD. PHOENIX, AZ 85050	16-1743588	501(C)(3)	43,527.	0.			PROGRAM SUPPORT
MVP FOUNDATION 59 CAVALIER BLVD. #310 FLORENCE, KY 41042	27-0346460	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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MY GOOD DEED, DBA 9/11 DAY 5151 CALIFORNIA AVE. #100 IRVINE, CA 92617	45-0491886	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
N.O.A.H. 31300 BRANDSTROM RD. STANWOOD, WA 98292	91-1362069	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
NALEO EDUCATIONAL FUND 1122 W. WASHINGTON BLVD. THIRD FL. LOS ANGELES, CA 90015	52-1212849	501(C)(3)	85,000.	0.			PROGRAM SUPPORT
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PL. NASHVILLE, TN 37201-2031	62-0550979	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NATIONAL CENTER FOR VICTIMS OF CRIME - 1450 DUKE ST. - ALEXANDRIA, VA 22314	30-0022798	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
NATIONAL COWGIRL MUSEUM AND HALL OF FAME - 1720 GENDY ST. - FORT WORTH, TX 76107	75-1486136	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
NATIONAL DOCUMENTARY FILM ALLIANCE, INC. - 3370 N. HAYDEN RD. #123-543 - SCOTTSDALE, AZ 85251	81-1387527	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NATIONAL FOREST FOUNDATION BLDG. 27 #3 FORT MISSOULA RD. MISSOULA, MT 59804	52-1786332	501(C)(3)	14,900.	0.			PROGRAM SUPPORT
NATIONAL KIDNEY FOUNDATION OF ARIZONA - 360 E. CORONADO RD. #180 - PHOENIX, AZ 85004	86-6052343	501(C)(3)	23,700.	0.			PROGRAM SUPPORT

