

Form **990**
Department of the Treasury
Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018, and ending 05-31-2019

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

C Name of organization
THUNDERBIRDS CHARITIES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7226 NORTH 16TH STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85020

D Employer identification number
86-0560664

E Telephone number
(602) 870-0163

F Name and address of principal officer:
CHANCE COZBY
7226 NORTH 16TH STREET NO 100
PHOENIX, AZ 85020

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WMPHOENIXOPEN.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE THUNDERBIRDS CHARITIES CORPORATION CONDUCTS BUSINESS IN THE STATE OF ARIZONA (CONT'D SCH O) SERVING AS THE HOST ORGANIZATION FOR THE PGA TOUR EVENT THAT IS CONDUCTED ANNUALLY IN THE PHOENIX METROPOLITAN AREA, AND THROUGH DONATIONS TO ARIZONA BASED ORGANIZATIONS, PROVIDING ASSISTANCE TO FAMILIES, CHILDREN, AND OTHERS IN NEED AND IMPROVING THE OVERALL QUALITY OF LIFE OF ARIZONA'S COMMUNITIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	9,499,902	9,280,229
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	491	708
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,500,393	9,280,937
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,755,717	9,397,510
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,196		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,827	87,969
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,796,544	9,485,479
19	Revenue less expenses. Subtract line 18 from line 12	1,703,849	-204,542

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	9,548,854	8,491,568
21	Total liabilities (Part X, line 26)	1,571,494	718,750
22	Net assets or fund balances. Subtract line 21 from line 20	7,977,360	7,772,818

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-03-19
CHANCE COZBY PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-03-19
Check if self-employed PTIN: P00075126
Firm's name: ▶ EIDE BAILLY LLP Firm's EIN: ▶ 45-0250958
Firm's address: ▶ 1850 N CENTRAL AVE STE 400 Phone no. (602) 264-5844
PHOENIX, AZ 850044624

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE THUNDERBIRDS CHARITIES CORPORATION CONDUCTS BUSINESS IN THE STATE OF ARIZONA SERVING AS THE HOST ORGANIZATION FOR THE PGA TOUR EVENT THAT IS CONDUCTED ANNUALLY IN THE PHOENIX METROPOLITAN AREA, AND THROUGH DONATIONS TO ARIZONA BASED ORGANIZATIONS, (CONT'D SCHED O) PROVIDING ASSISTANCE TO FAMILIES, CHILDREN, AND OTHERS IN NEED AND IMPROVING THE OVERALL QUALITY OF LIFE OF ARIZONA'S COMMUNITIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,821,550 including grants of \$ 7,821,550) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,575,960 including grants of \$ 1,575,960) (Revenue \$)
See Additional Data

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

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

4e Total program service expenses ▶ 9,397,510

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds.				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b		
c Enter the amount of reserves on hand		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHELLE SIMPSON 7226 NORTH 16TH STREET 100 PHOENIX, AZ 85020 (602) 870-0163

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN FRAKES DIRECTOR	1.00 0.00	X						0	0	0
(2) BOB HUBBARD DIRECTOR	1.00 0.00	X						0	0	0
(3) KEITH BIERMAN DIRECTOR	1.00 0.00	X						0	0	0
(4) JIM WENTWORTH JR DIRECTOR	1.00 0.00	X						0	0	0
(5) KENNY MOFFATT DIRECTOR	1.00 0.00	X						0	0	0
(6) DERRICK HALL DIRECTOR	1.00 0.00	X						0	0	0
(7) SCOTT BRADLEY DIRECTOR	1.00 0.00	X						0	0	0
(8) JAMES MOFFETT DIRECTOR	1.00 0.00	X						0	0	0
(9) JODI NOBLE DIRECTOR	1.00 0.00	X						0	0	0
(10) MOLLY CARSON DIRECTOR	1.00 0.00	X						0	0	0
(11) ANDY MARKHAM DIRECTOR	1.00 0.50	X						0	0	0
(12) DAN MAHONEY DIRECTOR	1.00 0.00	X						0	0	0
(13) TONY PETELIN DIRECTOR	1.00 2.50	X						0	0	0
(14) CARLOS SUGICH PRESIDENT	1.50 9.50	X		X				0	0	0
(15) MIKE MCQUAID SR SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(16) JOHN BRIDGER EXECUTIVE DIRECTOR	4.00 39.00			X				0	499,438	58,082
(17) MICHELLE SIMPSON CFO	4.00 39.00			X				0	205,167	43,034

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 9Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Other Revenue) and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,397,510	9,397,510		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	15,207		15,207	
c Accounting	22,085		22,085	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	300		300	
13 Office expenses	37,843		37,843	
14 Information technology	500			500
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,142			1,142
19 Conferences, conventions, and meetings	612			612
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES	8,056		133	7,923
b BAD DEBT EXPENSE	1,205		1,205	
c PRINTING	1,019			1,019
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,485,479	9,397,510	76,773	11,196
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,541,899	1	8,485,818
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,205	3	0
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	5,750	12	5,750
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,548,854	16	8,491,568	
Liabilities	17 Accounts payable and accrued expenses	21,494	17	18,750
	18 Grants payable	1,550,000	18	700,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,571,494	26	718,750
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,977,360	27	7,772,818
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,977,360	33	7,772,818	
34 Total liabilities and net assets/fund balances	9,548,854	34	8,491,568	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,280,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,485,479
3	Revenue less expenses. Subtract line 2 from line 1	3	-204,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,977,360
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,772,818

