24

SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

PO BOX 17011
TUCSON,AZ 85731

BLOCK Advisors
OFFICE NUMBER: 19884

CONFIDENTIAL CLIENT INFORMATION

DBA

SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

BUSINESSPHONE:	**(520)312-2030**
EIN:	47-0932953
ORGANIZATION TYPE:	Corporation
TAX EXEMPT STATUS:	501(c)(3)
ACCOUNTING METHOD:	Cash
BUSINESS YEAR:	01/01/2024 to 12/31/2024
REPORTING YEAR:	Continuing

TAX PREPARER

Jacques Powell

TAX PREP START DATE:	05-03-2025
TAX PREP END DATE:	05-05-2025
NEW OR RETURNING:	Returning
RETURNS PREPARED:	990 FD, AZ
EFILED:	FD
YEAR OF FORMATION:	
STATE OF LEGAL DOMICILE:	

BLOCK FEES	
RETURN PREP FEE:	$350.00
TOTAL FEES	**$350.00**

GENERAL

TOTAL REVENUE	TOTAL EXPENSES	TOTAL ASSETS	TOTAL LIABILITIES
120212	119897	0	0

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

Fold here for #10 envelope

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

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US SLIP SHEET FORM 990EZ

below, and (ii) neither the substance of your claim nor the relief you sought was determined to be frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b); otherwise, the payment of fees will be governed by AAA Rules and you agree to reimburse the Block Parties for all fees advanced on your behalf.

6. **Arbitration of Similar Claims.** If 25 or more claimants submit Notices or seek to file arbitrations raising similar claims and are represented by the same or coordinated counsel (regardless of whether the cases are submitted simultaneously), all of the cases must be resolved in arbitration in stages using staged bellwether proceedings if they are not resolved during the Informal Resolution Period. You agree to this process even though it may delay the arbitration of your claim. In the first stage, each side shall select 15 cases (30 cases total) to be filed in arbitration and resolved individually by different arbitrators, with each case assigned to an arbitrator from the state of the claimant's principal place of business. In the meantime, no other cases may be filed in arbitration, and the AAA shall not accept, assess or demand fees for, or administer arbitrations that are commenced in violation of this section. The arbitrators are encouraged to resolve cases within 120 days of appointment or as swiftly as possible, consistent with principles of fundamental fairness. If the remaining cases are unable to be resolved after the conclusion of the first stage bellwether proceeding, the process will be repeated until all claims are resolved through settlement or arbitration, with two alterations. First, each side shall select up to another 50 cases (100 cases total). Second, arbitrators who were previously assigned cases may be appointed to new cases to the extent required if the AAA does not have sufficient number of arbitrators available. If any claims remain after the second stage, the second stage process will be repeated until all claims are resolved through settlement or arbitration, exempt that a total of 200 cases may be filed each round (unless a higher number of cases is mutually agreed upon in writing) and the appointment of the arbitrators shall be governed by the AAA rules rather than section 3 above. If this section 6 applies to a Notice, the statute of limitations applicable to the claims and relief set forth in that Notice shall be tolled from the beginning date of the Informal Resolution Period until that Notice is selected for a bellwether proceeding, withdrawn, or otherwise resolved. A court will have authority to enforce this section 6, including to enjoin the filing, assessing or demanding fees for, administration of, or prosecution of arbitrations. To the fullest extent permitted by applicable law, if this section 6 applies to a Notice, you and H&R Block Parties consent to the exclusive jurisdiction and venue of the courts in Kansas City, Missouri, to enforce the requirements of this Arbitration Agreement, including the interpretation of and compliance with sections 2 and 6. Further, to the fullest extent permitted by applicable law, if this section 6 applies to a Notice, you and the H&R Block Parties agree that any of the claimants or the H&R Block Parties may bring a single court proceeding to enforce the requirements of this Arbitration Agreement as to all of the cases that qualify as similar claims under this section 6.