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NATIONAL MULTIPLE SCLEROSIS SOCIETY - ARIZONA CHAPTER - 5025 E. WASHINGTON ST. #102 - PHOENIX, AZ 85034	13-5661935	501(C)(3)	17,525.	0.			PROGRAM SUPPORT
NATIONAL MUSEUM OF WOMEN IN THE ARTS, INC. - 1250 NEW YORK AVE. NW - WASHINGTON, DC 20005	52-1238810	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC. - 4140 N. CENTRAL AVE. #D - PHOENIX, AZ 85012	94-2540194	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
NATIVE AMERICAN CONNECTIONS, INC. 4520 N. CENTRAL AVE. #600 PHOENIX, AZ 85012	86-0293585	501(C)(3)	208,710.	0.			PROGRAM SUPPORT
NATURE CONSERVANCY, AZ CHAPTER TUCSON - 1510 E. FORT LOWELL RD. - TUCSON, AZ 85719	53-0242652	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NAVAJO HEALTH FOUNDATION - SAGE MEMORIAL HOSPITAL INC. - P.O. BOX 457 - GANADO, AZ 86505	23-7314364	501(C)(3)	46,400.	0.			PROGRAM SUPPORT
NEIGHBORHOOD MINISTRIES, INC. 1918 W. VAN BUREN ST. PHOENIX, AZ 85012	86-0809052	501(C)(3)	39,290.	0.			PROGRAM SUPPORT
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH - 7500 N. DREAMY DRAW DR. STE. 145 - PHOENIX, AZ 85020	27-3188239	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
NEIGHBORS HELPING NEIGHBORS 9375 E. SHEA BLVD. #100 SCOTTSDALE, AZ 85260	46-2941531	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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NEIGHBORS WHO CARE, INC. 10450 E. RIGGS RD. #113 SUN LAKES, AZ 85248	86-0966061	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
NEW AMERICA FOUNDATION 740 15TH ST. NW STE. 900 WASHINGTON, DC 20005	52-2096845	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
NEW CITY CHURCH PHOENIX P.O. BOX 2293 PHOENIX, AZ 85002-2293	27-3360352	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
NEW DAWN LIVESTOCK RESCUE & SANCTUARY, INC. - P.O. BOX 794 - TONOPAH, AZ 85354	36-4501616	501(C)(3)	8,600.	0.			PROGRAM SUPPORT
NEW FRIENDS OF MARICOPA COUNTY LIBRARY DISTRI - 2700 N. CENTRAL AVE. #700 - PHOENIX, AZ 85004	86-1009678	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
NEW ISRAEL FUND P.O. BOX 177 LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
NEW LIFE CENTER P.O. BOX 5005 GOODYEAR, AZ 85338	86-0635950	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
NEW PATHWAYS FOR YOUTH 901 E. JEFFERSON ST. PHOENIX, AZ 85034	86-0615007	501(C)(3)	100,294.	0.			PROGRAM SUPPORT
NEW WAY ACADEMY 5048 E. OAK ST. PHOENIX, AZ 85008	86-0215781	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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NIAGARA UNIVERSITY P.O. BOX 2015 NIAGARA UNIVERSITY, NY 14109-2015	16-0755807	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
NICK AND KELLY CHILDREN'S HEART FUND - 1321 E. BAYVIEW DR. - TEMPE, AZ 85283	82-3125509	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
NORFOLK BOTANICAL GARDEN SOCIETY 6700 AZALEA GARDEN RD. NORFOLK, VA 23518	54-0788933	501(C)(3)	6,880.	0.			PROGRAM SUPPORT
NORTH BEACH CITIZENS 1034 KEARNY ST. SAN FRANCISCO, CA 94133	94-3360013	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTH COUNTRY HEALTHCARE, INC. 2920 N. FOURTH ST. FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)	34,763.	0.			PROGRAM SUPPORT
NORTHEAST ARIZONA FAMILY RESOURCE CENTER INC - 902 E. BEUCE OF CLUBS - SHOW LOW, AZ 85901	31-1585425	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
NORTHERN ARIZONA ADAPTIVE SPORTS ASSOCIATIONS - P.O. BOX 1903 - FLAGSTAFF, AZ 86002	81-3359695	501(C)(3)	11,750.	0.			PROGRAM SUPPORT
NORTHERN ARIZONA HEALTHCARE FOUNDATION - 1030 N. SAN FRANCISCO ST. #130 - FLAGSTAFF, AZ 86001	81-3137336	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
NORTHERN ARIZONA INSTITUTIONS FOR COMMUNITY L - 2675 W. STATE RT. 89A #1104 - SEDONA, AZ 86336	90-0780023	501(C)(3)	5,806.	0.			PROGRAM SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NORTHERN ARIZONA PIONEERS HISTORICAL SOCIETY - 2340 N. FORT VALLEY RD. - FLAGSTAFF, AZ 86001	86-0190900	501(C)(3)	14,700.	0.			PROGRAM SUPPORT
NORTHERN ARIZONA RESTORATIVE JUSTICE - P.O. BOX 4851 - SEDONA, AZ 86340	27-0127862	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
NORTHERN ARIZONA UNIVERSITY FOUNDATION - P.O. BOX 4094 - FLAGSTAFF, AZ 86011-4094	86-0193726	501(C)(3)	143,833.	0.			PROGRAM SUPPORT
NORTHLAND FAMILY HELP CENTER 2532 N. FOURTH ST. #506 FLAGSTAFF, AZ 86004-3712	86-0351566	501(C)(3)	28,646.	0.			PROGRAM SUPPORT
NORTHLAND HOSPICE & PALLIATIVE CARE - 451 N. SWITZER CANYON DR. STE. A - FLAGSTAFF, AZ 86001	74-2385187	501(C)(3)	29,500.	0.			PROGRAM SUPPORT
NORTHWESTERN MEMORIAL FOUNDATION 541 N. FAIRBANKS CRT. #800 CHICAGO, IL 60611	36-3155315	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NOT MY KID, INC. 5230 E. SHEA BLVD. #100 SCOTTSDALE, AZ 85254	86-0988329	501(C)(3)	74,600.	0.			PROGRAM SUPPORT
NOTRE DAME PREPARATORY HIGH SCHOOL 9701 E. BELL RD. SCOTTSDALE, AZ 85260	26-2785863	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
NPH USA 5110 N. 40TH ST. #100 PHOENIX, AZ 85018-2143	65-1229309	501(C)(3)	55,860.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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OAK CREEK WATERSHED COUNCIL P.O. BOX 732 SEDONA, AZ 86339	27-0084050	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
OAKWOOD CREATIVE CARE 247 N. MACDONALD ST. #102 MESA, AZ 85201	86-0575242	501(C)(3)	23,000.	0.			PROGRAM SUPPORT
OASIS SANCTUARY FOUNDATION, LTD. P.O. BOX 2166 SCOTTSDALE, AZ 85252-2166	86-0885646	501(C)(3)	19,450.	0.			PROGRAM SUPPORT
OCJ KIDS 524 W. WESTCOTT DR. PHOENIX, AZ 85027	86-1040833	501(C)(3)	20,767.	0.			PROGRAM SUPPORT
OKLAHOMA UNITED METHODIST FOUNDATION - 4201 N. CLASSEN BLVD. - OKLAHOMA CITY, OK 73118	73-0758119	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OLD GLOBE THEATRE P.O. BOX 122171 SAN DIEGO, CA 92112-2171	95-1543396	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ONE ARIZONA 503 E. MCDOWELL RD. #107-448 PHOENIX, AZ 85004	37-1782220	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ONE COLLECTIVE 2155 POINT BLVD. #200 ELGIN, IL 60123-8800	36-6069820	501(C)(3)	19,500.	0.			PROGRAM SUPPORT
ONE STEP BEYOND, INC. 9299 W. OLIVE AVE. #311 PEORIA, AZ 85345	86-1036448	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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OPERATION UNDERGROUND RAILROAD 755 S. MAIN ST. #194 CEDAR CITY, UT 84720	46-3614979	501(C)(3)	8,300.	0.			PROGRAM SUPPORT
OPPORTUNITY INTERNATIONAL 550 W. VAN BUREN #200 CHICAGO, IL 60607	54-0907624	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
OPPORTUNITY PLAN, INC. P.O. BOX 1035 CANYON, TX 79015	75-6020405	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ORANGE COUNTY'S UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	84,000.	0.			PROGRAM SUPPORT
OREGON ADAPTIVE SPORTS 63025 O.B. RILEY RD. #12 BEND, OR 97703	26-0076749	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
OUR LADY OF SOLITUDE MONASTERY P.O. BOX 639 TONOPAH, AZ 85354	20-3038237	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
OYSTER HARBORS CLUB SCHOLARSHIP FUND - 2067 OYSTER HARBORS - OSTERVILLE, MA 02655	04-2997707	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PARADISE VALLEY EMERGENCY FOOD BANK - 10862 N. 32ND ST. - PHOENIX, AZ 85028	86-0559779	501(C)(3)	17,525.	0.			PROGRAM SUPPORT
PARAGUAY BAPTIST MEDICAL CENTER FOUNDATION INC. - 4101 W. GREEN OAKS BLVD. STE. 305 #175 - ARLINGTON, TX 76016	75-2816127	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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PARALYZED VETERANS OF AMERICA- ARIZONA CHAPTER - 5015 N. 7TH AVE., - PHOENIX, AZ 85013	23-7174779	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
PARTNERS IN ACTION 3233 W. PEORIA AVE. #211 PHOENIX, AZ 85029	86-0558130	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PASO DEL NORTE COMMUNITY FOUNDATION - 221 N. KANSAS, #1900 - EL PASO, TX 79901	46-1997449	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
PATSY REEVE FOUNDATION INC. 337 W. EL CAMINITO DR. PHOENIX, AZ 85021	82-1059864	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PAW PLACEMENT OF NORTHERN ARIZONA P.O. BOX 942 FLAGSTAFF, AZ 86002	45-2912962	501(C)(3)	13,850.	0.			PROGRAM SUPPORT
PAYSON SENIOR CENTER, INC. 514 W. MAIN ST. PAYSON, AZ 85541	74-2378900	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
PAZ DE CRISTO COMMUNITY CENTER 424 W. BROADWAY RD. MESA, AZ 85210	26-1669496	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PEER SOLUTIONS, INC. 2229 N. 22ND ST. PHOENIX, AZ 85006	86-1015729	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
PEN AMERICAN CENTER 588 BROADWAY #303 NEW YORK, NY 10012	13-3447888	501(C)(3)	400,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PENDERGAST ELEMENTARY SCHOOL DISTRICT - 3802 N. 91ST AVE. - PHOENIX, AZ 85037	86-6000522	STATE	5,500.	0.			PROGRAM SUPPORT
PENN STATE BERKS OFFICE OF UNIVERSITY DEVELOPMENT, TULPEHOCKEN ROAD, P. O. BOX 7009 - READING	24-6000376	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PERSPECTIVES CHARTER SCHOOL 1530 S. STATE ST. SECOND FL. CHICAGO, IL 60605	36-4167576	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
PETEY'S PLAYGROUND PO BOX 203 YARNELL, AZ 85362	27-5194103	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
PETS RETURN HOME 516 R AZ-89A #113 COTTONWOOD, AZ 86326-2510	46-4090196	501(C)(3)	18,790.	0.			PROGRAM SUPPORT
PHENOMENAL WOMEN EMPOWERMENT NETWORK, INC - 1204 E. GRENADINE RD. - PHOENIX, AZ 85040	46-3707674	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PHOENIX ART MUSEUM 1625 N. CENTRAL AVE. PHOENIX, AZ 85004	86-0072608	501(C)(3)	132,808.	0.			PROGRAM SUPPORT
PHOENIX BOYS CHOIR ASSOCIATION 1131 E. MISSOURI AVE. PHOENIX, AZ 85014-2709	86-0256421	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PHOENIX CHAMBER MUSIC SOCIETY P.O. BOX 34235 PHOENIX, AZ 85067	86-6052614	501(C)(3)	7,900.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PHOENIX CHILDREN'S CHORUS 1202 N. THIRD ST. PHOENIX, AZ 85004	90-0470136	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E. CAMELBACK RD. #122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	381,111.	0.			PROGRAM SUPPORT
PHOENIX CHRISTIAN PREPARATORY SCHOOL - 1751 W. INDIAN SCHOOL RD. - PHOENIX, AZ 85015-5235	86-0103283	501(C)(3)	44,700.	0.			PROGRAM SUPPORT
PHOENIX EMERALD FOUNDATION P.O. BOX 67956 PHOENIX, AZ 85082	82-5429002	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PHOENIX HERPETOLOGICAL SOCIETY 20701 N. SCOTTSDALE RD. #107 PMB 40 SCOTTSDALE, AZ 85255	02-0678512	501(C)(3)	15,554.	0.			PROGRAM SUPPORT
PHOENIX HOLOCAUST SURVIVORS ASSOCIATION - 12701 N. SCOTTSDALE RD. #122 - SCOTTSDALE, AZ 85254	86-0517079	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
PHOENIX INDIAN CENTER 4520 N. CENTRAL AVE. #250 PHOENIX, AZ 85012	86-6006566	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
PHOENIX PARKS FOUNDATION 2700 N. 15TH AVE. PHOENIX, AZ 85007	95-3413342	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PHOENIX POLICE FOUNDATION INC. 620 W. WASHINGTON ST. PHOENIX, AZ 85003	86-1014450	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PHOENIX POLICE RESERVE FOUNDATION 620 W. WASHINGTON ST. #414 PHOENIX, AZ 85003-2186	26-1508628	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PHOENIX POLICE SERGEANTS AND LIEUTENANTS ASSOCIATION CHARITIES - 2220 N. CENTRAL AVE. #103 - PHOENIX, AZ 85004	51-0603509	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PHOENIX PRIDE INCORPORATED 1430 N. 5TH ST. PHOENIX, AZ 85004	86-0670912	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PHOENIX RESCUE MISSION P.O. BOX 6708 PHOENIX, AZ 85005-6708	86-6057771	501(C)(3)	45,787.	0.			PROGRAM SUPPORT
PHOENIX SYMPHONY ASSOCIATION ONE N. FIRST ST. #200 PHOENIX, AZ 85004	86-6000134	501(C)(3)	70,510.	0.			PROGRAM SUPPORT
PHOENIX THEATRE, INC. 1825 N. CENTRAL AVE. PHOENIX, AZ 85004	86-0108839	501(C)(3)	620,839.	0.			PROGRAM SUPPORT
PHOENIX UNION HIGH SCHOOL DISTRICT 4502 N. CENTRAL AVE. PHOENIX, AZ 85012	86-6000534	STATE	6,139.	0.			PROGRAM SUPPORT
PHOENIX ZOO 455 N. GALVIN PKWY. PHOENIX, AZ 85008	86-0174843	501(C)(3)	524,153.	0.			PROGRAM SUPPORT
PIMA COUNCIL ON AGING 8467 E. BROADWAY BLVD. TUCSON, AZ 85710	86-0251768	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PINNACLE PRESBYTERIAN CHURCH 25150 N. PIMA RD. SCOTTSDALE, AZ 85255	86-0708287	501(C)(3)	14,150.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD ARIZONA, INC. 4751 N. 15TH ST. PHOENIX, AZ 85014-3707	86-0146520	501(C)(3)	123,651.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	27,500.	0.			PROGRAM SUPPORT
PLAYWORKS ARIZONA 2002 E. CLARENDON AVE. PHOENIX, AZ 85016	94-3251867	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
PODER IN ACTION 5877 W. INDIAN SCHOOL RD. PHOENIX, AZ 85031	46-2284158	501(C)(3)	42,000.	0.			PROGRAM SUPPORT
POINT FOUNDATION P.O. BOX 60108 LOS ANGELES, CA 90060-0108	84-1582086	501(C)(3)	107,700.	0.			PROGRAM SUPPORT
POINTE LOMA NAZARENE UNIVERSITY 3900 LOMALAND DR. SAN DIEGO, CA 92106	95-1644035	501(C)(3)	7,100.	0.			PROGRAM SUPPORT
POWER PAWS ASSISTANCE DOGS, INC. 8250 E. ROSE LN. #B SCOTTSDALE, AZ 85250	86-1035607	501(C)(3)	31,098.	0.			PROGRAM SUPPORT
PRESCOTT COLLEGE 220 GROVE AVE. PRESCOTT, AZ 86301	86-0294012	501(C)(3)	9,700.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PRESCOTT FIRST CHURCH OF THE NAZARENE SUPPORT - 2110 WILLOW CREEK RD. - PRESCOTT, AZ 86301	86-0471823	501(C)(3)	14,400.	0.			PROGRAM SUPPORT
PRESCOTT MEALS ON WHEELS 1280 E. ROSSER ST. #A PRESCOTT, AZ 86301	86-0417621	501(C)(3)	43,380.	0.			PROGRAM SUPPORT
PRESCOTT YMCA 750 WHIPPLE ST. PRESCOTT, AZ 86301	86-0119151	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
PRESERVATION TRUST OF VERMONT INC. 104 CHURCH ST. BURLINGTON, VT 05401	03-0281195	501(C)(3)	22,040.	0.			PROGRAM SUPPORT
PREVENT CHILD ABUSE ARIZONA P.O. BOX 26495 PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
PRO MUJER, INC. 125 MAIDEN LN. NINTH FL. NEW YORK, NY 10038	98-0115409	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
PROJECT C.U.R.E. 10377 E. GEDDES AVE. #200 CENTENNIAL, CO 80112-3740	84-1568566	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
PROSPER FOUNDATION, INC. 2211 E. HIGHLAND AVE. #210 PHOENIX, AZ 85016	47-2570190	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
PSI CHI, THE INTERNATIONAL HONOR SOCIETY IN PSYCHOLOGY - 651 E. 4TH ST. #600 - CHATTANOOGA, TN 37403	53-0232247	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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PUBLIC BROADCASTING SERVICE 2100 CRYSTAL DR. ARLINGTON, VA 22202	52-0899215	501(C)(3)	9,600.	0.			PROGRAM SUPPORT
PUENTE LEARNING CENTER 501 S. BOYLE AVE. LOS ANGELES, CA 90033	95-4242175	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
QUALITY CONNECTIONS 3012 E. RTE. 66 FLAGSTAFF, AZ 86004	86-1000271	501(C)(3)	12,109.	0.			PROGRAM SUPPORT
QUILL ENTERTAINMENT COMPANY P.O. BOX 209 GREENWICH, CT 06836	23-2973189	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RAINBOW ACRES 2120 W. RESERVATION LOOP RD. CAMP VERDE, AZ 86322-8408	86-0286420	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RANCHO FELIZ CHARITABLE FOUNDATION, INC. - 7109 E. 2ND ST. #100 - SCOTTSDALE, AZ 85251	86-0680369	501(C)(3)	104,000.	0.			PROGRAM SUPPORT
RAYMOND JAMES CHARITABLE ENDOWMENT FUND - P.O. BOX 23559 - ST. PETERSBERG, FL 33742	59-3652538	501(C)(3)	840,337.	0.			PROGRAM SUPPORT
READ BETTER BE BETTER 715 E. MONTECITO AVE. PHOENIX, AZ 85012	47-4003520	501(C)(3)	37,500.	0.			PROGRAM SUPPORT
READING RECREATION COMMISSION 320 S. THIRD ST. READING, PA 19602	38-3860043	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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READING SYMPHONY ORCHESTRA ASSOCIATION - 100 N. FIFTH ST. - READING, PA 19601-3497	23-1741046	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
REBUILDING TOGETHER VALLEY OF THE SUN - 1826 W. BROADWAY RD. #16 - MESA, AZ 85202	86-0680607	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
RED FEATHER DEVELOPMENT GROUP 2501 N. 4TH STREET FLAGSTAFF, AZ 86004	91-1632134	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
REDEMPTION CHURCH 1820 W. ELLIOTT RD. GILBERT, AZ 85233	86-0689791	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BE - 207 SPOUL HALL 1960 - BERKELEY, CA 94720	94-6002123	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RELEASE THE FEAR P.O. BOX 3815 PHOENIX, AZ 85030	86-1040579	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
REPRESENT.US EDUCATION FUND P.O. BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
REZ REFUGE P.O. BOX 2016 FORT DEFIANCE, AZ 86504	26-0390144	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RICHARD J. CARON FOUNDATION DEVELOPMENT OFFICE, 243 N. GALEN HA WERNERSVILLE, PA 19565	23-6050680	501(C)(3)	23,920.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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RIM COUNTRY ROTARY CLUB FOUNDATION P.O. BOX 703 PAYSON, AZ 85547	86-1026985	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RIVERSIDE UNITED METHODIST CHURCH 712 16TH ST. MOLINE, IL 61265	36-2382854	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
ROBERT F. KENNEDY HUMAN RIGHTS P.O. BOX 982 NEW YORK, NY 10272	13-2522784	501(C)(3)	280,750.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN ELK FOUNDATION P.O. BOX 8249 MISSOULA, MT 59807	81-0421425	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL AND NORTHERN ARIZONA - 501 E. ROANOKE AVE. - PHOENIX, AZ 85004	86-0483792	501(C)(3)	20,641.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN ARIZONA, INC. - 2155 E. ALLEN RD. - TUCSON, AZ 85719	95-3526934	501(C)(3)	25,070.	0.			PROGRAM SUPPORT
ROOM TO READ 465 CALIFORNIA ST. #1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	5,750.	0.			PROGRAM SUPPORT
ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN - P.O. BOX 13446 - PHOENIX, AZ 85002	86-0650451	501(C)(3)	82,532.	0.			PROGRAM SUPPORT
ROUNDAABOUT THEATER COMPANY, INC. 231 W. 39TH ST. #1200 NEW YORK, NY 10018	13-6192346	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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RUNNIN W WILDLIFE CENTER, INC. P.O. BOX 980 CORNVILLE, AZ 86325	86-0977121	501(C)(3)	12,360.	0.			PROGRAM SUPPORT
RYAN HOUSE 110 W. MUHAMMAD ALI WAY 1ST FL. PHOENIX, AZ 85013-4500	20-1852393	501(C)(3)	47,828.	0.			PROGRAM SUPPORT
SACRAMENTO FOOD BANK & FAMILY SERVICES - 3333 THIRD AVE. - SACRAMENTO, CA 95817	94-3315566	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
SACRED PEAKS EQUINE SANCTUARY, INC 12180 N. COPELAND LN. FLAGSTAFF, AZ 86004	81-0729769	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
SADDLE MOUNTAIN EDUCATION FOUNDATION - 3708 N. 339TH AVE. - TONOPAH, AZ 85354	38-3862806	501(C)(3)	9,200.	0.			PROGRAM SUPPORT
SADDLE MOUNTAIN UNIFIED SCHOOL DISTRICT - 38201 W. INDIAN SCHOOL RD. - TONOPAH, AZ 85354	86-6000521	STATE	9,147.	0.			PROGRAM SUPPORT
SAFARI CLUB INTERNATIONAL FOUNDATION - 4800 W. GATES PASS RD. - TUCSON, AZ 85745	86-0292099	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SAINT THERESA'S CATHOLIC CHURCH 5045 E. THOMAS RD. PHOENIX, AZ 85018	53-0196617	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
SAINTS SIMON & JUDE SCHOOL 6351 N. 27TH AVE. PHOENIX, AZ 85017	94-3457074	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - PRESCOTT CORPS 237 S. MONTEZUMA ST. PRESCOTT, AZ 86303	94-1156347	501(C)(3)	57,780.	0.			PROGRAM SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,195.	0.			PROGRAM SUPPORT
SAN JUAN HEALTHCARE FOUNDATION P.O. BOX 2108 MONTROSE, CO 81402	74-2390346	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SANDRA DAY O'CONNOR INSTITUTE P.O. BOX 4425 PHOENIX, AZ 85030	26-3521510	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
SARDAR PATEL UNIVERSITY ALUMNI ASSOCIATION - 4191 RTE. 1 S. #300 - MONMOUTH JUNCTION, NJ 08852	56-2330621	501(C)(3)	7,250.	0.			PROGRAM SUPPORT
SAVE THE FAMILY FOUNDATION 125 E. UNIVERSITY DR. MESA, AZ 85201	86-0665712	501(C)(3)	41,000.	0.			PROGRAM SUPPORT
SBC - NORTH RIDGE, D/B/A SCOTTSDALE BIBLE - NORTH RIDGE CAMPUS - 6363 E. DYNAMITE BLVD. - CAVE CREEK, AZ 85331	83-2596391	501(C)(3)	21,087.	0.			PROGRAM SUPPORT
SCHOOL OF HIPHOP PHX 1503 E. BOWKER ST. PHOENIX, AZ 85040	46-5163636	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SCHWAB CHARITABLE FUND 101 MONTGOMERY ST. SAN FRANCISCO, CA 94104	31-1640316	501(C)(3)	101,402.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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SCOTTSDALE ACTIVE 20/30 FOUNDATION, INC. - 7435 E. STETSON DR. STE. A - SCOTTSDALE, AZ 85251	86-0815349	501(C)(3)	6,620.	0.			PROGRAM SUPPORT
SCOTTSDALE ARTISTS' SCHOOL 3720 N. MARSHALL WAY SCOTTSDALE, AZ 85251	86-0460092	501(C)(3)	7,700.	0.			PROGRAM SUPPORT
SCOTTSDALE ARTS/SCOTTSDALE CULTURAL COUNCIL - 7380 E. SECOND ST. - SCOTTSDALE, AZ 85251	86-0593786	501(C)(3)	82,000.	0.			PROGRAM SUPPORT
SCOTTSDALE BIBLE CHURCH 7601 E. SHEA BLVD. SCOTTSDALE, AZ 85260	86-0179808	501(C)(3)	45,800.	0.			PROGRAM SUPPORT
SCOTTSDALE LIBRARY SYSTEMS P.O. BOX 1000 SCOTTSDALE, AZ 85252-1000	86-6000735	CITY OF SCOTTSDA	18,800.	0.			PROGRAM SUPPORT
SCOTTSDALE MUSEUM OF THE WEST, INC. - 3830 N. MARSHALL WAY - SCOTTSDALE, AZ 85251	20-8862731	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
SCOTTSDALE ROTARY CLUB FOUNDATION P.O. BOX 5633 SCOTTSDALE, AZ 85261-5633	86-6054024	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
SCOTTSDALE TRAINING AND REHABILITATION SERVIC - 7507 E. OSBORN RD. - SCOTTSDALE, AZ 85251	23-7395103	501(C)(3)	37,000.	0.			PROGRAM SUPPORT
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	95-1684089	501(C)(3)	14,800.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PL. S. SEATTLE, WA 98144	91-0568708	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SECULAR COMMUNITIES FOR ARIZONA INC. - P.O. BOX 19258 - PHOENIX, AZ 85005-9258	46-2530441	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SEDONA ARTS CENTER P.O. BOX 569 SEDONA, AZ 86339	86-6052626	501(C)(3)	19,500.	0.			PROGRAM SUPPORT
SEDONA INTERNATIONAL FILM FESTIVAL & WORKSHOP - P.O. BOX 162 - SEDONA, AZ 86339	20-0351857	501(C)(3)	8,700.	0.			PROGRAM SUPPORT
SEDONA PUBLIC LIBRARY 3250 WHITE BEAR RD. SEDONA, AZ 86336	86-6052627	501(C)(3)	8,433.	0.			PROGRAM SUPPORT
SEDONA RED ROCK JUNIOR SENIOR HIGH SCHOOL - 995 UPPER RED ROCK LOOP RD. - SEDONA, AZ 86336	86-0682862	STATE	6,000.	0.			PROGRAM SUPPORT
SEDONA RED ROCK TRAIL FUND P.O. BOX 4475 SEDONA, AZ 86340	46-4372941	501(C)(3)	59,061.	0.			PROGRAM SUPPORT
SEEDS OF HOPE 702 E. COTTONWOOD LANE CASA GRANDE, AZ 85122	86-0706004	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SEEING EYE, INC. P.O. BOX 375 MORRISTOWN, NJ 07963-0375	22-1539721	501(C)(3)	7,450.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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SELF STORAGE ASSOCIATION FOUNDATION - 1901 N. BEAUREGARD ST. #106 - ALEXANDRIA, VA 22311	03-0594425	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SEQUOIA SCHOOL FOR THE DEAF AND HARD OF HEARING - 1460 S. HORNE ST. - MESA, AZ 85204	74-3033931	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SERVING PARAGUAY P.O. BOX 2473 BROKEN ARROW, OK 74013	27-1490467	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
SHARLOT HALL MUSEUM 415 W. GURLEY ST. PRESCOTT, AZ 86301	86-0113854	501(C)(3)	11,200.	0.			PROGRAM SUPPORT
SHOEBOX MINISTRY 13645 N. 32ND ST. PHOENIX, AZ 85032	86-0690847	501(C)(3)	17,648.	0.			PROGRAM SUPPORT
SHRINERS HOSPITAL FOR CHILDREN - LOS ANGELES - 909 S. FAIR OAKS AVE. - PASADENA, CA 91105	04-2121377	501(C)(3)	61,175.	0.			PROGRAM SUPPORT
SI SE PUEDE FOUNDATION P.O. BOX 1929 CHANDLER, AZ 85244	86-0922834	501(C)(3)	40,250.	0.			PROGRAM SUPPORT
SIERRA CLUB FOUNDATION 2101 WEBSTER ST. #1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	5,600.	0.			PROGRAM SUPPORT
SILVER SPUR THERAPEUTIC RIDING CENTER - 5050 E. CLOUD RD. - CAVE CREEK, AZ 85331	27-2468044	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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SIMPSON COLLEGE 701 N. C ST. INDIANOLA, IA 50125	42-0680389	501(C)(3)	137,500.	0.			PROGRAM SUPPORT
SINAGUA MIDDLE SCHOOL 3950 E. BUTLER AVE. FLAGSTAFF, AZ 86004	27-2955646	501(C)(3)	28,750.	0.			PROGRAM SUPPORT
SISTERS OF THE HOLY NAMES OF JESUS AND MARY - 2911 W. FORT WRIGHT DR. - SPOKANE, WA 99224	20-4366910	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
SISTERS OF THE IMMACULATE HEART OF MARY - 3820 N. SABINO CANYON RD. - TUCSON, AZ 85750	86-0135568	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SMILE TRAIN P.O. BOX 96231 WASHINGTON, DC 20090-6231	13-3661416	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
SOCIETY OF ST. VINCENT DE PAUL - PHOENIX - P.O. BOX 13600 - PHOENIX, AZ 85003	86-0096789	501(C)(3)	185,510.	0.			PROGRAM SUPPORT
SOCIETY OF ST. VINCENT DE PAUL-FLAGSTAFF - 2113 N. EAST ST. - FLAGSTAFF, AZ 86004	86-0096789	501(C)(3)	5,340.	0.			PROGRAM SUPPORT
SOJOURNER CENTER P.O. BOX 20156 PHOENIX, AZ 85036	94-2465081	501(C)(3)	38,841.	0.			PROGRAM SUPPORT
SOLDIER'S BEST FRIEND 14505 N. 75TH AVE. PEORIA, AZ 85381	27-4665797	501(C)(3)	17,522.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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SONOMA VALLEY MENTORING ALLIANCE P. O. BOX 721 SONOMA, CA 95476	68-0429128	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
SOUTH EASTERN ARIZONA COMMUNITY UNIQUE SERVIC - 1124 W. THATCHER BLVD. #102 - SAFFORD, AZ 85546	86-0782865	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SOUTHEASTERN ARIZONA GOVERNMENTS ORGANIZATION - AREA AGENCY ON AGING - 300 COLLINS RD. - BISBEE, AZ 85603	86-0264390	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON, AZ 85719-6644	86-0864100	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SOUTHERN ARIZONA ASSOCIATION FOR THE VISUALLY - 3767 E. GRANT RD. - TUCSON, AZ 85716	86-6056057	501(C)(3)	9,700.	0.			PROGRAM SUPPORT
SOUTHERN ARIZONA LEGAL AID, INC. 2343 E. BROADWAY BLVD. #200 TUCSON, AZ 85719	86-0143449	501(C)(3)	134,400.	0.			PROGRAM SUPPORT
SOUTHERN CALIFORNIA EQUESTRIAN SPORTS - 1902 ORANGE TREE LN. #130 - REDLANDS, CA 92374	20-8082196	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)(3)	30,026.	0.			PROGRAM SUPPORT
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER - 300 N. 18TH ST. - PHOENIX, AZ 85006	31-1496646	501(C)(3)	62,332.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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SOUTHWEST BEHAVIORAL HEALTH SERVICES - 3450 N. THIRD ST. - PHOENIX, AZ 85012	86-0290033	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SOUTHWEST CENTER FOR HIV/AIDS, INC. - 1101 N. CENTRAL AVE. #200 - PHOENIX, AZ 85004	86-0695862	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
SOUTHWEST HERITAGE FOUNDATION P.O. BOX 27617 TEMPE, AZ 85285	61-1423580	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SOUTHWEST HUMAN DEVELOPMENT, INC. 2850 N. 24TH ST. PHOENIX, AZ 85008	86-0407179	501(C)(3)	197,368.	0.			PROGRAM SUPPORT
SOUTHWEST KIDS CANCER FOUNDATION INC. - 530 E. MCDOWELL RD. #107-295 - TEMPE, AZ 85285	46-2354987	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
SOUTHWEST WILDLIFE CONSERVATION CENTER - 8711 E. PINNACLE PEAK RD. #115 - SCOTTSDALE, AZ 85255	86-0765249	501(C)(3)	10,850.	0.			PROGRAM SUPPORT
SPECIAL EDUCATION SERVICES 4018 N. 67TH AVE. PHOENIX, AZ 85033	36-2781597	501(C)(3)	25,375.	0.			PROGRAM SUPPORT
SPECIAL OLYMPICS ARIZONA 2455 N. CITRUS RD. BLDG. 64 GOODYEAR, AZ 85395	86-0307564	501(C)(3)	20,600.	0.			PROGRAM SUPPORT
ST. AGNES CATHOLIC ELEMENTARY SCHOOL - 251 N. AMOS ST. - SPRINGFIELD, IL 62702	37-0661149	501(C)(3)	9,418.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ST. ELIZABETH'S HEALTH CENTER 140 W. SPEEDWAY BLVD. #100 TUCSON, AZ 85705	53-0196617	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
ST. FRANCIS HOUSE P.O. BOX 12491 GAINESVILLE, FL 32604	59-1978981	501(C)(3)	7,300.	0.			PROGRAM SUPPORT
ST. JOSEPH'S FOUNDATION 124 W. THOMAS RD. #250 PHOENIX, AZ 85013	94-2941245	501(C)(3)	284,932.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL. - MEMPHIS, TN 38105	62-0646012	501(C)(3)	20,589.	0.			PROGRAM SUPPORT
ST. MARK'S UNITED METHODIST CHURCH 1431 W. MAGEE RD. TUCSON, AZ 85704-2116	86-0264983	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVE. PHOENIX, AZ 85009-1518	23-7353532	501(C)(3)	293,710.	0.			PROGRAM SUPPORT
ST. MATTHEW'S EPISCOPAL CHURCH P.O. BOX 1959 CHANDLER, AZ 85244	86-0712781	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
ST. PATRICK'S CATHOLIC COMMUNITY CHURCH - 10815 N. 84TH ST. - SCOTTSDALE, AZ 85260	30-0514891	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
ST. VINCENT DE PAUL FOOD BANK OF PAYSON - 511 S. PHILLIPS ST. - PAYSON, AZ 85541	86-0096789	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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STAND FOR CHILDREN LEADERSHIP CENTER - 645 N. FOURTH AVE. #A - PHOENIX, AZ 85003	52-1957214	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
STANFORD UNIVERSITY FINANCIAL AID OFFICE, 355 GALVEZ ST STANFORD, CA 94305	94-1156365	501(C)(3)	374,000.	0.			PROGRAM SUPPORT
STAR CENTER FOUNDATION 20715 N. PIMA RD. #F-108 SCOTTSDALE, AZ 85255	27-4386097	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
STARRY FOUNDATION 20715 N. PIMA RD. #F-108 SCOTTSDALE, AZ 85255	84-3572259	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
STARTUP AZ FOUNDATION 515 E. GRANT ST. #150 PHOENIX, AZ 85004	83-4147658	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
STATE OF ARIZONA GOVERNOR'S OFFICE 1700 W. WASHINGTON ST. PHOENIX, AZ 85007	86-6004791	STATE	330,000.	0.			PROGRAM SUPPORT
STEP STUDENT EXPEDITION PROGRAM 6336 N. ORACLE RD. #326-326 TUCSON, AZ 85704	22-3879050	501(C)(3)	105,000.	0.			PROGRAM SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD. - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
STEPPING STONES AGENCIES 3298 N. GLASSFORD HILL RD. #104-955 - PRESCOTT VALLEY, AZ 86314	86-0542919	501(C)(3)	86,760.	0.			PROGRAM SUPPORT