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0560664

Name: THUNDERBIRDS CHARITIES

Form 990 (2018)

Form 990, Part III, Line 4a:

IN ADDITION TO THE CONTRIBUTIONS THE ORGANIZATION MADE THROUGH THE BIRDIES FOR CHARITY PROGRAM, DESCRIBED BELOW, THUNDERBIRDS CHARITIES MADE TOTAL CONTRIBUTIONS IN THE AMOUNT OF \$7,821,550 TO VARIOUS 501(C)(3) ORGANIZATIONS. THE FOLLOWING IS A SUMMARY OF THE DIFFERENT TYPES OF ORGANIZATIONS AND THE TOTAL DONATIONS MADE TO EACH OF THE FIVE DIFFERENT CATEGORIES: 1) DOMESTIC VIOLENCE/HOMELESS/POVERTY: TOTAL AWARDS \$2,090,500; 8 ORGANIZATIONS RECEIVED \$683,000 FOR CAPITAL PROJECTS AND 12 ORGANIZATIONS WERE AWARDED A TOTAL OF \$1,407,500 FOR PROGRAM FUNDING. 2) AT-RISK YOUTH & FAMILIES: TOTAL AWARDS OF (CONT'D SCHED O) \$1,798,050 WERE GIVEN TO 7 ORGANIZATIONS THAT RECEIVED \$687,000 FOR CAPITAL PROJECTS AND 30 ORGANIZATIONS THAT RECEIVED A TOTAL OF \$1,111,050 FOR PROGRAM FUNDING. 3) COMMUNITY OUTREACH/QUALITY OF LIFE: TOTAL AWARDS \$1,365,000; 8 ORGANIZATIONS RECEIVED \$825,000 FOR CAPITAL PROJECTS AND 21 ORGANIZATIONS RECEIVED A TOTAL OF \$540,000 FOR PROGRAM FUNDING. 4) IMPROVING THE LIVES OF THE PHYSICALLY & MENTALLY CHALLENGED: TOTAL AWARDS \$1,115,000; 4 ORGANIZATIONS RECEIVED \$420,000 FOR CAPITAL PROJECT AND 19 ORGANIZATIONS WERE AWARDED A TOTAL \$695,000 FOR PROGRAM FUNDING. 5) EDUCATION: TOTAL AWARDS OF \$1,453,000; 9 ORGANIZATIONS WERE AWARDED \$415,000 FOR CAPITAL PROJECTS AND 22 ORGANIZATIONS RECEIVED A TOTAL OF \$1,038,000 FOR PROGRAM FUNDING.

Form 990, Part III, Line 4b:

BIRDIES FOR CHARITY PROGRAM IS A TWO-PART PROGRAM DESIGNED TO GENERATE DONATIONS TO LOCAL NON-PROFIT ORGANIZATIONS. THE CORPORATE PARTNER PROGRAM RAISES MONEY FROM MAJOR SPONSORS OF THE WASTE MANAGEMENT PHOENIX OPEN FOR SPECIFIC CHARITIES. THUNDERBIRDS CHARITIES PROVIDES 50% MATCHING FUNDS TO THESE CHARITIES, UP TO A MAXIMUM OF \$12,500. THE BIRDIE PROGRAM ALLOWS LOCAL NON-PROFIT ORGANIZATIONS TO COLLECT PLEDGES BASED ON THE NUMBER OF BIRDIES MADE DURING THE WM PHOENIX OPEN. THUNDERBIRDS CHARITIES PROVIDES ALL MATERIALS FOR THE PLEDGE DRIVES AND COLLECTS THE PLEDGES AFTER THE EVENT. THUNDERBIRDS CHARITIES THEN ADDS 10%-15% TO THE AMOUNT COLLECTED AND PAYS THE TOTAL TO THE 501(C)(3) ORGANIZATIONS. THE TOTAL AMOUNT OF DONATIONS RECEIVED WAS \$1,211,111. THE TOTAL OF 501(C)(3) CHARITABLE ORGANIZATIONS THAT (CONT'D SCHED O) RECEIVED FUNDING THROUGH THE BIRDIES FOR CHARITY PROGRAM WAS 65 FOR A TOTAL DONATION AMOUNT OF \$1,575,960. (MATCHING FUNDS OF \$364,849)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number

86-0560664

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 **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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,805,164	6,917,503	7,495,003	9,499,902	9,280,229	39,997,801
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	6,805,164	6,917,503	7,495,003	9,499,902	9,280,229	39,997,801
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						32,055,352
6	Public support. Subtract line 5 from line 4.						7,942,449

