Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20___

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

EIN or SSN
47-0932953

Name and title of officer or person subject to tax
CHELSEA HANSEN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b
2a	**Form 990-EZ** check here	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b 127,464
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize BLOCK ADVISORS to enter my PIN 32953 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax _____ Date _____

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.

863274 68754
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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 JACQUES POWELL Date 05-11-2024

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

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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 17011

City or town, state or province, country, and ZIP or foreign postal code
TUCSON AZ 85731

D Employer identification number
47-0932953

E Telephone number
(520) 312-2030

F Group Exemption Number 2030

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990).

I Website: WWW.SANDSAZ.ORG

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... $ 163,843

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ..... ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	41,928
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	16
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	121,899	
	c	Less: direct expenses from gaming and fundraising events	6c	36,379	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	85,520
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	127,464
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	66,247
	11	Benefits paid to or for members		11	1,757
	12	Salaries, other compensation, and employee benefits		12	36,962
	13	Professional fees and other payments to independent contractors		13	10,499
	14	Occupancy, rent, utilities, and maintenance		14	8,166
	15	Printing, publications, postage, and shipping		15	1,102
	16	Other expenses (describe in Schedule O)		16	16,785
	17	**Total expenses.** Add lines 10 through 16		17	141,518
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-14,054
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	229,411
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	215,357

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	229,411	22	213,293
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	229,411	25	213,293
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	229,411	27	213,293

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE ATTACHMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHMENT

(Grants $) If this amount includes foreign grants, check here ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 - MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ____; section 4912: ____; section 4955 ____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed: NONE			
42a	The organization's books are in care of: SEE ATTACHMENT Telephone no. ____ Located at: ____ ZIP + 4 ____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A.	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 .....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 .....

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

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

Sign Here	Signature of officer	Date
	CHELSEA HANSEN EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JACQUES POWELL	JACQUES POWELL	05-11-2024		P01032151
	Firm's name BLOCK ADVISORS			Firm's EIN	431871840
	Firm's address 3701 W INA RD			Phone no.	520-544-4011

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Employer identification number
47-0932953

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).)

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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,818	62,636	65,325	34,720	41,928	287,427
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	82,818	62,636	65,325	34,720	41,928	287,427
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						287,427

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	82,818	62,636	65,325	34,720	41,928	287,427
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	697	1,318	48	32		2,095
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	697	1,318	48	32		2,095
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	83,515	63,954	65,373	34,752	41,928	289,522

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.28 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	99.85 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	0.72 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	0.15 %

19a **33 1/3% support tests -- 2023.** 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 -- 2022.** 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 ☐

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Employer identification number
47-0932953

PART 1 LINE 10 - GOLD PROGRAM $39,281, COMMUNITY PROGRAMS $26,996

PART 1 LINE 8 - 1099-NEC CITY OF TUCSON EIN: 86-6000266 $20,000

PART 1 LINE 16 - WEBSITE $4,291 BANK FEES $60 DUES AND SUBSCRIPTIONS $1003 EQUIPMENT RENTAL $248 RETREAT EXPENSES $654 PAYROLL PROCESSING $426 TRAVEL $450 TRAVEL AIRLINE $419 TRAVEL CONFERENCE $1181 FUND RAISING EXPENSES $5114

PART 1 LINE 16 - PAYROLL TAX $2939

2023 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	47-0932953

Primary Purpose
IMPROVE & ENRICH THE LIVES OF THOSE WITH DOWN SYNDROME

2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	47-0932953

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses

Exempt Purpose Achievements

TUCSON BUDDYWALK - HELD ANNUALLY IN NOVEMBER. THIS IS AN ALL DAY EVENT WITH 2000 PARTICIPANTS. WE GIVE A PERCENTAGE OF PROCEEDS TO THE NATIONAL DOWN SYNDROME SOCIETY. WE RAISED $96246 AND EXPENSES WERE $30434. PROGRAMMING $24373- HOLIUDAY MEALS PROVIDEDGROCERIES TO FAMILIES. ALSO PROVIDED $10999 IN GRANTS TO MEDICAL, THERAPEUTIC EDUCATION EQUIPMENT GIVE IT BACK PROGRAM GIVES FUNDING TO INDIVIDUALS IN SOUTHERN ARIZONA WHO HAVE DOWN SYNDROME FOR ACTIVITIES PLUS HEALTH AND EDUCATION NEEDS. THIS IS A NEGATIVE $16929 AND IS SHOWN ON LINE 10 TUTORING GRANTS $10405 TO BRIDGE GAP LEFT BY SCHOOL DURING COVID.

2023 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending .

Name of Organization: SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Employer Identification Number: 47-0932953

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
KIATLIN HOLLYWOOD PRESIDENT	2.00	0	0	0
CAMILLE STANBERY TREASURER	3.00	0	0	0
CHELSEA HANSEN EXECUTIVE DIRECTOR	30.00	36,322	0	0
BECKY CLOWERS SECRETARY	1.00	0	0	0

2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	47-0932953

Part V - Line 42a

Individual Name .....

or

Business Name:

SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Street Address ..... 10399 S KEEGAN AVE

U.S. Address:

Zip code 85641 City VAIL State AZ

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (520)312-2030

Fax Number .....

