

## 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:** 01/01/2020 to 12/31/2020  
**REPORTING YEAR:** Continuing

**TAX PREPARER**  
 Rana Lavu  
**TAX PREP START DATE:** 02-25-2021  
**TAX PREP END DATE:** 03-03-2021  
**NEW OR RETURNING:** Returning  
**RETURNS PREPARED:** 990 FD, AZ  
**EFILED:** FD  
**YEAR OF FORMATION:**  
**STATE OF LEGAL DOMICILE:**

**BLOCK FEES**

<b>RETURN PREP FEE:</b>	\$150.00
<b>COUPONS AND PRIOR PAYMENTS:</b>	\$(150.00)
<b>TOTAL FEES</b>	<b>\$0.00</b>

**GENERAL**

TOTAL REVENUE	TOTAL EXPENSES	TOTAL ASSETS	TOTAL LIABILITIES
123007	82883	0	0

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

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

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**WELCOME TO BLOCK ADVISORS®**

Thank you for choosing BLOCK Advisors®. This Client Service Agreement ("CSA") explains what you should expect from your tax preparer and from other companies that may provide products and services to you. It also explains what is needed from you so that they can provide the great service you expect. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

The office you have chosen will prepare your tax return(s) and/or provide other products and services you request. 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 would be happy to 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, or you may access a copy at [www.blockadvisors.com](http://www.blockadvisors.com).

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").

**ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")**

**1. Scope of Arbitration Agreement.** You and the Block Parties (as defined below) agree that all disputes and claims between you and any one or more of the Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, either you or the Block Parties may bring an individual claim in small claims court, as long as it is brought and maintained as an individual claim. All issues are for the arbitrator to decide, except that issues relating to the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of paragraph 3 below, shall be decided by the court and not the arbitrator. For purposes of this Arbitration Agreement, the term "Block Parties" shall include HRB, Emerald Financial Services, LLC, and Franchisee; as well as any of their direct or indirect parents, subsidiaries, and affiliates. For purposes of this Arbitration Agreement, the term "you" shall mean the business or entity that is the taxpayer. These terms shall also include the predecessors, successors, officers, directors, agents, employees, and franchisees of the Block Parties and the taxpayer, respectively.

**Right to Opt Out of This Arbitration Agreement: You may opt out of this Arbitration Agreement within the first 60 days after you sign this CSA by sending an email to [arbitrationoptouts@hrblock.com](mailto:arbitrationoptouts@hrblock.com), or by sending a signed letter to Arbitration Opt-Out, P.O. Box 32818, Kansas City, MO 64171. The email or letter should include your business or entity name, the name of your authorized representative submitting the opt out, the first five digits of your Federal Employer Identification Number, state and zip code of your principal place of business, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.**

**2. How Arbitration Works.** Either party may initiate arbitration, which 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 the AAA's website [www.adr.org](http://www.adr.org), or by calling the AAA at (800) 778-7879. In the event the AAA is unavailable or unwilling to hear the dispute, the parties shall agree to, or the court shall select, another arbitration provider. Unless you and the Block Parties agree otherwise, any arbitration hearing shall take place in the county of your principal place of business. We encourage you to call (855) 267-2202 in advance of filing a claim for arbitration to see if the dispute can be resolved prior to arbitration.

**3. 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, any relief must be individualized to you and shall not 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 a court decides that applicable law precludes enforcement of any of this paragraph's limitations as to a particular claim or any particular remedy for a claim (such as a request for public injunctive relief), then that particular claim or particular remedy (and only that particular claim or particular remedy) must remain in court and be severed from any arbitration. The Block Parties do not consent to, and the arbitrator shall not have authority to conduct, any class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, under any circumstance.

**4. Arbitration Costs.** The Block Parties will pay all filing, administrative, arbitrator and hearing costs. The Block Parties waive any rights they may have to recover an award of attorneys' fees and expenses against you.

**5. Other Terms & Information.** 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, 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 bind and sign on behalf of you, the taxpayer, 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 Client Service Agreement.**

\_\_\_\_\_  
Taxpayer's Name

\_\_\_\_\_  
SIGNATURE ON FILE

\_\_\_\_\_  
Taxpayer's Representative's Signature

03/03/2021

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer's Representative's Name and Title

CLIENT COPY

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The undersigned has the authority to bind and sign on behalf of you, the taxpayer, 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 Client Service Agreement.