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	6,805,164	6,917,503	7,495,003	9,499,902	9,280,229	39,997,801
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,618	61	467	491	708	3,345
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						40,001,146
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	19.860 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	22.130 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
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 . . .						
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.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in 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.) . . .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 86-0560664

Name: THUNDERBIRDS CHARITIES

Schedule A (Form 990 or 990-EZ) 2018

Page **8**

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

Facts And Circumstances Test

THUNDERBIRDS CHARITIES ("CHARITIES") MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITING CONTRIBUTIONS AND CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM THE GENERAL PUBLIC. CHARITIES HAS BEEN CONDUCTING A "BIRDIES FOR CHARITY "PROGRAM IN CONJUNCTION WITH THE ANNUAL FBR OPEN. THE GOAL OF THE BIRDIES FOR CHARITY PROGRAM IS TO INCREASE THE CHARITABLE CONTRIBUTIONS DERIVED FROM THE FBR OPEN, EXPAND THE NUMBER OF ARIZONA CHARITIES BENEFITING FROM THE TOURNAMENT, AND TO INVOLVE A BROADER CROSS-SECTION OF THE COMMUNITY IN THE FBR OPEN AND CHARITIES' ACTIVITIES.IT IS IMPORTANT TO NOTE THAT OUR MAJOR SUPPORTERS ARE NOT FROM A SINGLE FAMILY OR GROUP. OUR EXCESS CONTRIBUTIONS ARE LARGELY COMING FROM THE THUNDERBIRDS, A RELATED 501(C)(6) ORGANIZATION WITH VERY BROAD PUBLIC SUPPORT. THE THUNDERBIRDS HOST A PGA TOUR OPEN TOURNAMENT IN PHOENIX, AZ, WHICH ATTRACTS WELL OVER HALF A MILLION PEOPLE FROM AROUND THE WORLD. ALL \$32,055,352 OF THE EXCESS CONTRIBUTIONS RECEIVED IN THE CURRENT AND PRIOR FOUR YEARS, CAME FROM THIS BROADLY SUPPORTED ORGANIZATION. IT IS ALSO IMPORTANT TO NOTE THAT THE THUNDERBIRDS HAVE OVER 300 MEMBERS FROM THE METROPOLITAN PHOENIX COMMUNITY AND ARE GOVERNED BY A BOARD, ELECTED BY THE MEMBERS, OF 15 UNRELATED MEMBERS OF THAT SAME COMMUNITY. WE USE THIS SUPPORT TO PROVIDE ASSISTANCE TO FAMILIES, CHILDREN AND OTHERS IN NEED AND IMPROVING THE OVERALL QUALITY OF LIFE IN ARIZONA'SCOMMUNITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b.

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,070,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	8,070,276
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,210,661	
c	Add lines 4a and 4b		4c	1,210,661
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,280,937

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

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

1	Total expenses and losses per audited financial statements		1	8,274,818
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	8,274,818
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,210,661	
c	Add lines 4a and 4b		4c	1,210,661
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,485,479

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0560664

Name: THUNDERBIRDS CHARITIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDED AS REVENUE ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	DONOR DESIGNATIONS MADE ON BEHALF OF/TO OTHER AGENCIES THAT ARE NOT INCLUDE AS EXPENSES ON THE FINANCIAL STATEMENTS BUT ARE RECOGNIZED ON THE 990.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THUNDERBIRDS CHARITIES

Employer identification number

86-0560664

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 152
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION ONLY DISTRIBUTES FUNDS TO ORGANIZATIONS WITHIN THE U.S. THE ORGANIZATION MONITORS THE EFFECT ITS CONTRIBUTIONS HAVE ON THE GRANTEES. GRANTEES ARE ASKED TO REPORT BACK THE BENEFITS DERIVED FROM THE GRANT.