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STEPS TO RECOVERY HOMES 516 RTE. AZ 89A #113 COTTONWOOD, AZ 86326	46-3225513	501(C)(3)	17,640.	0.			PROGRAM SUPPORT
STRONG TIES 24654 N. LAKE PLEASANT PKWY. #103-2 PEORIA, AZ 85383	47-3868079	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
STUDENT CONSERVATION ASSOCIATION 689 RIVER RD. CHARLESTOWN, NH 03063	91-0880684	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
SUMMIT FIRE & MEDICAL DISTRICT 8905 KOCH FIELD RD. FLAGSTAFF, AZ 86004	86-1028584	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SUN CITIES FOR PAWS RESCUE P.O. BOX 426 YOUNGTOWN, AZ 85363	86-0822208	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SUN DEVIL CLUB P.O. BOX 872205 TEMPE, AZ 85287	86-0138459	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
SUN HEALTH FOUNDATION P.O. BOX 6030 SUN CITY WEST, AZ 85376	23-7107959	501(C)(3)	8,555.	0.			PROGRAM SUPPORT
SUN SOUNDS FOUNDATION, INC. 2323 W. 14TH ST. TEMPE, AZ 85281	86-0906022	501(C)(3)	11,250.	0.			PROGRAM SUPPORT
SUN VALLEY ANIMAL SHELTER 7150 N. 110TH AVE. GLENDALE, AZ 85307	86-0679233	501(C)(3)	9,466.	0.			PROGRAM SUPPORT