7. **Other Terms.** This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above in section 4, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

THIS AGREEMENT CONTAINS A BINDING MUTUAL ARBITRATION AGREEMENT

The undersigned has the authority to sign on behalf of the taxpayer, acknowledges that the Privacy Notice was provided prior to service, and understands and voluntarily agrees on your behalf to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

SOUTHERN ARIZONA NETWORK F	05/05/2025
Taxpayer's Name	**Date**
SIGNATURE ON FILE	CHELSEA HANSEN EXECUTIVE DI
Taxpayer's Representative's Signature	**Taxpayer's Representative's Name and Title**

CLIENT SERVICE AGREEMENT
TAX SEASON 2025 - TAX YEAR 2024

WELCOME TO BLOCK ADVISORS®

Thank you for choosing BLOCK Advisors®. If you are having your taxes prepared, and you are at a BLOCK Advisors® office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised BLOCK Advisors® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). This Client Service Agreement ("CSA") explains what to expect from your tax preparer and from other companies that may provide you products and services, and what is needed from you so they can provide great service. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including information that affects your tax situation, and to verify the accuracy of this information. If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer can prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to BLOCK Advisors® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office.

CONSENT TO USE AND DISCLOSE

You authorize HRB to use and disclose to its affiliate, H&R Block Personalized Services, LLC, all tax return information from your 2024 tax return and information regarding how long you have been an H&R BLOCK ® client, so that we can develop, offer, and provide products and services tailored to or that may interest you, including for example: bookkeeping, payroll, and accounting services; tax planning advice based on your particular tax situation; products and services customized to you; updates regarding tax law changes and how they may impact future returns; new or improved products and services; and state and federal tax audit support services.

H&R Block Personalized Services may use service providers and business partners to accomplish these tasks. By signing this CSA, you are giving HRB permission to use or disclose your information as shown above through July 31, 2028. At any time, you may call 1-800-HRBLOCK to cancel your consent for any authorized use, and such cancellation will not have any effect on H&R BLOCK®'s ability or willingness to provide the contracted services.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. You and the Block Parties agree that all disputes and claims between you and the Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, to the fullest extent permitted by applicable law, either you or the Block Parties may elect that an individual claim be decided in small claims court, as long as it is brought and maintained as an individualized claim and is not removed or appealed to a court of general jurisdiction. All issues are for the arbitrator to decide, except that issues relating to the arbitrability of disputes and the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of and compliance with sections 2, 4, and 6 below, shall be decided by a court and not an arbitrator. The terms "Block Parties" or "we" or "us" in this Arbitration Agreement include HRB, Emerald Financial Services, LLC, and Franchisee, along with their predecessors, successors, and assigns, and each of the past, present, and future direct or indirect parents, subsidiaries, affiliates, officers, directors, agents, employees, and franchisees of any of them. The term "you" in this Arbitration Agreement includes the business/entity taxpayer and its predecessors, successors, officers, directors, agents, and employees.

Arbitration Opt Out: You may opt out of this Arbitration Agreement within 30 days after you sign this CSA by filling out the form at www.hrblock.com/goto/businessoptout, or by sending a signed letter to Arbitration Opt Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your business/entity name, the name of your authorized representative submitting the opt out, the address of your principal place of business, the first five digits of your Federal Employer Identification Number, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. Commencing Arbitration. You or we may commence an arbitration proceeding only if you and we do not reach an agreement to resolve the dispute or claim during the Informal Resolution Period (defined below).

a. Pre-Arbitration Notice of Dispute. A party who intends to seek arbitration must first mail a written Notice of Dispute ("Notice") to the other party. The Notice to the Block Parties should be addressed to: Block Advisors- Legal Department, Attention: Notice of Dispute, One H&R Block Way, Kansas City, MO 64105. The Notice to you will be sent to the last known address on file with the Block Parties. The Notice must be on an individual basis and include all of the following: (1) the claimant's name, address, telephone number, and e-mail address; (2) the nature or basis of the dispute or claim; (3) the specific relief sought; and (4) the claimant's authorized representative's signature.