Additional Data

Software ID:
Software Version:
EIN: 86-0560664
Name: THUNDERBIRDS CHARITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF 868 E UNIVERSITY DR MESA, AZ 852038033	86-0256667	501(C)(3)	100,000				HEALTH & HUMAN SERVICES
A STEPPING STONE FOUNDATION 2851 W KATHLEEN PHOENIX, AZ 85080	74-2567068	501(C)(3)	111,524				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY 360 5031 E WASHINGTON ST PHOENIX, AZ 85034	86-0486447	501(C)(3)	115,826				COMMUNITY SERVICES
ACADEMY DRUM & BUGLE CORPS 5861 S KYRENE RD 17 TEMPE, AZ 85283	86-0998307	501(C)(3)	14,798				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACT ONE FOUNDATION 910 E OSBORN ROAD STE C PHOENIX, AZ 85014	45-3560706	501(C)(3)	50,000				EDUCATION SERVICES
AGUA FRIA FOOD & CLOTHING BANK INC PO BOX 845 AVONDALE, AZ 85323	56-2515365	501(C)(3)	20,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH STREET PHOENIX, AZ 850062059	86-0611935	501(C)(3)	25,000				YOUTH SERVICES
ALL SPORTS FOUNDATION 525 W SOUTHERN AVE STE 102 MESA, AZ 85210	86-0948735	501(C)(3)	10,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANDA HOPE RAINBOW ANGELS 340 E CORONADO 100 PHOENIX, AZ 85004	46-2522889	501(C)(3)	35,000				COMMUNITY SERVICES
AMERICAN CANCER SOCIETY INC 4550 E BELL RD STE 126 PHOENIX, AZ 85032	13-1788491	501(C)(3)	25,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 2929 S 48TH STREET TEMPE, AZ 852823145	13-5613797	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
AMERICAN RED CROSS SW STATES 4747 N 22ND ST 100 PHOENIX, AZ 85016	53-0196605	501(C)(3)	10,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMYOTROPHIC LATERAL SCLEROSIS 360 E CORONADO RD 360 PHOENIX, AZ 85004	86-0727136	501(C)(3)	35,000				HEALTH & HUMAN SERVICES
ARIZONA BROADWAY THEATRE 7701 W PARADISE LANE PEORIA, AZ 85382	87-0794123	501(C)(3)	13,225				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR YOUTH RESOURCES 649 N 6TH AVE PHOENIX, AZ 85003	95-3239788	501(C)(3)	5,362				YOUTH SERVICES
ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION 360 E CORONADO RD 190 PHOENIX, AZ 85004	86-0468850	501(C)(3)	25,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA HELPING HANDS 7850 E GELDING DRIVE 500 SCOTTSDALE, AZ 85260	86-0935988	501(C)(3)	50,000				EDUCATION SERVICES
ARIZONA SCIENCE CENTER 600 E WASHINGTON STREET PHOENIX, AZ 850042303	86-0390558	501(C)(3)	60,000				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF EAST VALLEY 2326 N ALMA SCHOOL ROAD CHANDLER, AZ 85224	86-0659387	501(C)(3)	20,000				HEALTH & HUMAN SERVICES
ASSISTANCE LEAGUE OF PHOENIX 9224 N 5TH STREET PHOENIX, AZ 85020	86-0193883	501(C)(3)	55,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AZCEND PO BOX 591 CHANDLER, AZ 852440591	86-0428780	501(C)(3)	10,000				FAMILY SERVICES
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE 160 PHOENIX, AZ 85012	94-2545356	501(C)(3)	336,280				HEALTH & HUMAN SERVICES

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BARROW NEUROLOGICAL FOUNDATION 124 W THOMAS ROAD SUITE 250 PHOENIX, AZ 85013	86-0174371	501(C)(3)	350,000				HEALTH & HUMAN SERVICES
BENEVILLA PO BOX 8450 SURPRISE, AZ 85374	86-0404687	501(C)(3)	60,203				COMMUNITY SERVICES

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BEST BUDDIES ARIZONA 4527 N 16TH ST STE 106 PHOENIX, AZ 85016	52-1614576	501(C)(3)	25,000				COMMUNITY SERVICES
BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 4745 N 7TH ST STE 210 PHOENIX, AZ 85014	86-0205254	501(C)(3)	20,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	86-0767778	501(C)(3)	74,250				YOUTH SERVICES
BOYS & GIRLS CLUBS OF METRO PHOENIX 4309 E BELLVIEW ST BLDG 14 PHOENIX, AZ 85008	86-0107639	501(C)(3)	238,500				YOUTH SERVICES

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BOYS & GIRLS CLUBS OF SCOTTSDALE INC 10533 E LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	50,000				YOUTH SERVICES
BOYS & GIRLS CLUBS OF THE EAST VALLEY 2602 W BASELINE ROAD SUITE 25 MESA, AZ 85202	86-0550646	501(C)(3)	200,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE ARCADE 7 PHOENIX, AZ 85012	86-0630295	501(C)(3)	60,000				YOUTH SERVICES
CAMELOT THERAPEUTIC HORSEMANSHIP INC 23623 N SCOTTSDALE RD SCOTTSDALE, AZ 852553471	86-0444470	501(C)(3)	10,000				COMMUNITY SERVICES

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CATHOLIC CHARITIES COMMUNITY SERVICE 4747 N 7TH AVE PHOENIX, AZ 85013	86-0223999	501(C)(3)	100,000				COMMUNITY SERVICES
CENTRAL ARIZONA SHELTER SERVICES INC 230 S 12TH AVE PHOENIX, AZ 850073101	86-0500753	501(C)(3)	100,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHICANOS POR LA CAUSA 1112 E BUCKEYE RD PHOENIX, AZ 85034	86-0227210	501(C)(3)	121,000				FAMILY SERVICES
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	50,250				FAMILY SERVICES

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CHILDHELP USA 4350 E CAMELBACK ROAD F250 PHOENIX, AZ 85018	95-2884608	501(C)(3)	10,000				YOUTH SERVICES
CHILDREN'S MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	86-0934323	501(C)(3)	25,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDSPLAY INC 900 S MITCHELL DRIVE TEMPE, AZ 852813733	86-0336473	501(C)(3)	25,000				YOUTH SERVICES
CHRYSALIS SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE INC 2055 W NORTHERN AVE PHOENIX, AZ 85021	86-0447620	501(C)(3)	105,813				FAMILY SERVICES