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SUNNYSIDE NEIGHBORHOOD ASSOCIATION 2304 N. THIRD ST. FLAGSTAFF, AZ 86004	86-1012315	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER RD. TUCSON, AZ 85706	86-6000792	STATE	12,333.	0.			PROGRAM SUPPORT
SUNSHINE RESCUE MISSION - HOPE COTTAGE - 214 S. SAN FRANCISCO ST. - FLAGSTAFF, AZ 86001	86-0264747	501(C)(3)	8,046.	0.			PROGRAM SUPPORT
SUPPORT MY CLUB 4340 E. INDIAN SCHOOL RD. #21-578 PHOENIX, AZ 85018	45-4396035	501(C)(3)	121,600.	0.			PROGRAM SUPPORT
SUPPORTING EMOTIONAL NEEDS OF THE GIFTED, INC - P.O. BOX 1184 - SCHENECTADY, NY 12301	86-1009851	501(C)(3)	62,200.	0.			PROGRAM SUPPORT
SURYA ZOBA 324 BIRCH ST. PAGE, AZ 86040	82-2774030	501(C)(3)	5,850.	0.			PROGRAM SUPPORT
SUTTER DAVIS HOSPITAL FOUNDATION AND COMMUNITY BOARD - P. O BOX 160045 - SACRAMENTO, CA 95816	68-0217870	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SWIFT CHARITIES P.O. BOX 29243 PHOENIX, AZ 85038	20-3242524	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TAKE THE LEAD, INC. P.O. BOX 20854 NEW YORK, NY 10023	46-1478839	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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TANNER COMMUNITY DEVELOPMENT CORP. 700 E. JEFFERSON ST. #200 PHOENIX, AZ 85034	86-1027651	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
TCI FOUNDATION INC. 4031 E. SUNRISE DR. #151 TUCSON, AZ 85718	46-4037611	501(C)(3)	8,926.	0.			PROGRAM SUPPORT
TEACH FOR AMERICA P.O. BOX 398615 SAN FRANCISCO, CA 94139	13-3541913	501(C)(3)	271,800.	0.			PROGRAM SUPPORT
TEAM HILL FOUNDATION INC 438 HWY. 35 N #2205 MANTOLOKING, NJ 08738	27-3338006	501(C)(3)	62,220.	0.			PROGRAM SUPPORT
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 N. CENTRAL AVE. #1550 - PHOENIX, AZ 85012	86-0975231	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
TEEN CHALLENGE OF THE ROCKY MOUNTAINS, INC. - P.O. BOX 336 - ENGLEWOOD, CO 80151	84-1185635	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TEEN LIFELINE, INC. P.O. BOX 10745 PHOENIX, AZ 85064	86-0966427	501(C)(3)	22,183.	0.			PROGRAM SUPPORT
TELLURIDE FOUNDATION P.O. BOX 4222 TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TELLURIDE SCIENCE RESEARCH CENTER P.O. BOX 2429 TELLURIDE, CO 81435	74-2369040	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD. TEMPE, AZ 85281	86-0254820	501(C)(3)	26,000.	0.			PROGRAM SUPPORT
TEMPE COMMUNITY COUNCIL 34 E. SEVENTH ST. TEMPE, AZ 85281	51-0189790	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
TEMPE DIABLOS CHARITIES, INC. P.O. BOX 13246 TEMPE, AZ 85284-0055	86-0863641	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
TERRA BIRDS P.O. BOX 605 FLAGSTAFF, AZ 86002	45-4318103	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
TEXAS CHRISTIAN UNIVERSITY P.O. BOX 297012 FORT WORTH, TX 76129	75-0827465	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TGEN FOUNDATION 445 N. FIFTH ST. #120 PHOENIX, AZ 85004	33-1092191	501(C)(3)	306,250.	0.			PROGRAM SUPPORT
THE ABRAHAM INITIATIVES 1460 BROADWAY #9021 NEW YORK, NY 10036	13-3556715	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
THE ALFRED E. SMITH MEMORIAL FOUNDATION - 1011 FIRST AVE. 14TH FL. - NEW YORK, NY 10022	13-1553263	501(C)(3)	9,500.	0.			PROGRAM SUPPORT
THE ALS ASSOCIATION OF TEXAS 4939 DE ZAVALA RD. #105 SAN ANTONIO, TX 78249	74-2678974	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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THE ARBORETUM AT FLAGSTAFF 4001 S. WOODY MOUNTAIN RD. FLAGSTAFF, AZ 86005	94-2788812	501(C)(3)	16,900.	0.			PROGRAM SUPPORT
THE ARIZONA PET PROJECT 3905 N. 7TH AVE. #7611 PHOENIX, AZ 85013	86-1008549	501(C)(3)	31,040.	0.			PROGRAM SUPPORT
THE ASPEN INSTITUTE - COLORADO 1000 N. THIRD ST. ASPEN, CO 81611	84-0399006	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
THE BE KIND PEOPLE PROJECT FOUNDATION - 2990 E. NORTHERN AVE. #D106 - PHOENIX, AZ 85028	46-0720140	501(C)(3)	44,400.	0.			PROGRAM SUPPORT
THE BOARD OF VISITORS 7227 N. 16TH ST. #101 PHOENIX, AZ 85020	86-6052766	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE CARTER CENTER ONE COPENHILL, 453 FREEDOM PKWY. ATLANTA, GA 30307	58-1454716	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE CHILDREN'S CENTER FOR NEURODEVELOPMENTAL STUDIES - 5430 W. GLENN DR. - GLENDALE, AZ 85301	86-0357350	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
THE COLLEGE OF WOOSTER 1189 BEALL AVE. WOOSTER, OH 44691	34-0714654	501(C)(3)	75,500.	0.			PROGRAM SUPPORT
THE COMMUNITY FOUNDATION OF THE FLORIDA KEYS - 300 SOUTHARD ST. #201 - KEY WEST, FL 33040	65-0648968	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY - 1123 SPRUCE ST. - BOULDER, CO 80302	84-1171836	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE CRYSTAL CHARITY BALL 3838 OAK LAWN AVE. #L150 DALLAS, TX 75219	75-6035893	501(C)(3)	12,350.	0.			PROGRAM SUPPORT
THE DESERT SYMPHONY 72925 FRED WARING DR. #101 PALM DESERT, CA 92260	95-3871126	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
THE FAMILY SCHOOL 1127 W. MCDOWELL RD. PHOENIX, AZ 85007	86-0707984	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
THE FIRST TEE OF PHOENIX 3837 E. WIER AVE. #7 PHOENIX, AZ 85040	52-2103204	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
THE FLINN FOUNDATION 1802 N. CENTRAL AVE. PHOENIX, AZ 85004-1506	86-0421476	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE FORTITUDE NOW FOUNDATION 13405 N. 8TH ST. PHOENIX, AZ 85022	47-2176515	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE FRIENDS OF READING HOSPITAL P.O. BOX 16052 READING, PA 19612	23-6026108	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE GARDEN CLUB OF AMERICA 14 E. 60TH ST. 3RD FL. NEW YORK, NY 10022	13-1626773	501(C)(3)	5,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVE. FREDERICKSBURG, VA 22401	54-0525507	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
THE GIVING ANGELS P.O. BOX 3118 SEDONA, AZ 86340	46-0802251	501(C)(3)	5,010.	0.			PROGRAM SUPPORT
THE HEALTH WAGON P.O. BOX 7070 WISE, VA 24293	04-3739083	501(C)(3)	6,650.	0.			PROGRAM SUPPORT
THE HOPI FOUNDATION P.O. BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	64,200.	0.			PROGRAM SUPPORT
THE LAUNCH PAD TEEN CENTER 302 GROVE AVE. PRESCOTT, AZ 86301	46-5601468	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 3877 N. SEVENTH ST. #300 PHOENIX, AZ 85014	13-5644916	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
THE LEWIN FUND TO FIGHT WOMENS CANCERS INC - 322 W. 52ND ST. - NEW YORK, NY 10101-2303	46-1628320	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
THE MANKIND PROJECT 555 E. AGAVE DR. TUCSON, AZ 85704	36-3712913	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
THE MELCHIZEDEK ALLIANCE P.O. BOX 6493 MCKINNEY, TX 75071	82-4055989	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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THE NATURE CONSERVANCY - VIRGINIA 4245 N. FAIRFAX DR. #100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,268.	0.			PROGRAM SUPPORT
THE NATURE CONSERVANCY AZ CHAPTER PHOENIX - 7600 N. 15TH ST. #100 - PHOENIX, AZ 85020	53-0242652	501(C)(3)	32,000.	0.			PROGRAM SUPPORT
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE ST. BLDG. #C PHOENIX, AZ 85009	86-0839580	501(C)(3)	11,050.	0.			PROGRAM SUPPORT
THE OPPORTUNITY TREE 3146 E. WINDSOR AVE. PHOENIX, AZ 85008	86-0180419	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
THE PHOENIX CONSERVATORY OF MUSIC 9617 N. METRO PKWY. W #2112 PHOENIX, AZ 85051-1422	86-0917748	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
THE POORE MEDICAL CLINIC 120 W. FINE AVE. FLAGSTAFF, AZ 86001-3016	80-0751712	501(C)(3)	61,313.	0.			PROGRAM SUPPORT
THE ROAD HOME 210 S. RIO GRANDE ST. SALT LAKE CITY, UT 84101	87-0212465	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE ROTARY FOUNDATION ONE ROTARY CENTER, 1560 SHERMAN AVE EVANSTON, IL 60201-3698	36-3245072	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
THE SALVATION ARMY - SOUTHWEST DIVISION - 2707 E. VAN BUREN ST. - PHOENIX, AZ 85008	94-1156347	501(C)(3)	173,605.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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THE SALVATION ARMY-HYANNIS, MA 100 NORTH ST. HYANNIS, MA 02601	13-5562351	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N. ROCKY POINT DR. TAMPA, FL 33607	04-2121377	501(C)(3)	7,250.	0.			PROGRAM SUPPORT
THE THUNDERBIRDS 7226 N. 16TH ST. #100 PHOENIX, AZ 85020	86-0560664	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE UC DAVIS FOUNDATION OFFICE OF UNIVERSITY DEVELOPMENT, ONE SHIELDS AVE. - DAVIS, CA 95616-5270	94-6081352	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
THE UNIVERSITY OF DAYTON OFFICE OF ANNUAL GIVING, 300 COLLEGE PARK - DAYTON, OH 45469-7056	31-0536715	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
THE VICTORIA FOUNDATION 1112 E. BUCKEYE RD. #B-5 PHOENIX, AZ 85034	23-7091708	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
THE WHALE FOUNDATION, INC. P.O. BOX 855 FLAGSTAFF, AZ 86002-0855	86-0941775	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE WORLD WAR II FOUNDATION 344 MAIN ST. SOUTH KINGSTOWN, RI 02879	27-4793304	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THEATER WORKS 10580 N. 83RD DR. PEORIA, AZ 85345	86-0563315	501(C)(3)	140,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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THEATRE L'HOMME DIEU P.O. BOX 1086 ALEXANDRIA, MN 56308	41-0858863	501(C)(3)	12,250.	0.			PROGRAM SUPPORT
THEATRIKOS THEATRE COMPANY 11 W. CHERRY AVE. FLAGSTAFF, AZ 86001	23-7245174	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
THREE BAYS PRESERVATION, INC. P.O. BOX 215 OSTERVILLE, MA 02655	04-3338308	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THURSDAY CLUB FOUNDATION 1224 SANTA BARBARA ST. SAN DIEGO, CA 92107	20-1001905	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TICKETS FOR KIDS 700 BLAW AVE. #105 PITTSBURGH, PA 15238	02-0559825	501(C)(3)	65,835.	0.			PROGRAM SUPPORT
TIGERMOUNTAIN FOUNDATION 3146 EAST WIER AVE #31 PHOENIX, AZ 85040	27-0806147	501(C)(3)	10,250.	0.			PROGRAM SUPPORT
TIME OUT, INC. P.O. BOX 306 PAYSON, AZ 85547	86-0723051	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
TOMBSTONE SMALL ANIMAL SHELTER P.O. BOX 1085 TOMBSTONE, AZ 85638	94-2554189	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
TONTO CREEK CAMP 8776 E. SHEA BLVD. #106-472 SCOTTSDALE, AZ 85260	27-1328630	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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TOP BOX FOODS 222 MERCHANDISE MART PLAZA #202A CHICAGO, IL 60654	45-3930886	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
TOUCHSTONE BEHAVIORAL HEALTH 15648 N. 35TH AVE. PHOENIX, AZ 85053	86-0223116	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
TOWN OF MARANA 11555 W. CIVIC CENTER DR. #A1 MARANA, AZ 85653	86-0331775	CITY GOVERNMENT	8,211.	0.			PROGRAM SUPPORT
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HWY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
TRANSLATIONAL STEM CELL THERAPY FOUNDATION - 3495 S. MERCY RD. - GILBERT, AZ 85297	27-4358901	501(C)(3)	12,740.	0.			PROGRAM SUPPORT
TRAVIS MILLS FOUNDATION 747 WESTERN AVE. #1 MANCHESTER, ME 04351	46-4239670	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TREASURE HOUSE 7815 W. ASPERA BLVD. GLENDALE, AZ 85308	80-0836112	501(C)(3)	58,000.	0.			PROGRAM SUPPORT
TREASURES 4 TEACHERS, INC. 3025 S. 48TH ST. #101 TEMPE, AZ 85282	01-0725431	501(C)(3)	17,016.	0.			PROGRAM SUPPORT
TREVOR'S VISION, INC. 2212 W. KELLER CT. ANTHEM, AZ 85086-1843	47-1183274	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

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TRINITY CHRISTIAN SCHOOL, INC. 1077 MOGOLLON RD. PRESCOTT, AZ 86301	48-1307052	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TRINITY OAKS ENTERPRISES 9385 MILLER LN. SAN ANTONIO, TX 78266	20-8992883	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TRINITY OPPORTUNITY ALLIANCE 11735 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85254	82-1047888	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 1478 STEINBERG-DIETRICH HALL, 3620 LOCUST WALK - PHILADELPHIA, PA	23-1352685	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
TUCSON SYMPHONY SOCIETY 2175 N. SIXTH AVE. TUCSON, AZ 85705	86-0107538	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
TULANE UNIVERSITY 6823 ST. CHARLES AVE. NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	15,100.	0.			PROGRAM SUPPORT
TWISTED TAILS INC 4242 W. TOPEKA DR. GLENDALE, AZ 85308	82-2627890	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TYNKERTOPIA, INC. 2152 N. FOURTH ST. STE. 101-109 FLAGSTAFF, AZ 86004	82-3860171	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
U OF A HEALTH SCIENCES P.O. BOX 245018 TUCSON, AZ 85721	86-6050388	501(C)(3)	15,789.	0.			PROGRAM SUPPORT