b. **Informal Settlement Conference.** After the Notice containing all of the information required above is received, within 60 days either party may request an individualized discussion (by telephone or videoconference) regarding informal resolution of the dispute ("Informal Settlement Conference"). If timely requested, the parties will work together in good faith to select a mutually agreeable time for the Informal Settlement Conference. You and our business representative must both personally participate in a good-faith effort to settle the dispute without the need to proceed with arbitration. The requirement of personal participation in an Informal Settlement Conference may be waived only if both you and we agree in writing. Any counsel representing you or us may also participate; however, if you have retained counsel, a signed statement is required by law to authorize the Block Parties to disclose your confidential tax and account records to your counsel. Any applicable statute of limitations will be tolled for the claims and relief set forth in the Notice during the period between the date that either you or we send the other a fully complete Notice, until the later of (1) 60 days after receipt of the Notice; or (2) if a Settlement Conference is timely requested, 30 days after completion of the Settlement Conference (the "Informal Resolution Period"). The parties agree that the existence or substance of any settlement discussions are confidential and shall not be disclosed, except as provided by applicable law.

c. **Enforcement of Pre-Arbitration Requirements.** The Notice and Informal Settlement Conference requirements are essential so that you and we have a meaningful chance to resolve disputes informally before proceeding to arbitration. A court will have authority to enforce this section 2, including the power to enjoin the filing or prosecution of an arbitration or the assessment of or demand for payment of fees in connection with an arbitration, if the party who intends to see arbitration does not first provide a fully complete Notice and participate in a timely requested Informal Settlement Conference. In addition, unless prohibited by applicable law, the arbitration administrator shall not accept, assess or demand fees for, or administer an arbitration commenced during the Informal Resolution Period.

3. **How Arbitration Works.** Arbitration shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules or (if applicable) Commercial Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on AAA's website www.adr.org. If AAA is unavailable or unwilling to administer the arbitration consistent with this Arbitration Agreement, the parties shall agree to, or the court shall select, another arbitration provider. Unless the parties agree otherwise, any arbitration hearing shall take place in the county of your principal place of business. The arbitrator will be either a retired judge or an attorney specifically licensed to practice law in the state of your principal place of business and selected by the parties from the arbitration provider's national roster of arbitrators. The arbitrator will be selected using the following procedure: (1) the arbitration provider will send the parties a list of five candidates meeting this criteria; (2) if the parties cannot agree on an arbitrator from the list, each party shall return its list to the arbitration provider within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (3) the arbitration provider shall appoint as arbitrator the candidate with the highest aggregate ranking; and (4) if for any reason the appointment cannot be made according to this procedure, the arbitration provider will provide the parties a new list of five candidates meeting the above criteria until an appointment can be made.

4. **Waiver of Right to Bring Class Action and Representative Claims.** All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, the arbitrator's rulings or any relief granted must be individualized to you and shall not apply to or affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If, after exhaustion of all appeals, a court decides that applicable law precludes enforcement of any of this section's limitations as to a particular claim or any particular request for a remedy for a claim (such as a request for public injunctive relief), then the parties agree that the particular claim or the particular request for a remedy (and only that particular claim or particular request for a remedy) must remain in court and be severed from any arbitration. No arbitration shall proceed in any manner as a class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, unless all parties consent in writing.