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COMMUNITY ALLIANCE AGAINST FAMILY ABUSE 879 N PLAZA DRIVE 101D APACHE JUNCTION, AZ 85120	86-0912044	501(C)(3)	7,500				FAMILY SERVICES
CROWNS OF COURAGE 4900 N SCOTTSDALE RD 3000 SCOTTSDALE, AZ 85251	81-5158760	501(C)(3)	11,250				HEALTH & HUMAN SERVICES

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DESERT BOTANICAL GARDEN 1201 N GALVIN PKWY PHOENIX, AZ 850083437	86-0136925	501(C)(3)	50,000				COMMUNITY SERVICES
DESERT VOICES ORAL LEARNING CENTER 3426 E SHEA BLVD PHOENIX, AZ 85028	86-0834633	501(C)(3)	137,385				EDUCATION SERVICES

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DETOUR COMPANY THEATER INC PO BOX 697 SCOTTSDALE, AZ 85252	01-0622545	501(C)(3)	10,000				COMMUNITY SERVCIES
DOWN SYNDROME NETWORK INC PO BOX 12495 TEMPE, AZ 85284	61-1409048	501(C)(3)	15,000				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DRESS FOR SUCCESS PHOENIX 1024 E BUCKEYE RD 165 PHOENIX, AZ 85034	26-3610807	501(C)(3)	20,000				HEALTH & HUMAN SERVICES
DUET PARTNERS IN HEALTH & AGING 10000 N 31ST AVENUE SUITE D200 PHOENIX, AZ 85051	74-2370522	501(C)(3)	15,000				FAMILY SERVICES

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DYSART COMMUNITY CENTER 14414 N EL MIRAGE RD EL MIRAGE, AZ 85335	86-6031134	501(C)(3)	28,750				COMMUNITY SERVICES
EAST VALLEY SENIOR SERVICES INC 45 W UNIVERSITY DR SUITE A MESA, AZ 85201	94-2596075	501(C)(3)	20,000				HEALTH & HUMAN SERVICES

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EDUCARE ARIZONA 1300 N 48TH ST PHOENIX, AZ 85008	26-1778287	501(C)(3)	25,000				EDUCATION SERVICES
ELEVATE PHOENIX 3750 W INDIAN SCHOOL RD PHOENIX, AZ 85019	90-0451740	501(C)(3)	35,750				YOUTH SERVICES

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EXPERIENCE MATTERS CONSORTIUM INC 360 E CORONADO RD STE 170 PHOENIX, AZ 85004	45-3788542	501(C)(3)	43,864				COMMUNITY SERVICES
FEEDING MATTERS 7227 N 16TH ST STE 110 PHOENIX, AZ 85020	20-8095826	501(C)(3)	61,339				HEALTH & HUMAN SERVICES

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FLORENCE CRITTENTON SERVICES OF ARIZONA INC 715 W MARIPOSA ST PHOENIX, AZ 850132449	86-0103282	501(C)(3)	75,000				EDUCATION SERVICES
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253	86-0720036	501(C)(3)	25,000				EDUCATION SERVICES

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FUTURE FOR KIDS 1425 W SOUTHERN AVE 10A TEMPE, AZ 85282	86-1011434	501(C)(3)	15,000				YOUTH SERVICES
GENESIS CITY 525 E MCDOWELL RD PHOENIX, AZ 85004	86-0739107	501(C)(3)	18,725				EDUCATION SERVICES

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GIFT OF ADOPTION FUND INC 10053 E THATCHER AVENUE MESA, AZ 85212	39-1863217	501(C)(3)	7,500				FAMILY SERVICES
GIRL SCOUT COUNCIL INC- ARIZONA CACTUS-PINE 119 E CORONADO RD PHOENIX, AZ 85283	86-0133397	501(C)(3)	50,000				YOUTH SERVICES

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GOMPERS HABILITATION CENTER 6601 N 27TH AVE PHOENIX, AZ 850171219	86-0098909	501(C)(3)	25,000				COMMUNITY SERVICES
GREATER PHOENIX ECONOMIC COUNCIL 2 N CENTRAL AVE STE 2500 PHOENIX, AZ 85004	86-0539979	501(C)(3)	25,000				FAMILY SERVICES

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HEALTHY LIFESTARS 1645 E MISSOURI 330 PHOENIX, AZ 85016	47-0916068	501(C)(3)	12,548				COMMUNITY SERVICE
HOMELESS ID PROJECT PO BOX 13027 PHOENIX, AZ 850023503	86-0664652	501(C)(3)	100,000				FAMILY SERVICES

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HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN STREET SUITE 114 AVONDALE, AZ 85323	27-3182999	501(C)(3)	50,000				YOUTH SERVICES
HOMEWARD BOUND 2302 W COLTER STREET PHOENIX, AZ 850152750	86-0660875	501(C)(3)	250,000				COMMUNITY SERVICES