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U.S. ARMY OF THE WEST MORMON BATTALION FOUNDA - P.O. BOX 5967 - YUMA, AZ 85366-5967	31-1593663	501(C)(3)	10,600.	0.			PROGRAM SUPPORT
U.S. MEXICO BORDER PHILANTHROPY PARTNERSHIP - 2508 HISTORIC DECATUR RD. #130 - SAN DIEGO, CA 92106	26-2946180	501(C)(3)	37,000.	0.			PROGRAM SUPPORT
UCLA FOUNDATION 10889 WILSHIRE BLVD. #1500 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	103,000.	0.			PROGRAM SUPPORT
ULI FOUNDATION 2001 L. STREET NW. #200 WASHINGTON, DC 20036	23-7133957	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
UMOM NEW DAY CENTERS 3333 E. VAN BUREN ST. PHOENIX, AZ 85008	86-0521062	501(C)(3)	228,973.	0.			PROGRAM SUPPORT
UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQUARE CAMBRIDGE, MA 02138-3780	04-2535767	501(C)(3)	14,400.	0.			PROGRAM SUPPORT
UNITED ANIMAL FRIENDS P.O. BOX 11133 PRESCOTT, AZ 86304	20-0360727	501(C)(3)	5,895.	0.			PROGRAM SUPPORT
UNITED FOOD BANK 245 S. NINA DR. MESA, AZ 85210	86-0505273	501(C)(3)	19,742.	0.			PROGRAM SUPPORT
UNITED METHODIST CHURCH - SONOMA 109 PATTEN ST. SONOMA, CA 95476	94-1506845	501(C)(3)	40,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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UNITED STATES VETERANS INITIATIVE - PRESCOTT - 1040 WHIPPLE ST. #400 - PRESCOTT, AZ 86305	95-4382752	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
UNITED STATES VETERANS INITIATIVE-PHOENIX - 3507 N. CENTRAL AVE. #302 - PHOENIX, AZ 85012	95-4382752	501(C)(3)	158,500.	0.			PROGRAM SUPPORT
UNITED WAY OF BERKS COUNTY P.O BOX 702 READING, PA 19603-0702	23-1655375	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNITED WAY OF NORTHERN ARIZONA 1515 E. CEDAR AVE. #D-1 FLAGSTAFF, AZ 86004	86-0211666	501(C)(3)	98,690.	0.			PROGRAM SUPPORT
UNITED WAY OF SANTA FE COUNTY 440 CERRILLOS RD. STE. A SANTA FE, NM 87501	85-0163601	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
UNITED WAY OF SOUTHERN NEVADA 5830 W. FLAMINGO RD. LAS VEGAS, NV 89103	88-0071328	501(C)(3)	47,000.	0.			PROGRAM SUPPORT
UNITED WAY OF TUCSON & SOUTHERN AZ, INC. - 330 N. COMMERCE PARK LOOP #200 - TUCSON, AZ 85745	86-0098932	501(C)(3)	5,852.	0.			PROGRAM SUPPORT
UNITED WAY OF YUMA COUNTY 180 W. 1ST ST. #B YUMA, AZ 85364	86-0211326	501(C)(3)	7,100.	0.			PROGRAM SUPPORT
UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON, AZ 85721-0109	86-6050388	501(C)(3)	188,919.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION - 1995 UNIVERSITY AVE. #401 - BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION P.O. BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488	501(C)(3)	97,090.	0.			PROGRAM SUPPORT
UNIVERSITY OF NEW MEXICO FOUNDATION - 700 LOMAS AVE. NE # 102, TWO RIVER WOODLWARD CENTER - ALBUQUERQUE, NM 87102	85-0275408	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5602	35-0868188	501(C)(3)	85,250.	0.			PROGRAM SUPPORT
UNIVERSITY OF REDLANDS 1200 E. COLTON AVE. REDLANDS, CA 92373	95-1643389	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY LOS ANGELES, CA 90089	95-1642394	501(C)(3)	388,400.	0.			PROGRAM SUPPORT
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE RD. SL316 - CHARLOTTESVILLE, VA 22903-1738	54-0838566	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
UNIVERSITY PRESBYTERIAN CHURCH 139 E. ALAMEDA DR. TEMPE, AZ 85228	86-0170564	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
UNLIMITED POTENTIAL P.O. BOX 8814 PHOENIX, AZ 85066	74-2383678	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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URBAN AGE INSTITUTE 11 7TH ST. PETALUMA, CA 94952	52-2225269	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
VAISHNAV SAMAJ OF ARIZONA, INC. 6300 S. 23RD AVE. PHOENIX, AZ 85041	20-3739749	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
VALLE DEL SOL, INC. 3807 N. SEVENTH ST. PHOENIX, AZ 85014	86-0251255	501(C)(3)	35,344.	0.			PROGRAM SUPPORT
VALLEY CHRISTIAN SCHOOLS 6900 W. GALVESTON ST. CHANDLER, AZ 85226	86-0431878	501(C)(3)	42,496.	0.			PROGRAM SUPPORT
VALLEY INTERFAITH PROJECT EDUCATION FUND - 2728 E. THOMAS #108 - PHOENIX, AZ 85016	27-0328874	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
VALLEY LEADERSHIP CORPORATION 910 E. OSBORN RD. #A PHOENIX, AZ 85014	86-0373283	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
VALLEY OF THE SUN JEWISH COMMUNITY CENTER - 12701 N. SCOTTSDALE RD. #201 - SCOTTSDALE, AZ 85254	86-0622258	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
VALLEY OF THE SUN UNITED WAY 3200 E. CAMELBACK RD. #375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3)	877,901.	0.			PROGRAM SUPPORT
VALLEY OF THE SUN YMCA 350 N. FIRST AVE. PHOENIX, AZ 85003	86-0096799	501(C)(3)	113,600.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PRESBYTERIAN CHURCH 6947 E. MCDONALD DR. PARADISE VALLEY, AZ 85253-5342	86-0173410	501(C)(3)	68,000.	0.			PROGRAM SUPPORT
VALLEY UNITARIAN UNIVERSALIST CHURCH - 6400 W DEL RIO ST. - CHANDLER, AZ 85226-1764	86-0211838	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
VALLEY YOUTH THEATRE 807 N. THIRD ST. PHOENIX, AZ 85004-2021	86-0641978	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
VALLEYWISE HEALTH FOUNDATION 2901 E. CAMELBACK RD. #202 PHOENIX, AZ 85028	86-0777567	501(C)(3)	1,095,750.	0.			PROGRAM SUPPORT
VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9509	23-2888152	501(C)(3)	1,762,202.	0.			PROGRAM SUPPORT
VASSAR COLLEGE 124 RAYMOND AVE. BOX 14 POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
VERDE VALLEY ARCHAEOLOGY CENTER 385 S. MAIN ST. CAMP VERDE, AZ 86322	27-3436708	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
VERDE VALLEY CAREGIVERS COALITION 299 VAN DEREN RD. #2 SEDONA, AZ 86336	86-0725787	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
VERDE VALLEY CYCLISTS COALITION P.O. BOX 20332 SEDONA, AZ 86341	02-0717767	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERDE VALLEY HABITAT FOR HUMANITY 737 S. MAIN ST. COTTONWOOD, AZ 86326	86-0754480	501(C)(3)	12,900.	0.			PROGRAM SUPPORT
VERDE VALLEY SANCTUARY, INC. P.O. BOX 595 SEDONA, AZ 86339	86-0741314	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
VETERANS HERITAGE PROJECT P.O. BOX 22058 PHOENIX, AZ 85028	26-4572636	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
VETERANS OF FOREIGN WARS OF US DEPT OF AZ - 6423 S. ASH AVE. - TEMPE, AZ 85283-3657	45-2946403	501(C)(3)	13,835.	0.			PROGRAM SUPPORT
VH-1 SAVE THE MUSIC FOUNDATION 1515 BROADWAY 20TH FL. NEW YORK, NY 10036	13-6089816	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
VICTIM/WITNESS SERVICES FOR COCONINO COUNTY - 201 E. BIRCH AVE. #4 - FLAGSTAFF, AZ 86001	86-0481748	501(C)(3)	18,893.	0.			PROGRAM SUPPORT
VISION QUEST 20/20 2303 N. 44TH ST. #14-1299 PHOENIX, AZ 85008	04-3747651	501(C)(3)	7,902.	0.			PROGRAM SUPPORT
VOICES FOR CASA CHILDREN 4300 N. MILLER RD. #116 SCOTTSDALE, AZ 85251	45-3359395	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
WAGS PET THERAPY OF KENTUCKY P.O. BOX 43504 LOUISVILLE, KY 40253	61-1364087	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALKER WEST MUSIC ACADEMY 760 SELBY AVE. ST. PAUL, MN 55104	41-1678368	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WASHINGTON DC POLICE FOUNDATION 1310 L ST. NW #325 WASHINGTON, DC 20005	41-2250114	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
WASTE NOT, INC. 1700 N. GRANITE REEF RD. SCOTTSDALE, AZ 85257	86-0650514	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
WESLEY COMMUNITY CENTER 1300 S. TENTH ST. PHOENIX, AZ 85034	86-0133770	501(C)(3)	47,500.	0.			PROGRAM SUPPORT
WESLEYAN UNIVERSITY 318 HIGH ST. MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
WEST POINT ASSOCIATION OF GRADUATES - 698 MILLS RD. - WEST POINT, NY 10996	14-1260763	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WEST VALLEY ARTS COUNCIL 16126 N. CIVIC CENTER PLZ. #102 SURPRISE, AZ 85374	94-2769484	501(C)(3)	42,000.	0.			PROGRAM SUPPORT
WEST VALLEY MAVERICKS FOUNDATION INC - P.O. BOX 2216 - LITCHFIELD PARK, AZ 85340	46-5460916	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WEST VALLEY SYMPHONY P.O. BOX 7328 SURPRISE, AZ 85374-7328	23-7041526	501(C)(3)	9,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST YAVAPAI GUIDANCE CLINIC FOUNDATION - 3343 N. WINDSONG DR. - PRESCOTT VALLEY, AZ 86314-1213	86-0576008	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WESTED 2020 N. CENTRAL AVE. #660 PHOENIX, AZ 85004	94-3233542	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WHISPERING HOPE RANCH FOUNDATION P.O. BOX 54070 PHOENIX, AZ 85078-4070	86-0887696	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
WHITE TANK MOUNTAINS CONSERVANCY 4236 N. VERRADO WAY #201 BUCKEYE, AZ 85396	47-4131897	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WICKENBURG COMMUNITY HOSPITAL FOUNDATION - 520 ROSE LN. - WICKENBURG, AZ 85390	86-0096775	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
WICKENBURG COMMUNITY SERVICES CORPORATION - P.O. BOX 782 - WICKENBURG, AZ 85358	86-0310614	501(C)(3)	75,700.	0.			PROGRAM SUPPORT
WILDEARTH GUARDIAN 301 N. GUADALUPE ST. #201 SANTA FE, NM 87501	85-0406306	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WILLOW BEND ENVIRONMENTAL EDUCATION CENTER - 703 E. SAWMILL RD. - FLAGSTAFF, AZ 86001	86-0376501	501(C)(3)	16,650.	0.			PROGRAM SUPPORT
WOMEN'S FOUNDATION OF SOUTHERN ARIZONA - 1661 N. SWAN RD. #150 - TUCSON, AZ 85712	31-1660702	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S JEWISH LEARNING CENTER 7825 E. PARADISE LN. SCOTTSDALE, AZ 85260	27-3905817	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
WORLD OUTREACH CENTER P.O. BOX 34 FORT MILL, SC 29716	26-2363729	501(C)(3)	45,500.	0.			PROGRAM SUPPORT
WORLD WILDLIFE FUND P.O. BOX 97180 WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	12,938.	0.			PROGRAM SUPPORT
WOUNDED WARRIOR PROJECT P.O. BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	9,923.	0.			PROGRAM SUPPORT
WYLDER NATION FOUNDATION 8924 E. PINNACLE PEAK RD. #G5-574 SCOTTSDALE, AZ 85255	46-2849095	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
XAVIER COLLEGE PREPARATORY HIGH SCHOOL - 4710 N. FIFTH ST. - PHOENIX, AZ 85012	26-3832736	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
YAVAPAI BIG BROTHERS BIG SISTERS 3208 LAKESIDE VILLAGE PRESCOTT, AZ 86301	86-0278776	501(C)(3)	20,800.	0.			PROGRAM SUPPORT
YAVAPAI CASA FOR KIDS FOUNDATION P.O. BOX 12457 PRESCOTT, AZ 86304	71-0946266	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
YAVAPAI COUNTY EDUCATION FOUNDATION - 2970 CENTERPOINTE EAST DR. - PRESCOTT, AZ 86301	33-1101967	501(C)(3)	10,300.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAVAPAI COUNTY EDUCATION SERVICE AGENCY - 2970 CENTERPOINTE EAST DR. - PRESCOTT, AZ 86301	86-6000561	501(C)(3)	8,885.	0.			PROGRAM SUPPORT
YAVAPAI COUNTY SHERIFF'S OFFICE 255 E. GURLEY ST. PRESCOTT, AZ 86301	86-6000561	YAVAPAI CO	7,000.	0.			PROGRAM SUPPORT
YAVAPAI HUMANE SOCIETY 1625 SUNDG RANCH RD. PRESCOTT, AZ 86301	86-0327745	501(C)(3)	133,646.	0.			PROGRAM SUPPORT
YAVAPAI REGIONAL MEDICAL CENTER FOUNDATION - 1003 WILLOW CREEK RD. - PRESCOTT, AZ 86301-1668	86-1038463	501(C)(3)	10,800.	0.			PROGRAM SUPPORT
YAVAPAI TRAILS ASSOCIATION P.O. BOX 403 PRESCOTT, AZ 86302-0403	86-0678417	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
YEAR UP INC. 1245 E. BUCKEYE RD. ROOM B413 PHOENIX, AZ 85034	04-3534407	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD. SAN DIEGO, CA 92123	95-2039198	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
YMCA OF THE UNIVERSITY OF ILLINOIS 1001 S. WRIGHT ST. CHAMPAIGN, IL 61801	37-0661257	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
YOLO COUNTY ANIMAL SERVICE SHELTER 2640 E. GIBSON RD. WOODLAND, CA 95776	94-6000548	COUNTY GOV'T	8,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG ARTS ARIZONA, LTD 2009 N. SEVENTH ST. #1 PHOENIX, AZ 85006	86-0933814	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
YOUNG LIFE-PRESCOTT P.O. BOX 1728 PRESCOTT, AZ 86302-0987	84-0385934	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON, AZ 85712	86-0644388	501(C)(3)	8,528.	0.			PROGRAM SUPPORT
YUMA CATHOLIC HIGH SCHOOL 2100 W. 28TH ST. YUMA, AZ 85364	86-0886437	501(C)(3)	16,100.	0.			PROGRAM SUPPORT
YUMA COMMUNITY FOOD BANK 2404 E. 24TH ST. #A YUMA, AZ 85365	86-0457836	501(C)(3)	25,500.	0.			PROGRAM SUPPORT
YUMA COUNTY LIBRARY DISTRICT 2951 S. 21ST DR. YUMA, AZ 85364	86-6000567	501(C)(3)	22,050.	0.			PROGRAM SUPPORT
YUMA FAMILY YMCA 1917 W. 32ND ST. YUMA, AZ 85364	86-0096799	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
YUMA ORCHESTRA ASSOCIATION P.O. BOX 6266 YUMA, AZ 85366-6266	95-3231719	501(C)(3)	7,650.	0.			PROGRAM SUPPORT
YUMA UNION HIGH SCHOOL DISTRICT #70 - 3150 S. AVE. A - YUMA, AZ 85364-7998	86-0825233	STATE	5,625.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	6	14,069.	0.		
EDUCATION	62	282,590.	0.		
HEALTH AND HUMAN SERVICES	5	6,062.	0.		
COMMUNITY, NEIGHBOR AND ECONOMIC DEVELOPMENT	4	4,296.	0.		

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

**PART I, LINE 2:**

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE ARIZONA COMMUNITY FOUNDATION

ARE, IN MAJORITY CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE

RESULTS OF THEIR FUNDED PROGRAM OR UPDATE ACF ON THEIR PROGRESS TO DATE.

THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE GRANTEE, THE

DONOR, THE FOUNDATION, THE COMMUNITY AND ANY OTHER STAKEHOLDERS INVOLVED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ARIZONA COMMUNITY FOUNDATION** Employer identification number **86-0348306**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**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? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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 on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued 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**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II 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 aren't 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.

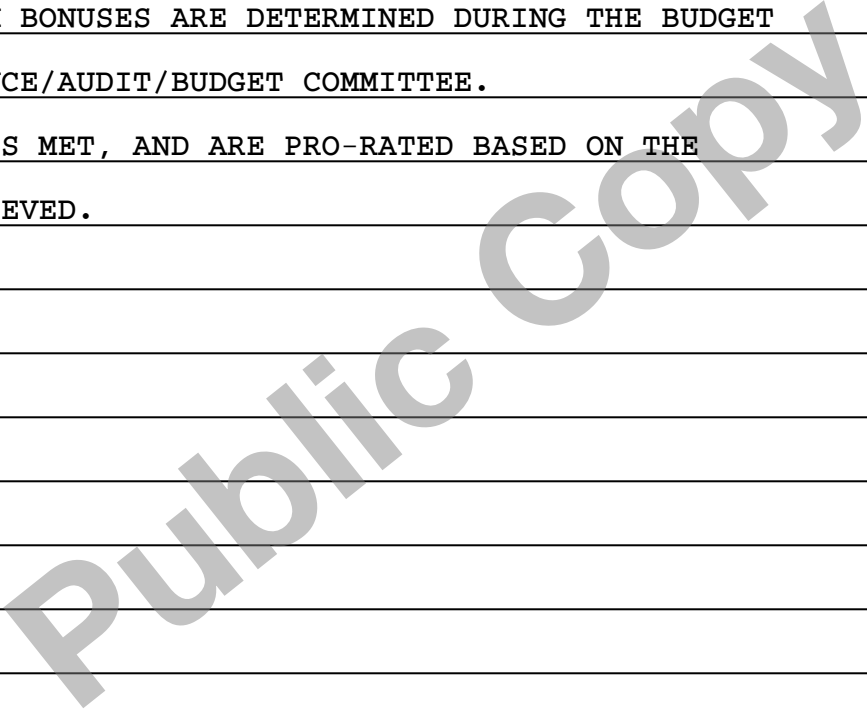
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVE SELEZNOW PRESIDENT	(i)	426,829.	331,845.	0.	33,600.	19,255.	811,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KYLA QUINTERO CHIEF FINANCIAL OFFICER	(i)	188,517.	10,000.	0.	11,490.	11,419.	221,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY SAUTER CHIEF OPERATIONS AND ADMINISTRATIVE	(i)	208,501.	30,726.	0.	12,866.	14,760.	266,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACKY ALLING CHIEF PHILANTHROPIC SERVICES	(i)	205,030.	30,726.	0.	25,073.	12,966.	273,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GARY DOKES CHIEF INVESTMENT OFFICER	(i)	202,882.	30,838.	0.	12,178.	1,539.	247,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELISA DE LA VARA CHIEF COMMUNITY OFFICER	(i)	184,002.	27,810.	0.	11,424.	14,696.	237,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA DANCSOK CHIEF BRAND AND IMPACT OFFICER	(i)	173,757.	27,810.	0.	11,424.	25,635.	238,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMBERLY KUR SENIOR DIRECTOR OF PHILANTHROPIC SER	(i)	134,473.	10,000.	0.	18,829.	30,870.	194,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LORA GOLKE SENIOR PHILANTHROPIC ADVISOR	(i)	131,352.	1,000.	0.	16,544.	14,948.	163,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIM COVINGTON SENIOR DIRECTOR OF COMMUNITY INITIAT	(i)	134,473.	10,000.	0.	18,829.	30,870.	194,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE BONUSES FOR THE EXECUTIVE TEAM ARE BASED ON TEAM GOALS (50%) AND  
 INDIVIDUAL GOALS (50%) WHICH ARE DEVELOPED TO ALIGN WITH THE OVERALL  
 ORGANIZATIONAL GOALS. THE MAXIMUM BONUSES ARE DETERMINED DURING THE BUDGET  
 PROCESS AND APPROVED BY THE FINANCE/AUDIT/BUDGET COMMITTEE.  
 BONUSES ARE ONLY PAID ON THE GOALS MET, AND ARE PRO-RATED BASED ON THE  
 GOALS THAT WERE SUCCESSFULLY ACHIEVED.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ARIZONA COMMUNITY FOUNDATION** Employer identification number **86-0348306**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	99	16,007,793.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	5	6,414,800.	MARKET PRICE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( PROMISSORY NO )	X	1	3,773,000.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019