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

UNRESTRICTED DONATIONS: CORP / BUSINESS	7,757	
UNRESTRICTED DONATIONS: INDIVIDUAL	10,671	
RESTRICTED DONATIONS	23,500	
TOTAL CARRIED TO EZ1 LINE 1		41,928

STATEMENT #2 - BENEFITS PD TO OR FOR MEMBERS (990-EZ PG 1 LINE 11)

AUTO INSURANCE	638	
D O INSURANCE	795	
WORKERS COMP	324	
TOTAL CARRIED TO 990-EZ PG 1 LINE 11		1,757

STATEMENT #3 - SALARIES, OTHER COMPENSATIONS (990-EZ PG 1 LINE 12)

WAGES	32,832	
BONUS	3,500	
AUTO ALLOWANCE	630	
TOTAL CARRIED TO 990-EZ PG 1 LINE 12		36,962

STATEMENT #4 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

CPA	799	
CONSULTING FEES	9,500	
TAX PREP	200	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13		10,499

STATEMENT #5 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

OFFICE RENT	7,200	
UTILTIES	966	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		8,166

STATEMENT #6 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POSTAGE	50	
OFFICE SOFTWARE	38	
OFFICE SUPPLIES	1,014	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15		1,102

STATEMENT #7 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

FACEBOOK	2,189	
SPRING CAMPAIGN	3,574	
SPECIAL EVENTS	116,136	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6B		121,899

Arizona Form **99T**

Arizona Exempt Organization Business Income Tax Return

2023

For the ☒ calendar year 2023 or ☐ fiscal year beginning 2023 and ending 20 .

☐ Check this box if this return is based on a 52/53 week taxable year.

CHECK ONE: ☒ Original ☐ Amended

Name: SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROM

Employer Identification Number (EIN): 47-0932953

Address – number and street or PO Box: PO BOX 17011

Business Telephone Number (with area code): (520)312-2030

City, Town or Post Office: TUCSON

State: AZ

ZIP Code: 85731

68 **Check box if:** A ☐ This is a first return B ☐ Name change C ☐ Address change

A Date Arizona operations began .....

B Nature of unrelated business activities:

C Unrelated business activity codes:

D ARIZONA apportionment **for multistate organizations only** (check one box):
1 ☐ AIR CARRIER 2 ☐ STANDARD 3 ☐ SALES FACTOR ONLY

E ☐ Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5

F Check federal form filed: 1 ☐ 990-T 2 ☐ Other (specify)

Check box if return filed under extension: **82** **82F** ☐

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 **PM**

66 **RCVD**

Arizona Unrelated Business Taxable Income Computation

1	Unrelated business taxable income	1	00
2	Additions related to Arizona tax credits claimed	2	00
3	Subtotal: Add line 1 and line 2. Enter the total	3	00
4	Apportionment ratio **for multistate organizations only:** See instructions 4 — 0		
5	Taxable income attributable to Arizona: See instructions	5	0 00

Arizona Tax Liability Computation

6	Enter tax: **Tax is 4.9 percent of line 5, or $50, whichever is greater**	6	50 00
7	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 23	7	00
8	Subtotal: Add line 6 and line 7. Enter the total	8	50 00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 42	9	00
10	Credit type: Enter form number for each nonrefundable credit claimed: **101** 3 **102** 3 **103** 3 **104** 3		
11	Tax liability: Subtract line 9 from line 8. Enter the difference	11	50 00

Tax Payments

12	Refundable tax credits: Check box(es) and enter amount: **121** ☐ 308 **122** ☐ 334 **123** ☐ 349	12	00
13	Extension payment made with Arizona Form 120/165EXT or online	13	00
14	Estimated tax payments:	14	00
15	Amended returns. Payment made with original return plus all payments made after it was filed: See instructions	15	00
16	Subtotal payments: Add lines 12 through 15. Enter the total	16	00
17	Overpayments of tax from original return or later adjustments: See instructions	17	00
18	Total Payments: Subtract line 17 from line 16. Enter the difference	18	00

Computation of Total Due or Overpayment

19	Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	50 00
20	Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20	00
21	Penalty and interest	21	00
22	Estimated tax underpayment penalty: **If Form 220/PTE is included, check this box** 22A ☐	22	00
23	**TOTAL AMOUNT DUE:** Add lines 19, 21, and 22. Enter the total. See instructions	23	50 00
24	**OVERPAYMENT:** See instructions	24	00
25	Amount of line 24 to be applied to 2024 estimated tax 25 00		
26	Amount to be refunded: Subtract line 25 from line 24. Enter the difference	26	00

Continued on page 2 →

Name (as shown on page 1)	EIN
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	47-0932953

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. If the **"SALES FACTOR ONLY"** box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.

	LIMITED TO UNRELATED BUSINESS AMOUNTS		
	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)			
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports)			
A3 Sales Factor			
a Sales delivered or shipped to Arizona purchasers			
b Sales from services or from designated intangibles **for qualifying multistate service providers only** (see instructions; include Schedule MSP)			
c Other gross receipts			
d Total sales and other gross receipts (the sum of lines a through c)			
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)	x 2 OR x 1		
f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.) **STANDARD Apportionment,** continue to A4. **SALES FACTOR ONLY Apportionment,** enter the amount from Column C on page 1, line 4			0.000000
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2, and A3f. Enter the total			
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)			

Declaration Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

OFFICER'S SIGNATURE | DATE | TITLE: EXECUTIVE DIRECTOR

Paid Preparer's Use Only

JACQUES POWELL — PAID PREPARER'S SIGNATURE | 05-11-2024 — DATE | P01032151 — PAID PREPARER'S TIN

BLOCK ADVISORS — FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | 431871840 — FIRM'S EIN

3701 W INA RD — FIRM'S STREET ADDRESS | 5205444011 — FIRM'S TELEPHONE NUMBER

TUCSON — CITY | AZ — STATE | 85741 — ZIP CODE

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