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HONORHEALTH FOUNDATION 8125 N HAYDEN RD SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	18,750				HEALTH & HUMAN SERVICES
HOPE COMMUNITY SERVICES 18001 N 79TH AVENUE SUITE C-56 GLENDALE, AZ 85308	86-0589516	501(C)(3)	10,000				YOUTH SERVICES

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HOPE WOMEN'S CENTER 1640 E MCDOWELL RD PHOENIX, AZ 85006	86-0668354	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
HOSPICE DREAMCATCHER FOUNDATION INC 10105 E VIA LINDA SUITE103 SCOTTDALE, AZ 85258	05-0634716	501(C)(3)	10,000				HEALTH & HUMAN SERVICES

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HOUSE OF REFUGE INC 6935 E WILLIAMS FIELD RD MESA, AZ 85212	86-0662244	501(C)(3)	25,000				FAMILY SERVICES
HOUSE OF REFUGE SUNNYSLOPE INC 9835 N 7TH ST PHOENIX, AZ 85020	86-1026266	501(C)(3)	13,000				FAMILY SERVICES

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HUMAN SERVICES CAMPUS 204 S 12TH AVE PHOENIX, AZ 85007	46-3333160	501(C)(3)	17,251				COMMUNITY SERVICES
HUMAN SERVICES CAMPUS LLC 204 S 12TH AVE PHOENIX, AZ 85007	86-1050572	501(C)(3)	300,000				HEALTH & HUMAN SERVICES

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ICAN POSITIVE PROGRAMS FOR YOUTH 650 E MORELOS STREET CHANDLER, AZ 85225	86-0761030	501(C)(3)	50,000				YOUTH SERVICES
ICM FOOD & CLOTHING BANK PO BOX 2225 PHOENIX, AZ 85002	86-0401223	501(C)(3)	26,274				COMMUNITY SERVICES

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JOBS FOR ARIZONA'S GRADUATES 3320 W CHERYL DR STE B220 PHOENIX, AZ 85051	86-0669709	501(C)(3)	25,000				EDUCATION SERVICES
JOY BUS PO BOX 22163 PHOENIX, AZ 85028	46-3188719	501(C)(3)	20,000				COMMUNITY SERVICES

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JUNIOR ACHIEVEMENT OF ARIZONA INC 636 W SOUTHERN AVE TEMPE, AZ 85282	86-0184349	501(C)(3)	7,500				EDUCATION SERVICES
JUVENILE DIABETES RESEARCH FOUNDATION 4343 E CAMELBACK RD STE 230 PHOENIX, AZ 85018	23-1907729	501(C)(3)	15,000				HEALTH & HUMAN SERVICES

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K2 ADVENTURES FOUNDATION 20645 N PIMA ROAD SUITE N100 SCOTTSDALE, AZ 85255	27-1302780	501(C)(3)	10,000				YOUTH SERVICES
KEEP PHOENIX BEAUTIFUL INC 200 W WASHINGTON ST 16TH FLOOR PHOENIX, AZ 85003	86-0456964	501(C)(3)	15,000				COMMUNITY SERVICES

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KEOGH HEALTH FOUNDATION 3620 N 4TH AVENUE SUITE 200 PHOENIX, AZ 85013	20-0251176	501(C)(3)	10,000				HEALTH & HUMAN SERVICES
KIDS NEED TO READ 2450 W BROADWAY RD STE 110 MESA, AZ 85202	26-2755631	501(C)(3)	25,000				EDUCATION SERVICES

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LEUKEMIA & LYMPHOMA SOCIETY 3877 N 7TH STREET STE 300 PHOENIX, AZ 85014	13-5644916	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
LIONS CAMP TATIYEE INC 5283 WEST WHITE MOUNTAIN BLVD LAKESIDE, AZ 85929	86-6052371	501(C)(3)	20,000				HEALTH & HUMAN SERVICES

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LITERACY VOLUNTEERS OF MARICOPA COUNTY 729 E HATCHER ROAD PHOENIX, AZ 85020	94-2870927	501(C)(3)	40,000				EDUCATION SERVICES
LOCAL FIRST ARIZONA FOUNDATION 407 E ROOSEVELT STREET PHOENIX, AZ 85004	26-1657951	501(C)(3)	80,000				COMMUNITY SERVICES

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LOS NINOS HOSPITAL INC AN AFFILIATE OF HACIENDA HEALTHCARE 1402 E SOUTH MOUNTAIN AVENUE PHOENIX, AZ 85042	86-0892673	501(C)(3)	50,000				HEALTH & HUMAN SERVICES
MAGGIE'S PLACE INC PO BOX 1102 PHOENIX, AZ 85001	86-0972675	501(C)(3)	40,000				FAMILY SERVICES

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MARICOPA HEALTH FOUNDATION 2901 E CAMELBACK SUITE 100 PHOENIX, AZ 85016	86-0777567	501(C)(3)	200,000				HEALTH & HUMAN SERVICES
MAKE A WISH FOUNDATION OF ARIZONA 2901 N 78TH STREET SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	19,000				COMMUNITY SERVICES