5. **Arbitration Costs.** Payment of all filing, administrative, case-management, arbitrator, and hearing fees will be governed by AAA Rules, but if you inform us that you cannot afford to pay your share of the fees, we will consider advancing those fees on your behalf and will do so if required by applicable law. In addition, we will reimburse you for your share of the fees at the conclusion of the arbitration (regardless of who wins) so long as (i) you complied with sections 2 and 4 above and section 6

b. **Informal Settlement Conference.** After the Notice containing all of the information required above is received, within 60 days either party may request an individualized discussion (by telephone or videoconference) regarding informal resolution of the dispute ("Informal Settlement Conference"). If timely requested, the parties will work together in good faith to select a mutually agreeable time for the Informal Settlement Conference. You and our business representative must both personally participate in a good-faith effort to settle the dispute without the need to proceed with arbitration. The requirement of personal participation in an Informal Settlement Conference may be waived only if both you and we agree in writing. Any counsel representing you or us may also participate; however, if you have retained counsel, a signed statement is required by law to authorize the Block Parties to disclose your confidential tax and account records to your counsel. Any applicable statute of limitations will be tolled for the claims and relief set forth in the Notice during the period between the date that either you or we send the other a fully complete Notice, until the later of (1) 60 days after receipt of the Notice; or (2) if a Settlement Conference is timely requested, 30 days after completion of the Settlement Conference (the "Informal Resolution Period"). The parties agree that the existence or substance of any settlement discussions are confidential and shall not be disclosed, except as provided by applicable law.

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below, and (ii) neither the substance of your claim nor the relief you sought was determined to be frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b); otherwise, the payment of fees will be governed by AAA Rules and you agree to reimburse the Block Parties for all fees advanced on your behalf.

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7. **Other Terms.** This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above in section 4, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

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The undersigned has the authority to sign on behalf of the taxpayer, acknowledges that the Privacy Notice was provided prior to service, and understands and voluntarily agrees on your behalf to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

SOUTHERN ARIZONA NETWORK F	
Taxpayer's Name	**Date**
	CHELSEA HANSEN EXECUTIVE DI
Taxpayer's Representative's Signature	**Taxpayer's Representative's Name and Title**

HRB TAX GROUP INC
1301 MAIN ST STE 104E
KANSAS CITY MO 64105
8004725625

05052025

47-0932953
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

INSTRUCTIONS FOR FILING 2024 FEDERAL FORM 990-EZ

.YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990-EZ

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, 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 . . . $ 150,351

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	33,326
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	13
	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	117,012		
	c	Less: direct expenses from gaming and fundraising events	6c	30,139		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	86,873
	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	120,212
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	52,785
	11	Benefits paid to or for members			11	1,112
	12	Salaries, other compensation, and employee benefits			12	40,328
	13	Professional fees and other payments to independent contractors			13	3,283
	14	Occupancy, rent, utilities, and maintenance			14	8,200
	15	Printing, publications, postage, and shipping			15	2,068
	16	Other expenses (describe in Schedule O)			16	12,121
	17	**Total expenses.** Add lines 10 through 16			17	119,897
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	315
	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	213,293
	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	213,608

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2024)

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	213,293	22	212,382
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	213,293	25	212,382
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)	213,293	27	212,382

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

			Yes	No
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	05-05-2025		P01032151
Firm's name HRB TAX GROUP INC			Firm's EIN 431871840	
Firm's address 1301 MAIN ST STE 104E			Phone no. 800-472-5625	

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
2024
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 $33\frac{1}{3}$% 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 $33\frac{1}{3}$% 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 must generally 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	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,636	65,325	34,720	41,928	33,326	237,935
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	62,636	65,325	34,720	41,928	33,326	237,935
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.)						237,935

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	62,636	65,325	34,720	41,928	33,326	237,935
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,318	48	32			1,398
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,318	48	32			1,398
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.)	63,954	65,373	34,752	41,928	33,326	239,333

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 2024 (line 8, column (f), divided by line 13, column (f))	15	99.42 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	99.86 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	0.58 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	0.14 %

19a **33 1/3% support tests -- 2024.** 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 -- 2023.** 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)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	47-0932953