**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN PART I COLUMN B REPRESENT THE NUMBER OF INDIVIDUAL CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ARIZONA COMMUNITY FOUNDATION

Employer identification number

86-0348306

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS NONVOTING MEMBERS AUTHORIZED BY RESOLUTION OF THE BOARD OF DIRECTORS. MEMBERSHIP IN THE ORGANIZATION IS HONORARY ONLY AND DOES NOT CARRY WITH IT ANY RIGHTS OR PRIVILEGES WITH RESPECT TO THE ORGANIZATION, EXCEPT THE RIGHT TO RECEIVE NOTICE OF AND ATTEND THE ANNUAL MEETING OF THE MEMBERSHIP WHICH IS HELD ON A DATE SELECTED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE ORGANIZATION HAS RECEIVED A DRAFT OF THE FORM 990, THE CHIEF FINANCIAL OFFICER WILL FORWARD THE DRAFT TO THE FOLLOWING REPRESENTATIVES OF THE ORGANIZATION: 1) EACH MEMBER OF THE AUDIT AND COMPLIANCE COMMITTEE 2) THE CHAIR OF THE AUDIT COMMITTEE AND 3) THE CHIEF EXECUTIVE OFFICER. THESE REPRESENTATIVES WILL REVIEW THE 990 AND NOTIFY THE CFO OF ANY SUGGESTED REVISIONS. THE CFO WILL COMPILE ALL SUGGESTED REVISIONS AND PRESENT THEM TO THE ACCOUNTANT. THE ACCOUNTANT REVISES THE FORM 990, TO THE EXTENT DEEMED APPROPRIATE IN THEIR PROFESSIONAL JUDGMENT, AND SUBMIT IT IN FINAL FORM TO THE CFO, THE CHAIR OF THE AUDIT COMMITTEE, AND THE CEO FOR APPROVAL AND SIGNATURE BY AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS OF THE ARIZONA COMMUNITY FOUNDATION (ACF) AND THE BOARDS OF ALL OF ACF'S SUPPORTING ORGANIZATIONS. IN ADDITION, ALL BOARD MEMBERS AND STAFF OF ACF SIGN AND ACKNOWLEDGE THEY HAVE READ THE CONFLICT OF INTEREST POLICY, AGREE TO ABIDE BY IT AND ARE ASKED TO IDENTIFY ANY POTENTIAL CONFLICTS THEY MAY HAVE. THESE ACKNOWLEDGEMENTS ARE REVIEWED BY

Name of the organization ARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0348306
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THE HUMAN RESOURCES STAFF. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST ARISE, THEY ARE REFERRED TO THE ACF AUDIT AND COMPLIANCE COMMITTEE. THIS COMMITTEE MAY INVESTIGATE THE SITUATION BY GATHERING ALL MATERIAL FACTS AND ASK THE INDIVIDUAL TO MAKE A PRESENTATION TO THE COMMITTEE. SHOULD THE INVESTIGATION FIND THAT A CONFLICT OF INTEREST EXISTS AND THE INDIVIDUAL DID NOT DISCLOSE THE CONFLICT, APPROPRIATE DISCIPLINARY MEASURES ARE IMPLEMENTED. THE COMMITTEE IS TO REPORT TO THE BOARD THE RESULTS OF THEIR INVESTIGATION AND ANY ACTIONS TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE OBJECTIVE OF THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY IS TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE OFFICERS WHO CONTRIBUTE TO THE FOUNDATION'S SUCCESS IN FULFILLING ITS MISSION. ACCORDINGLY, THE FOUNDATION CONSIDERS THE FOLLOWING IN SETTING EXECUTIVE COMPENSATION:

1) THE FOUNDATION COMPENSATES EXECUTIVES AND STAFF FOR PERFORMANCE, SKILLS AND COMPETENCIES, DEVELOPMENT AND GROWTH, AND EFFECTIVE VISIBLE COMMITMENT TO THE FOUNDATION.

2) THE FOUNDATION'S COMPENSATION SYSTEM MAY INCLUDE A MIXTURE OF BASE SALARY AND RETIREMENT BENEFITS AS WELL AS MEDICAL, DENTAL AND OTHER INSURANCE BENEFITS.

3) THE FOUNDATION'S COMPENSATION SYSTEM INCLUDES PERFORMANCE REVIEWS AND ADJUSTMENTS TO BASE SALARY AND BENEFITS BASED ON CHANGES IN THE MARKETPLACE (SUBJECT TO THE FOUNDATION'S FINANCIAL CONSTRAINTS). ADJUSTMENTS TO INDIVIDUAL BASE PAY WILL BE BASED ON JOB PERFORMANCE INCLUDING GROWTH IN MASTERING JOB COMPETENCIES. ALL ADJUSTMENTS TO PAY WILL BE CONSISTENT WITH PRACTICE IN A COMPARABLE MARKETPLACE.

4) THE FOUNDATION'S COMPENSATION SYSTEM IS LINKED TO A STRUCTURED PERFORMANCE MANAGEMENT SYSTEM, WITH IDENTIFIABLE GROWTH AND DEVELOPMENT AS

Name of the organization

ARIZONA COMMUNITY FOUNDATION

Employer identification number

86-0348306

WELL AS PROFESSIONAL ACHIEVEMENT GOALS. THE GOALS WILL BE ACCOMPANIED BY IDENTIFICATION OF EFFECTIVE BENCHMARKS FOR MEASURING SUCCESS.

5) THE FOUNDATION'S COMPENSATION SYSTEM SHOULD BE MARKET COMPETITIVE.

GENERALLY, THE FOUNDATION BASES COMPENSATION AS CLOSE AS POSSIBLE TO THE APPROPRIATE EXTERNAL MARKETPLACE.

6) IN SETTING COMPENSATION, THE FOUNDATION MAY PERIODICALLY RETAIN THE SERVICES OF A PROFESSIONAL COMPENSATION CONSULTANT TO ASSESS THE REASONABLENESS OF THE COMPENSATION THAT WILL BE PAID TO THE FOUNDATION'S EXECUTIVES IN LIGHT OF THEIR DUTIES, QUALIFICATIONS, PERFORMANCE AND TIME COMMITMENT AND THE REASONABLENESS OF THE RANGES OF COMPENSATION THAT WILL BE PAID TO ALL EMPLOYEES. IN SETTING DIRECTOR AND EXECUTIVE COMPENSATION, THE FOUNDATION FOLLOWS THE FOLLOWING PROCEDURES:

1) OBTAIN ADVANCE APPROVAL - THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE, OR A SIMILAR COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS (EACH, AN "AUTHORIZED BODY") WILL REVIEW AND APPROVE IN ADVANCE THE COMPENSATION ARRANGEMENTS OF ANY DIRECTOR OR EXECUTIVE OF THE FOUNDATION. NO MEMBER OF THE AUTHORIZED BODY MAY PARTICIPATE IN APPROVING THE COMPENSATION ARRANGEMENT IF SUCH PERSON HAS A CONFLICT OF INTEREST, AS DETERMINED IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY.

2) USE APPROPRIATE COMPARABILITY DATA - THE AUTHORIZED BODY WILL RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION. RELEVANT COMPARABILITY DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE FOUNDATION; CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DIRECTOR OR EXECUTIVE WHOSE COMPENSATION THE AUTHORIZED BODY IS DISCUSSING.

Name of the organization ARIZONA COMMUNITY FOUNDATION	Employer identification number 86-0348306
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3) DOCUMENT THE DECISION - THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THE DETERMINATION. AT A MINIMUM, THE RECORD OF THE COMPENSATION DECISION WILL INCLUDE: A) THE TERMS OF THE COMPENSATION ARRANGEMENT; B) THE DATE THE COMPENSATION ARRANGEMENT WAS APPROVED; C) THE MEMBERS OF THE AUTHORIZED BODY WHO PARTICIPATED IN DISCUSSING THE COMPENSATION ARRANGEMENT AND THE MEMBERS WHO ULTIMATELY VOTED ON THE ARRANGEMENT; D) THE COMPARABILITY DATA RELIED UPON BY THE AUTHORIZED BODY AND HOW SUCH DATA WAS OBTAINED; AND E) ANY ACTIONS TAKEN WITH RESPECT TO DETERMINATION OF THE COMPENSATION ARRANGEMENT BY ANY MEMBER OF THE AUTHORIZED BODY WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION. IF THE AUTHORIZED BODY DETERMINES THAT REASONABLE COMPENSATION FOR A DIRECTOR OR EXECUTIVE IS HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA REVIEWED, THE AUTHORIZED BODY WILL DOCUMENT THE BASIS FOR ITS DECISION. THE AUTHORIZED BODY WILL DOCUMENT ITS DECISION BY THE LATER OF ITS NEXT MEETING OR 60 DAYS AFTER THE FINAL ACTION BY THE AUTHORIZED BODY ON THE MATTER. WITHIN A REASONABLE TIME THEREAFTER, THE AUTHORIZED BODY WILL REVIEW AND APPROVE THE RECORD AS REASONABLE, ACCURATE AND COMPLETE. THE LAST COMPENSATION REVIEW WAS PERFORMED IN JUNE OF 2018 FOR ALL OTHER EMPLOYEES AND FOR THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ARIZONA COMMUNITY FOUNDATION POSTS ITS ANNUAL (AUDITED) FINANCIAL STATEMENTS ON THEIR WEBSITE. IN ADDITION, THE ORGANIZATION PROVIDES A PAPER COPY OF THE FINANCIAL STATEMENTS UPON REQUEST. THE ORGANIZATION DOES NOT PROACTIVELY PROVIDE COPIES OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DONOR OR POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND THE CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING

Name of the organization <b>ARIZONA COMMUNITY FOUNDATION</b>	Employer identification number <b>86-0348306</b>
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WHETHER TO PROVIDE THE DOCUMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-925,437.
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Public Copy

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **ARIZONA COMMUNITY FOUNDATION** Employer identification number **86-0348306**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACF REAL ESTATE HOLDINGS 1, LLC - 86-0348306 2201 E CAMELBACK ROAD, STE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	0.	0.	ARIZONA COMMUNITY FOUNDATION
DORRANCE SCHOLARSHIP PROGRAM, LLC - 86-0348306, 2201 E CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	SCHOLARSHIP	ARIZONA	1,308.	54,934.	ARIZONA COMMUNITY FOUNDATION
VERMA CHARITABLE FOUNDATION AT ARIZONA COMMUNITY FOUNDATION, LLC - 86-034830, 2201 E CAMELBACK RD, STE 405B, PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	0.	304,000.	ARIZONA COMMUNITY FOUNDATION
CAMP TONOPAH, LLC - 86-0348306 2201 E CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	0.	310,000.	ARIZONA COMMUNITY FOUNDATION

**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.

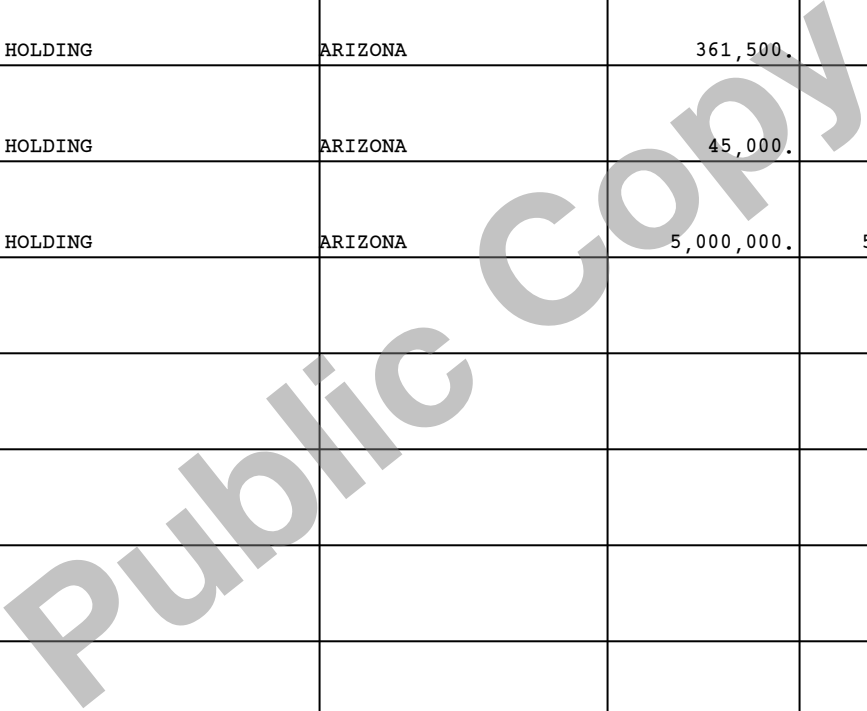
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AFC PUBLIC FOUNDATION - 86-0900277 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ARIZONA FOUNDATION FOR WOMEN - 86-0789956 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ARMSTRONG FAMILY FOUNDATION (THE) - 86-0846677, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
BURTON FAMILY FOUNDATION - 47-3900987 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X

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

Schedule R (Form 990) 2019

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DPG01 BASELINE/339 AVE 40, LLC - 86-0348306 2201 E CAMELBACK RD, STE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	330,000.	330,000.	ARIZONA COMMUNITY FOUNDATION
JR INVESTMENTS 11, LLC - 86-0348306 2201 E CAMELBACK RD, STE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	361,500.	361,500.	ARIZONA COMMUNITY FOUNDATION
95 IRONWOOD HOLDINGS, LLC - 86-0348306 2201 E CAMELBACK RD, STE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	45,000.	45,000.	ARIZONA COMMUNITY FOUNDATION
KS MALIBU, LLC - 86-0348306 2201 E CAMELBACK RD, STE 405B PHOENIX, AZ 85016	R/E HOLDING	ARIZONA	5,000,000.	5,000,000.	ARIZONA COMMUNITY FOUNDATION