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MCDOWELL SONORAN CONSERVANCY 7729 E GREENWAY RD 100 SCOTTSDALE, AZ 85260	86-0674350	501(C)(3)	15,000				COMMUNITY SERVICES
MENTOR KIDS USA 15300 N 90TH ST 200 SCOTTSDALE, AZ 85260	86-0865368	501(C)(3)	10,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE HOUSE PO BOX 4738 MESA, AZ 85211	20-0084218	501(C)(3)	11,000				COMMUNITY SERVICES
MITCHELL SWABACK CHARITIES INC 4744 E THUNDERBIRD RD 9 PHOENIX, AZ 85032	27-0250769	501(C)(3)	25,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER'S GRACE 11440 N SAINT ANDREWS WAY SCOTTSDALE, AZ 85254	27-3766797	501(C)(3)	13,500				FAMILY SERVICES
MUSCULAR DYSTROPHY ASSOCIATION 7975 N HAYDEN ROAD SUITE C370 SCOTTSDALE, AZ 85258	13-1665552	501(C)(3)	10,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MVP FOUNDATION 1550 W LEWIS AVENUE PHOENIX, AZ 85007	27-0346460	501(C)(3)	45,000				YOUTH SERVICES
NATIONAL AUDUBON SOCIETY 3131 S CENTRAL AVE PHOENIX, AZ 85040	13-1624102	501(C)(3)	10,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN CONNECTION INC 4750 N CENTRAL AVENUE SUITE 600 PHOENIX, AZ 85012	86-0293585	501(C)(3)	150,000				FAMILY SERVICES
NEIGHBORHOOD MINISTRIES INC 1918 W VAN BUREN PHOENIX, AZ 850093848	86-0809052	501(C)(3)	25,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CENTER PO BOX 5005 GOODYEAR, AZ 85338	86-0635950	501(C)(3)	50,000				FAMILY SERVICES
NEW PATHWAYS FOR YOUTH 1001 E PIERCE STREET PHOENIX, AZ 85006	86-0615007	501(C)(3)	62,500				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTMYKID 5230 E SHEA BLVD 100 SCOTTSDALE, AZ 85254	86-0988329	501(C)(3)	27,500				FAMILY SERVICES
ONE SMALL STEP 1100 N ALMA SCHOOL RD 9 CHANDLER, AZ 85224	26-2024218	501(C)(3)	50,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION HOMEFRONT PO BOX 87714 PHOENIX, AZ 85027	32-0033325	501(C)(3)	5,750				COMMUNITY SERVICES
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	86-0072608	501(C)(3)	50,000				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX CHILDREN'S CHORUS 1202 N 3RD ST PHOENIX, AZ 85004	90-0470136	501(C)(3)	10,000				YOUTH SERVICES
PHOENIX CHILDRENS HOSPITAL FOUNDATION 2929 E CAMELBACK RD 122 PHOENIX, AZ 85016	74-2421549	501(C)(3)	447,500				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX INDIAN CENTER 4520 N CENTRAL AVE STE 250 PHOENIX, AZ 85012	86-6006566	501(C)(3)	10,000				COMMUNITY SERVICES
PHOENIX THEATRE INC 1825 N CENTRAL AVENUE PHOENIX, AZ 85004	86-0108839	501(C)(3)	52,500				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE COACHING ALLIANCE 4848 E CACTUS RD 505-520 SCOTTSDALE, AZ 85254	77-0485946	501(C)(3)	50,000				YOUTH SERVICES
POWER PAWS ASSISTANCE DOGS 8250 E ROSE LANE SUITE B SCOTTSDALE, AZ 85250	86-1035607	501(C)(3)	20,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READ BETTER BE BETTER 715 E MONTECITO AVE PHOENIX, AZ 85014	47-4003520	501(C)(3)	13,000				EDUCATION SERVICES
REBUILDING TOGETHER VALLEY OF THE SUN INC 1800 W BROADWAY 4 TEMPE, AZ 852821104	86-0680607	501(C)(3)	20,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES 501 E ROANOKE AVE PHOENIX, AZ 85004	86-0483792	501(C)(3)	25,000				FAMILY SERVICES
SANDRA DAY O'CONNOR INSTITUTE 111 E TAYLOR ST 2ND FLOOR PHOENIX, AZ 85004	26-3521510	501(C)(3)	50,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTSDALE MUSEUM OF CONTEMPORARY ART 7380 E SECOND STREET SCOTTSDALE, AZ 85251	86-0593786	501(C)(3)	55,000				EDUCATION SERVICES
SCOTTSDALE TRAINING AND REHABILITATION SERVICES INC 7507 E OSBORN RD SCOTTSDALE, AZ 85251	23-7395103	501(C)(3)	25,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARING DOWNS SYNDROME ARIZONA 3427 N 32ND ST PHOENIX, AZ 85018	86-0822557	501(C)(3)	15,000				HEALTH & HUMAN SERVICES