PAGE 1 LINE 16 OTHER EXPENSE - WEBSITE $5053

PAGE 1 LINE 16 OTHER EXPENSE - PAYROLL TAXES $2708

PAGE 1 LINE 16 OTHER EXPENSE - OFFICE EQUIPMENT $250

PAGE 1 LINE 10 OTHER EXPENSE - PROGRAM CENTRAL PLAY GROUP $1020 ADULT MEDICAL GUIDANCE $1000 NEW PARENT INFO $579 FUND USE NEW PARENT INFO $2500 PARTICIPATION $51 SUMMER EVENT $2286 WORLD DS DAY $3885 SPRING CAMPAIGN $556

PAGE 1 LINE 10 OTHER EXPENSE - GOLD PROGRAM EMERGENCY SUPPORT $1000 INDIVIDUAL $23159 NUTRITION $16750

PAGE 1 LINE 16 OTHER EXPENSE - BUSINESS LICENSE / PERMITS $10

PAGE 1 LINE 16 OTHER EXPENSE - MEETING / RETREAT $249

PAGE 1 LINE 16 OTHER EXPENSE - TRAVEL / CONFERENCE $1926

2024 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC INSPECTION	For calendar year 2024, 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

2024 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION	For calendar year 2024, 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.

2024 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 2024, 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
CAMILE STANBERY PRESIDENT	2.00	0	0	0
BEN RENNER TREASURER	1.00	0	0	0
CHELSEA HANSEN EXECUTIVE DIRECTOR	30.00	39,068	0	0
TRACY CARROLL SECRETARY	1.00	0	0	0
KIM BRIGGS VICE PRESIDENT	1.00	0	0	0

2024 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC INSPECTION	For calendar year 2024, 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 ....

2024 DETAIL STATEMENTS

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

UNRESTRICTED DONATIONS: CORP / BUSINESS........	3,785	
UNRESTRICTED DONATIONS: INDIVIDUAL............	10,291	
RESTRICTED DONATIONS..........................	19,250	
TOTAL CARRIED TO EZ1 LINE 1...............................		33,326

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

AUTO INSURANCE		
D O INSURANCE..................................	795	
WORKERS COMP...................................	317	
TOTAL CARRIED TO 990-EZ PG 1 LINE 11......................		1,112

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

WAGES..	35,568	
BONUS..	3,500	
AUTO ALLOWANCE.................................	1,260	
TOTAL CARRIED TO 990-EZ PG 1 LINE 12......................		40,328

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

CPA..	2,983	
CONSULTING FEES		
TAX PREP.......................................	300	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13......................		3,283

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

OFFICE RENT....................................	7,200	
UTILTIES.......................................	1,000	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14......................		8,200

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

POSTAGE..	256	
OFFICE SOFTWARE................................	127	
OFFICE SUPPLIES................................	1,685	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15......................		2,068

2024 DETAIL STATEMENTS

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

FACEBOOK......................................	548
SPRING CAMPAIGN...............................	1,093
SPECIAL EVENTS................................	115,371

TOTAL CARRIED TO 990-EZ PG 1 LINE 6B....................... 117,012

ARIZONA DEPARTMENT OF REVENUE
PO BOX 52153
PHOENIX, AZ 85072-2153

Fold here for #10 envelope

ARIZONA DEPARTMENT OF REVENUE
PO BOX 52153
PHOENIX, AZ 85072-2153

Fold here for 6x9 envelope

Fold here for #10 envelope

Arizona Form **99T** | **Arizona Exempt Organization Business Income Tax Return** | **2024**

For the ☒ calendar year 2024 or ☐ fiscal year beginning 2024 and ending 20 .

☐ Check this box if this fiscal year 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

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. **88** **81** **PM** **66** **RCVD**

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)

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 22	**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 40	**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 2025 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

PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S TIN
JACQUES POWELL	05-05-2025	P01032151

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S EIN
HRB TAX GROUP INC	431871840

FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER
1301 MAIN ST STE 104E	8004725625

CITY	STATE	ZIP CODE
KANSAS CITY	MO	64105

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