**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE - 20-2822602, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
EVANS CHARITABLE FOUNDATION (THE) - 86-0914248, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
FIRST BAPTIST CHURCH OF PHOENIX FOUNDATION - 86-0950135, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
SAM & PEGGY GROSSMAN FAMILY FOUNDATION - 86-0939696, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
R.S. HOYT JR. FAMILY FOUNDATION - 86-0958722 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
INGEBRITSON FAMILY FOUNDATION (THE) - 86-0800012, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
MOLLY LAWSON FOUNDATION, INC. (THE) - 20-0236832, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
LIPPINCOTT FAMILY FOUNDATION, INC. - 20-0967548, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
LODESTAR CHARITABLE FOUNDATION - 86-0965287 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
RICHARD A ODOM FAMILY FOUNDATION - 86-0898996, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ODOM FAMILY FOUNDATION (THE) - 86-0790314 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
PAKIS FAMILY FOUNDATION (THE) - 86-0846617 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PETZNICK STEWART FOUNDATION (THE) - 82-0915718, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
EDWARD J. ROBSON FAMILY FOUNDATION - 86-1012657, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
RODEL CHARITABLE FOUNDATION-AZ - 86-0941890 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ROSENBLUTH FAMILY CHARITABLE FOUNDATION - 82-2085640, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
SILVERMAN FAMILY FOUNDATION (THE) - 86-0704259, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
JIM TROXELL FOUNDATION - 45-2968884 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
JAMES A. UNRUH FAMILY FOUNDATION - 86-0955776, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
VOGEL CHARITABLE FOUNDATION - 68-0544541 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WAZE FOUNDATION - 20-1234655 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WELLIK FOUNDATION (THE) - 86-0938555 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ROBERT J. WICK FAMILY FOUNDATION (THE) - 86-0782796, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WALTER M. WICK FAMILY FOUNDATION (THE) - 86-0782797, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
A&C LAKESIDE INV. - 86-1048713, 8433 N. BLACK CANYON HWY, PHOENIX, AZ 85021	INVESTMENT	AZ		EXCLUDED	0.	489,000.		X	N/A		X	97.00%
CASSIDY CHARITABLE, LP - 86-0899100, 6390 NORTH CATTLE TRACK ROAD, SCOTTSDALE, AZ 85250	INVESTMENT	AZ		EXCLUDED	0.	24,300.		X	N/A		X	99.00%
FTP HOLDINGS, LLC - 86-0950521, P.O. BOX 50342, MESA, AZ 85208	INVESTMENT	AZ		EXCLUDED	0.	234,701.		X	N/A		X	95.00%
LIBERTY INV., LLLP - 86-1001790, 20660 N. 40TH STREET UNIT 2147, PHOENIX, AZ 85050	INVESTMENT	AZ		EXCLUDED	-66,146.	478,862.		X	N/A		X	97.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (22)	INVESTMENT	AZ							X
CHARITABLE LEAD TRUST (3)	INVESTMENT	AZ							X

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Public Copy

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ARIZONA COMMUNITY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2201 E. CAMELBACK RD., NO. 405B</b> City or town, state or province, country, and ZIP or foreign postal code <b>PHOENIX, AZ 85016</b>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>86-0348306</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>523000</b></p>
---	----------------------	---	---

**C** Book value of all assets at end of year: **711,496,623.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **PASS THROUGH INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **KYLA QUINTERO** Telephone number ▶ **602-381-1400**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5	-90,022.	-90,022.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	-90,022.	-90,022.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 <b>Total deductions.</b> Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-90,022.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 1 0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-90,022.



<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-90,022.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-90,022.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-90,022.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-90,022.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input checked="" type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

<b>Signature of officer</b>	_____	<b>Date</b>	_____	<b>CFO Title</b>	_____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	_____		_____		_____	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	01/15/21		P00367616	
	Firm's name <b>HENRY &amp; HORNE, LLP</b>	2055 E WARNER ROAD, SUITE 101		Firm's EIN	86-0133881	
	Firm's address <b>TEMPE, AZ 85284</b>			Phone no.	480-839-4900	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	0.	0.				0.

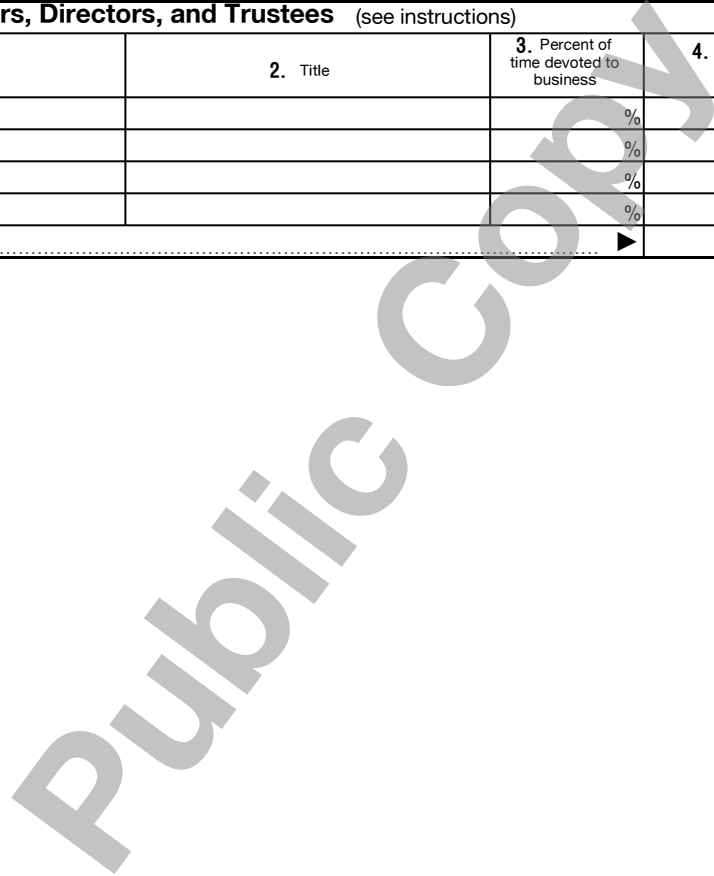
**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form **990-T** (2019)



FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/19	52,587.	0.	52,587.	52,587.
NOL CARRYOVER AVAILABLE THIS YEAR			52,587.	52,587.

Public Copy

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**FIR TREE INTERNATIONAL VALUE FUND**

**(USTE), L.P.**

**89 NEXUS WAY**

**CAMANA WAY, GRAND CAYMAN CAYMAN ISLANDS KY1-1**

**2(a)** EIN (if any)

**98-1074179**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>10/04/2012</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number	<b>7</b> Principal business activity <b>523900</b>	<b>8a</b> Functional currency <b>DOLLAR</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	--	---	--	---

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

▶  Yes  No

If "Yes," enter the total amount of the disallowed deductions

▶ \$

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?

▶  Yes  No

**7** Were any special allocations made by the foreign partnership?

▶  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

▶

**9** How is this partnership classified under the law of the country in which it's organized?

▶ **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

▶  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

▶  Yes  No

**11** Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000.
  - 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

▶  Yes  No

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

Form **8865** (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN <b>86-0133881</b>	
	Firm's address <b>2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284</b>			Phone no. <b>480-839-4900</b>	

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a  Owns a direct interest      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 2 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **FIR TREE INTERNATIONAL VALUE FUND (USTE), L.P.** EIN (if any) **98-1074179** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			8,169.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			8,169.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018



**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE OPPORTUNITIES FUND X, L.P.**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-1179527**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>06/09/2014</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**WALKERS CORPORATE SERVICES LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No

If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  Yes  No  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 3 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE OPPORTUNITIES FUND X, L.P** EIN (if any) **98-1179527** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash							
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals							

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE OPPORTUNITIES FUND X AIF, L.P.**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-1208070**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>11/13/2014</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
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**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any  
**WALKERS CORPORATE SERVICES LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

- 5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_
- 6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No
- 7** Were any special allocations made by the foreign partnership?  Yes  No
- 8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions
- 9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**
- 10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No
- b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No
- 11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 4 Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE OPPORTUNITIES FUND X AIF,** EIN (if any) **98-1208070** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			154,175.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			154,175.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer **.1863** %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE OPPORTUNITIES FUND XB, L.P.**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-1187852**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>06/01/2018</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any  
**WALKERS CORPORATE SERVICES LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	01/15/21		P00367616
	Firm's name	HENRY & HORNE, LLP		Firm's EIN	86-0133881
	Firm's address	2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284		Phone no.	480-839-4900

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 5 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership



**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE OPPORTUNITIES FUND XB, L.** EIN (if any) **98-1187852** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			515,164.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>515,164.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE OPPORTUNITIES FUND XB AIF, L.P.**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-1208442**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>09/01/2018</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any  
**WALKERS CORPORATE SERVICES LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions **EXEMPT LTD PARTNER**

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \_\_\_\_\_
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	01/15/21		P00367616
	Firm's name	Firm's EIN		HENRY & HORNE, LLP 86-0133881	
	Firm's address	Phone no.		2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284 480-839-4900	

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 6 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE OPPORTUNITIES FUND XB AIF** EIN (if any) **98-1208442** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			116,542.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>116,542.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE PRINCIPAL FUND V, L.P.**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-0599574**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>02/26/2009</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any  
**WALKER SPV LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 7 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE PRINCIPAL FUND V, L.P.** EIN (if any) **98-0599574** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			117,630.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			117,630.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**OAKTREE REAL ESTATE OPPORTUNITES FUND VI**

**333 SOUTH GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2(a)** EIN (if any)

**98-1155983**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>02/06/2014</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions)
--	---	---	--	---	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any  
**WALKERS CORPORATE SERVICES LIMITED  
27 HOSPITAL RD.  
GEORGETOWN, GRAND CAYMAN CAYMAN ISLANDS**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**OAKTREE CAPITAL MANAGEMENT, L.P.  
333 S. GRAND AVENUE, 28TH FLOOR  
LOS ANGELES, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)



- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 8 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **OAKTREE REAL ESTATE OPPORTUNITES** EIN (if any) **98-1155983** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			3,992.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>3,992.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**SPECIALTY LOAN INSTITUTIONAL FUND 2016-L**

**2(a)** EIN (if any)

**98-1314875**

**2(b)** Reference ID number

**P.O. BOX 309 UGLAND HOUSE**

**GRAND CAYMAN, GRAND CAYMAN CAYMAN ISLANDS**

**3** Country under whose laws organized

**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>06/28/2016</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>525990</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

Yes  No

If "Yes," enter the total amount of the disallowed deductions

\$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?

Yes  No

**7** Were any special allocations made by the foreign partnership?

Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPT LTD PARTNER**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

Yes  No

**11** Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000.
  - 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person
<b>THE BANK OF NEW YORK MELLO</b>	<b>4111 E. 37TH ST. NORTH</b>	<b>25-6263968</b>	
	<b>WICHITA, KS 67220</b>		

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **SPECIALTY LOAN INSTITUTIONAL FUND** EIN (if any) **98-1314875** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	11/19/19		12729113.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>12,729,113.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**TPG GROWTH IV CAYMAN AIV I, LP**  
  
**301 COMMERCE STREET, STE. 3300**  
**FORT WORTH, TX 76102**

**2(a)** EIN (if any)  
**98-1400531**

**2(b)** Reference ID number

**3** Country under whose laws organized  
**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>12/07/2017</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number	<b>7</b> Principal business activity	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	--	--------------------------------------	---	---

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:  
 Form 1042     Form 8804     Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
**TPG GROWTH IV CAYMAN AIV I, LP**  
**301 COMMERCE ST. STE 3300**  
**FORT WORTH, TX 76102**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Signature of general partner or limited liability company member Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest      **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

STATEMENT 9 <sup>Name</sup>	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **TPG GROWTH IV CAYMAN AIV I, LP** EIN (if any) **98-1400531** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			99,775.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			99,775.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018



**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **APR 1**, 2019, and ending **MAR 31**, 2020

Attachment  
Sequence No. **118**

Name of person filing this return

Filer's identification number

**86-0348306**

**ARIZONA COMMUNITY FOUNDATION**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **APR 1**, 2019, and ending **MAR 31**, 2020

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**TPG GROWTH IV SF AIV I, LP**

**301 COMMERCE STREET, STE. 3300**

**FORT WORTH, TX 76102**

**2(a)** EIN (if any)

**98-1414040**

**2(b)** Reference ID number

**3** Country under whose laws organized

**CANADA**

<b>4</b> Date of organization <b>03/02/2018</b>	<b>5</b> Principal place of business	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTING</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	--------------------------------------	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**TPG GROWTH IV SF AIV I, LP**  
**301 COMMERCE ST. STE 3300**  
**FORT WORTH, TX 76102**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No

If "Yes," enter the total amount of the disallowed deductions

\$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **CORPORATION**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000.
  - 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes  No

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

Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLETTE KAMPS, CPA</b>	Preparer's signature <b>COLETTE KAMPS, CPA</b>	Date <b>01/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00367616</b>
	Firm's name ▶ <b>HENRY &amp; HORNE, LLP</b>			Firm's EIN ▶ <b>86-0133881</b>	
	Firm's address ▶ <b>2055 E WARNER ROAD, SUITE 101</b>			Phone no. <b>480-839-4900</b>	
	<b>TEMPE, AZ 85284</b>				

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
<b>TPG GROWTH IV HEDGE CO, LLC</b>	<b>301 COMMERCE ST. STE 3300</b>	<b>98-1388491</b>		<b>X</b>
	<b>FORT WORTH, TX 76102</b>			

**SCHEDULE O  
(Form 8865)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **ARIZONA COMMUNITY FOUNDATION** Filer's identifying number **86-0348306**

Name of foreign partnership **TPG GROWTH IV SF AIV I, LP** EIN (if any) **98-1414040** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			878,671.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			878,671.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 2

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
FIR TREE VALUE MASTER FUND	89 NEXUS WAY CAMANA BAY, GRAND CAYMAN C	20-1280884		X
FIR TREE VALUE (LN) MASTER	89 NEXUS WAY CAMANA BAY, GRAND CAYMAN C	98-1083347		X
DWNYS 23332UGL2 DEL TR 201	555 MADISON AVE. 11TH FLOO NEW YORK, NY 10022	27-2549785		X
FIR TREE E&P HOLDINGS I	55 W. 46TH ST. NEW YORK, NY 10036	81-4129572		
FIR TREE E&P HOLDINGS II	55 W. 46TH ST. NEW YORK, NY 10036	81-4131877		
FIR TREE E&P HOLDINGS III	55 W. 46TH ST. NEW YORK, NY 10036	81-4143794		
FIR TREE E&P HOLDINGS VI	55 W. 46TH ST. NEW YORK, NY 10036	81-5064951		
FIR TREE E&P HOLDINGS VII	55 W. 46TH ST. NEW YORK, NY 10036	81-5117113		
RMBS RECOVERY HOLDINGS III	55 W. 46TH ST. NEW YORK, NY 10036	81-1175474		
RMBS RECOVERY HOLDINGS IV	55 W. 46TH ST. NEW YORK, NY 10036	81-1158698		
EUPHRATES G3, LLC	55 W. 46TH ST. NEW YORK, NY 10036	81-1097311		
EUPHRATES G4, LLC	55 W. 46TH ST. NEW YORK, NY 10036	81-1105008		
VOYAGER GRNPT	135 W. 50TH ST. NEW YORK, NY 10020	27-0583379		