\_\_\_\_\_  
Taxpayer’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer’s Representative’s Signature

\_\_\_\_\_  
Taxpayer’s Representative’s Name and Title

BLOCK COPY

Block Advisors  
5460 E BROADWAY BLVD STE 340  
TUCSON AZ 85711  
5207451138

03032021

47-0932953  
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

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INSTRUCTIONS FOR FILING 2020 FEDERAL FORM 990-EZ

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

**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)

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form, as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **2020, and ending** \_\_\_\_\_, **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> 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	<b>D Employer identification number</b> 47-0932953  <b>E Telephone number</b> (520) 312-2030  <b>F Group Exemption Number</b> ▶
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**G Accounting Method:**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ [WWW.SANDSAZ.ORG](http://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** ▶ \$ 137,068

**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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	62,636
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	1,318
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</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)	<b>6b</b>	73,114	
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	14,061	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	59,053	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	123,007	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	45,642
	<b>11</b>	Benefits paid to or for members	<b>11</b>	1,150
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	23,670
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	1,321
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	421
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	10,679
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	82,883	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	40,124
	<b>19</b>	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)	<b>19</b>	188,923
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	229,047



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

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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.
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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



	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		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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		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)	(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: CHELSEA HANSEN, EXECUTIVE DIRECTOR  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: RANA LAVU  
 Preparer's signature: RANA LAVU  
 Date: 03-03-2021  
 Check  if self-employed  
 PTIN: P01213865  
 Firm's name: BLOCK ADVISORS  
 Firm's EIN: 431871840  
 Firm's address: 5460 E BROADWAY BLVD STE 340  
 Phone no.: 520-745-1138

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

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

<b>Name of the organization</b> SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	<b>Employer identification number</b> 47-0932953
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule A (Form 990 or 990-EZ) 2020**

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,658	77,734	81,095	82,818	62,636	393,941
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	89,658	77,734	81,095	82,818	62,636	393,941
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						393,941

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6	89,658	77,734	81,095	82,818	62,636	393,941
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	129	137	120	697	1,318	2,401
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	129	137	120	697	1,318	2,401
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	89,787	77,871	81,215	83,515	63,954	396,342
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.39 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	99.86 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.61 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	0.14 %

**19a 33 1/3% support tests -- 2020.** 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 -- 2019.** 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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME

Employer identification number

47-0932953

PART1 LINE 10 - COMMUNITY PROGRAMMING \$12876; GIVE IT BACK  
\$24275; SUPPORTGROUPS \$3175; CONFERENCE GRANTS \$5316

PART 1, LINE 13 - WEBSITE \$3142; EXECUTIVE DIRECTOR SALARY \$19904;  
GRANT PAID TO CONTRACTOR FOR FAMILY \$625

PART1, LINE 14 - PO BOX \$168; STORAGE BOX \$1154

PART1, LINE 15 - PRINT \$142; TEXT SERVICE \$100; POSTAGE \$179

PART1, LINE 16 - MARKETING \$1089; BANK FEES 2402; PHONE \$857; ZOOM  
\$150; CPA \$150; INSURANCE \$1400; MEETING \$351; SUPPLIES 403;  
CONFERENCES \$3081; REFUNDS \$796;

**2020 FORM 990 PRIMARY EXEMPT PURPOSE**

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2020, 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

2020 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION	For calendar year 2020, or tax period beginning	, and ending
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Name of Organization SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME	Employer Identification Number 47-0932953
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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 \$71149 AND EXPENSES WERE \$14061. PROGRAMMING \$10143 - 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 \$24900 AND IS SHOWN ON LINE 10 TUTORING GRANTS \$13901 TO BRIDGE GAP LEFT BY SCHOOL DURING COVID.

**2020 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 2020, 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
ALLYSON SCHUG PRESIDENT	3.00	0	0	0
SEE COMP. EXPL. #1 CAMILLE STANBERY	3.00	0	0	0
SEE COMP. EXPL. #2 CHELSEA HANSEN	30.00	19,904	0	0
EXECUTIVE DIRECTOR				
SEE COMP. EXPL. #3 KAREN POPPE	3.00	0	0	0
VICE PRESIDENT				
SEE COMP. EXPL. #4 KAITLIN HOLLYWOOD	3.00	0	0	0
SECRETARY				
SEE COMP. EXPL. #5				

## 2020 FORM 990 COMPENSATION EXPLANATION

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART IV, OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION	For Calendar year 2020, or tax year period beginning	and ending
Name of Organization SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME		Employer Identification Number 47-0932953

Name	Explanation
OFFICER COMP. EXPLN. #1 ALLYSON SCHUG	NO COMPENSATION EXCEPT FOR ONE OFFICER
OFFICER COMP. EXPLN. #2 CAMILLE STANBERY	NO COMPENSATION EXCEPT FOR ONE OFFICER
OFFICER COMP. EXPLN. #3 CHELSEA HANSEN	COMPENSATION MADE DUE TO ADDITIONAL RESPONSIBILITIES
OFFICER COMP. EXPLN. #4 KAREN POPPE	NO COMPENSATION EXCEPT FOR ONE OFFICER
OFFICER COMP. EXPLN. #5 KAITLIN HOLLYWOOD	NO COMPENSATION EXCEPT FOR ONE OFFICER



2020 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2020, 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

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

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Fold here for #10 envelope

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

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Fold here for #10 envelope

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

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

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2020**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax  
SOUTHERN ARIZONA NETWORK FOR DOWN SYNDROME Taxpayer identification number  
47-0932953

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

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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 ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	2b	<u>123,007</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	7b	

**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 organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 12953 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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. 865839 11105

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ RANA LAVU Date ▶ 03-03-2021

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