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 3

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
OAKTREE OPPORTUNITIES FUND	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1221685		
OCM RADIO HOLDINGS, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-2829702		
OAKTREE OPPORTUNITIES FUND	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-3322963		
OCM GROWTH HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-4675818		
OAKTREE OPPTS X HOLDCO LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1231536		
OAKTREE OPPTS X 1 CTB LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1139693		
OPPTS RP HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-1520028		
OCM MONTROSE HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-2273701		
OCM PROSAFE HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-1103018		
OCM DRUM INVESTORS, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-6386313		
NYC CONDO 4PACK MEZZ GAP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-4058786		
	LOS ANGELES, CA 90071			

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 4

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOREIGN P'SH
OCM ABC FARMS HOLDINGS, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-3916882		
OCM CHARGER HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-3472983		
OCM COMBINED CAERUS HOLDIN	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-1711647		
OCM OPPTS X AIF HOLDINGS LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-4813148		
OCM OPPTS X AIF MASTER HOLD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-4813124		
OCM PERMIAN HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-2063288		
OCM SOURCE HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-0998502		
OPPTS X ABC FARMS HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-3964989		
OPPTS X CAERUS HOLDINGS PT,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-1711568		
OPPTS X CHARGER HOLDINGS PT	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-3507875		
OPPTS X E3 HOLDINGS PT, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-2773749		
OPPTS X ECIN HOLDINGS PT, L	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-1558352		
OPPTS X EEF HOLDINGS PT, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-1725962		
OPPTS X PERMIAN HOLDINGS PT	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-4844245		
OPPTS X SOURCE HOLDINGS PT,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-0999241		
OPPTS X TELEIOS II PT, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-3202261		
OPPTS X TROY HOLDINGS PT, L	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-1755544		

PERMIAN RESOURCES LEASEHOL	333 S. GRAND AVENUE LOS ANGELES, CA 90071	81-4247741
TELEIOS PARENT HOLDINGS II	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-3210604
OPPS X KIM HOLDINGS PT, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4232678
OAKTREE TRIBUNE, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	80-0835265
OPPS X SOURCE HOLDINGS II	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-1752187
OCM VICI HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-0986956
OCM KIM HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4413395
KIM OPPTS X HOLDINGS 1, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4366463
KIM OPPTS X HOLDINGS 2, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4366355
KIM OPPTS X HOLDINGS 3, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4366228
KIM OPPTS X HOLDINGS 4, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4366084
KIM OPPTS X HOLDINGS 5, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4365950
OCM TRU HOLDINGS, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3403238
OPPS X MOONTOWER HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-4374803
OPPS 10 STORAGE HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3142975
OAKTREE STORAGE HOLDINGS,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3142629
MOONTOWER OPERATING, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-4405182
	LOS ANGELES, CA 90071	

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 5

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
OAKTREE OPPORTUNITIES FUND	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1412648		
OAKTREE OPPORTUNITIES FUND	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4547786		
OCM MONTROSE HOLDINGS, L.P	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-2273701		
OPPS RP HOLDINGS, L.P.	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-1520028		
OCM LUXEMBOURG X-XB GP SAR	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1441266		
OCM LCCG HOLDINGS LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1207501		
OCM LCCG2 HOLDINGS LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1373099		
OCM HLCN HOLDINGS, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3696820		
OAKTREE OPPTS XB HOLDCO LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1413683		



FORM 8865

AFFILIATION SCHEDULE

STATEMENT 6

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
OCM OPPTS XB AIF HOLDINGS,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-4541514		
OPPTS XB SOURCE HOLDINGS II	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-1752689		
OCM SOURCE HOLDINGS II, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3786219		
OPPTS J-ENRG HOLDINGS PT, L	333 S. GRAND AVENUE LOS ANGELES, CA 90071	84-1872852		
OPPTS 10B STORAGE HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3143852		
OCM J-ENRG HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-0973074		
OAKTREE STORAGE HOLDINGS,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	83-3142629		

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 7

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
MARITIME EQUITY PARTNERS,	299 PARK AVE. 12TH FLOOR NEW YORK, NY 10171	98-0654455		X
OAKTREE PRINCIPAL FUND V,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	26-4393934		
OCM PF LAMINATES, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	27-3403909		
OCM CHSX HOLDINGS, LLC	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-3362955		
OCM MARINE HOLDINGS TP, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-0697499		X
OCM PF M4 HOLDINGS, LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-0640336		X
OCM PF-FF HW HOLDINGS PT,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	32-0365969		
OCM WONDER PF-FF HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1031236		X
AGRO MERCHANTS GLOBAL, LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123498		X
AGRO MERCHANTS GP, LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123491		X
AGRO MERCHANTS INTERMEDIAT	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123506		X
BUNKER HILL HOLDINGS, LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1131793		X
OAKTREE PRINCIPAL BUNKER H	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1127707		X
BOARDRIDERS HOLDINGS III,	333 S. GRAND AVENUE LOS ANGELES, CA 90071	82-5145727		
DEROCHE BUILDING SUPPLY HO	333 S. GRAND AVENUE LOS ANGELES, CA 90071	47-1745035		

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 8

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
OAKTREE REAL ESTATE OPPORT	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1171753		
OCM LUXEMBOURG ROF VI SARL	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1103130		
OCM LUXEMBOURG ROF VI 2	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1176998		
OCM NETHERLANDS OPPORTUNIT	PRINS BERNHARDPLEIN 200 AMSTERDAM, THE NETHERLANDS	98-0590973		X
OCM NETHERLANDS OPPORTUNIT	PRINS BERNHARDPLEIN 200 AMSTERDAM, THE NETHERLANDS	98-0590974		X
MAXIS MIDCO SARL	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123654		
DANISH REAL ESTATE LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1139958		
WINNERSH GP LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1128354		
WINNERSH HOLDINGS LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1128359		
PLYMOUTH SOUND UK HOLDINGS	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123631		
PLYMOUTH SOUND UK GP LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1123512		
AVIEMORE GP LTD	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1198575		
AVIEMORE HOLDINGS LP	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1198572		
LADY ROAD TOPCO SARL	L-2449 LUXEMBOURG 26A GRAND DUCHY, LUXEMBOURG LU	98-1192924		X
CITRUZ GENERAL PARTNER LTD	SWATTON BARN SWINDON, WILTSHIRE UNITED	98-1202548		
ARCHIMEDES REAL ESTATE INV	333 S. GRAND AVENUE LOS ANGELES, CA 90071	98-1185806		
HHW LP	15 ATHOLL CRESCENT LONDON, UNITED KINGDOM	98-1121444		

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 9

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
TPG GROWTH IV CAYMAN AIV F	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1400527		X
EVOLUTION MEDIA CAYMAN AIV	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1424822		X
KUPANDA HOLDINGS (GIV), LP	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1442483		X
TPG GROWTH IV AFRICA, LP3	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1420223		X
TPG GROWTH IV TOPIC II, LP	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1420075		X
TPG GROWTH IV TOPIC I, LP	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1420065		X
GREENFIELD PARTNERS GROWTH	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1422857		X
TPG GROWTH IV KANGAROO, LP	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1475969		X
TPG GROWTH IV HEDGECO, LLC	301 COMMERCE ST. STE 3300 FORT WORTH, TX 76102	98-1388491		X

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to [www.irs.gov/Form8886](http://www.irs.gov/Form8886) for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

**ARIZONA COMMUNITY FOUNDATION**

**86-0348306**

Number, street, and room or suite no.

**2201 E. CAMELBACK RD., NO. 405B**

City or town, state, and ZIP code

**PHOENIX, AZ 85016**

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ..... ▶ Statement number ..... of .....  
**B** Enter the form number of the tax return to which this form is attached or related ..... ▶ **990**  
 Enter the year of the tax return identified above ..... ▶ **03/31/2020**  
 Is this Form 8886 being filed with an amended tax return? .....  Yes  No

**C** Check the box(es) that apply. See instructions.  Initial year filer  Protective disclosure

**1a** Name of reportable transaction

**IRC SECTION 165 LOSS AND SECTION 988 LOSS**

**1b** Initial year participated in transaction

**2018**

**1c** Reportable transaction or tax shelter registration number

**2** Identify the type of reportable transaction. Check all boxes that apply. See instructions.

- a**  Listed **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest .....

**4** Enter the number of "same as or substantially similar" transactions reported on this form .....

**5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

- a** Type of entity ..... ▶  Partnership  Trust  Partnership  Trust  
 S corporation  Foreign  S corporation  Foreign

**b** Name

▶ **TPG GROWTH IV HEDGE CO, LLC**

**c** Employer identification number (EIN), if known ▶

**981388492**

**d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) .....

▶ **NONE**

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

<b>a</b> Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

Number, street, and room or suite no.

City or town, State, and ZIP code

<b>b</b> Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions
- Capital loss
- Ordinary loss
- Exclusions from gross income
- Nonrecognition of gain
- Adjustments to basis
- Absence of adjustments to basis
- Deferral
- Other **OTHER LOSS**
- Tax credits

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions ..... \$ 4,076.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions ..... 1

d Enter your total investment or basis in the transaction. See instructions ..... \$ \_\_\_\_\_

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

**TPG GROWTH IV SF AIV I, LP INDIRECTLY INVESTS IN TPG GROWTH IV HEDGE CO, LLC (98-1388491) THROUGH VARIOUS PARTNERSHIPS. TPG GROWTH IV HEDGE CO, LLC REPORTED ITS PARTICIPATING IN A SEC. 165 LOSS TRANSACTION AND SEC. 988 LOSS. ACCORDINGLY, TPG GROWTH IV SF AIV I, LP HAS FILED FORM 8886 REPORTING THE PROTECTIVE DISCLOSURES WITH RESPECT TO SUCH TRANSACTIONS.**

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity:  Tax-exempt  Foreign  Related

Name **TPG GROWTH IV HEDGE CO, LLC** Identifying number **981388491**

Address **301 COMMERCE ST., STE. 300  
FORT WORTH, TX 76102**

Description

b Type of individual or entity:  Tax-exempt  Foreign  Related

Name \_\_\_\_\_ Identifying number \_\_\_\_\_

Address \_\_\_\_\_

Description

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>ADVANCE INTELLIGENCE GROUP LIMITED</b>	5a Identifying number, if any <b>981414272</b>
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6 Address (including country) <b>301 COMMERCE ST., STE. 3300 FORT WORTH, TX 76102</b>	5b Reference ID number
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7 Country code of country of incorporation or organization  
**CA**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			564,603.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91  \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						





**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>TPG GROWTH IV CAYMAN DFI BL, LP</b>	5a Identifying number, if any <b>981400727</b>
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6 Address (including country) <b>301 COMMERCE ST., STE. 3300 FORT WORTH, TX 76102</b>	5b Reference ID number
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			102,889.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .888 % (b) After .888 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRS SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>OAKTREE OPPORTUNITIES FUND XB, LP</b>	<b>98-1187852</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>OAKTREE OPPORTUNITIES FUND XB ITA INVESTMENTS (CAYMAN),</b>	5a Identifying number, if any <b>981447156</b>
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Address (including country) <b>27 HOSPITAL RD.    GEORGE TOWN, CAYMAN ISLANDS KY1-9008 CAYMAN ISLANDS</b>	5b Reference ID number
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**7** Country code of country of incorporation or organization  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			165,700.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>YATSEN HOLDING LIMITED</b>	5a Identifying number, if any
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6 Address (including country) <b>MARICORP SERVICES LTD, P.O. BOX 2075 THE STRAND CANAL P    GRAND CAYMAN, CAYMAN ISLANDS KY1-1105 CAYMAN ISLANDS</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			411,762.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .175 % (b) After .194 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>ADVANCE INTELLIGENCE GROUP LIMITED</b>	5a Identifying number, if any
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6 Address (including country) <b>OSIRIS INTN'L CAYMAN LIMITED, STE. 4-210, GOVERNORS SQU        GRAND CAYMAN, CAYMAN ISLANDS KY1-1209 CAYMAN ISLANDS</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			343,070.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>BCM SOCIAL CORP.</b>	5a Identifying number, if any
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6 Address (including country) <b>VISTRA CORP. SERVICES CTR, WICKHAMS CAY II ROAD TOWN, TORTOLA VG1110 BRITISH VIRGIN ISLANDS</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**VI**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			210,000.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						





**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>OPAY LIMITED</b>	5a Identifying number, if any
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6 Address (including country) <b>VISTRA (CAYMAN) LIMITED, P.O. BOX 31119 GRAND PAVILION, GRAND CAYMAN, CAYMAN ISLANDS CY1-1205 CAYMAN ISLANDS</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			280,000.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>DUFFEL TECHNOLOGY INC.</b>	5a Identifying number, if any
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6 Address (including country) <b>STUDIO 300 3RD FLR, 134 CURTAIN RD. LONDON, UNITED KINGDOM EC2A 3AR UNITED KINGDOM</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**UK**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			374,734.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>MONZO BANK LIMITED</b>	5a Identifying number, if any
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6 Address (including country) <b>38 FINSBURY SQUARE LONDON, UNITED KINGDOM EC2A 1PX UNITED KINGDOM</b>	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization  
**UK**

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			918,537.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .036 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>HAPPY_SEED (CAYMAN) LIMITED (DBA VIP THINK)</b>	5a Identifying number, if any
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6 Address (including country)	5b Reference ID number <b>NONE</b>
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7 Country code of country of incorporation or organization

8 Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			228,242.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .323 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>HAUTO, INC.</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country)	<b>5b</b> Reference ID number <b>NONE</b>
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**7** Country code of country of incorporation or organization

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			331,798.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .464 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>ARIZONA COMMUNITY FOUNDATION</b>	Identifying number (see instructions) <b>86-0348306</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>YSB CAPITAL LIMITED (DBA YAOSHIBANG)</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country)	<b>5b</b> Reference ID number <b>NONE</b>
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**7** Country code of country of incorporation or organization

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			255,809.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .193 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ARIZONA COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>86-0348306</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2201 E. CAMELBACK RD., NO. 405B</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PHOENIX, AZ 85016</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KYLA QUINTERO**

- The books are in the care of ▶ **2201 E. CAMELBACK RD. 405B - PHOENIX, AZ 85016**  
Telephone No. ▶ **602-381-1400** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **APR 1, 2019**, and ending **MAR 31, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.