SHOEBOX MINISTRY INC 13645 N 32ND ST PHOENIX, AZ 85032	86-0690847	501(C)(3)	25,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLDIERS BEST FRIEND 14505 N 75TH AVENUE PEORIA, AZ 85381	27-4665797	501(C)(3)	30,000				HEALTH & HUMAN SERVICES
SOROPTIMIST INTERNATIONAL OF THE SAN TANS PO BOX 1213 CHANDLER, AZ 85244	23-2154856	501(C)(3)	6,670				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH STREET PHOENIX, AZ 85006	31-1496646	501(C)(3)	92,500				COMMUNITY SERVICES
SOUTHWEST KIDS CANCER FOUNDATION PO BOX 27872 TEMPE, AZ 85285	46-2354987	501(C)(3)	15,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS ARIZONA 2100 S 75TH AVE PHOENIX, AZ 85043	86-0307564	501(C)(3)	235,462				YOUTH SERVICES
ST JOSEPH THE WORKER PO BOX 13503 PHOENIX, AZ 850023503	86-0600437	501(C)(3)	150,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST THERESA CATHOLIC SCHOOL 5001 E THOMAS RD PHOENIX, AZ 85018	30-0515085	501(C)(3)	18,750				COMMUNITY SERVICES
ST MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVENUE PHOENIX, AZ 850091518	23-7353532	501(C)(3)	318,750				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMER YOUTH PROGRAM FUND SYPF ACF PHOENIX, AZ 85016	86-0348306	501(C)(3)	50,000				COMMUNITY SERVICES
TEACH FOR AMERICA 3030 N CENTRAL AVE STE 900 PHOENIX, AZ 85012	13-3541913	501(C)(3)	322,000				EDUCATION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEEN LIFELINE INC PO BOX 10745 PHOENIX, AZ 850640745	86-0966427	501(C)(3)	105,923				YOUTH SERVICES
THE ARIZONA PET PROJECT 3905 N 7TH AVE 7611 PHOENIX, AZ 85013	86-1008549	501(C)(3)	41,490				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PHOENIX CONSERVATORY OF MUSIC PO BOX 1163 LITCHFIELD PARK, AZ 85340	86-0917748	501(C)(3)	10,000				COMMUNITY SERVICES
THE SOCIETY OF ST VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 850023600	86-0096789	501(C)(3)	353,750				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THUNDERBIRD JUNIOR GOLF FOUNDATION 3837 E WIER AVE 7 PHOENIX, AZ 85040	52-2103204	501(C)(3)	15,484				YOUTH SERVICES
TREASURE HOUSE 7815 W ASPERA BLVD GLENDALE, AZ 85308	80-0836112	501(C)(3)	30,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TREASURES 4 TEACHERS INC 3025 S 48TH ST STE 101 TEMPE, AZ 85282	01-0725431	501(C)(3)	35,000				EDUCATION SERVICES
UMOM NEW DAY CENTERS 3333 E VAN BUREN ST PHOENIX, AZ 85008	86-0521062	501(C)(3)	305,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA 1802 W PARKSIDE LANE PHOENIX, AZ 85027	86-0110967	501(C)(3)	50,000				HEALTH & HUMAN SERVICES
UNITED FOOD BANK 245 S NINA DR MESA, AZ 85210	86-0505273	501(C)(3)	172,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED STATES VETERANS INITIATIVE 3507 N CENTRAL AVE 302 PHOENIX, AZ 85012	95-4382752	501(C)(3)	100,000				HEALTH & HUMAN SERVICES
UPWARD FOUNDATION 6306 N 7TH ST PHOENIX, AZ 85014	86-0221195	501(C)(3)	60,000				HEALTH & HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO ARIZONA 3800 E SKY HARBOR BLVD PHOENIX, AZ 85034	13-1610451	501(C)(3)	25,000				HEALTH & HUMAN SERVICES
VETERANS FURNITURE CENTER 2319 W HOLLY STREET PHOENIX, AZ 85009	27-0768021	501(C)(3)	25,000				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS HERITAGE PROJECT PO BOX 22058 PHOENIX, AZ 85028	26-4572636	501(C)(3)	10,000				COMMUNITY SERVICES
WASTE NOT INC 1700 N GRANITE REEF RD SCOTTSDALE, AZ 852572857	86-0650514	501(C)(3)	30,000				COMMUNITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY COMMUNITY CENTER 1300 S 10TH SREET PHOENIX, AZ 85034	86-0133770	501(C)(3)	10,000				YOUTH SERVICES
VALLEY OF THE SUN YMCA 350 N FIRST AVENUE PHOENIX, AZ 85003	86-0096799	501(C)(3)	260,000				YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE 1130 E MISSOURI AVE 205 PHOENIX, AZ 850142714	84-0385934	501(C)(3)	22,500				YOUTH SERVICES
YWCA OF MARICOPA COUNTY 13832 N 32ND ST 134-B PHOENIX, AZ 85032	86-0098936	501(C)(3)	15,000				COMMUNITY SERVICES

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number
86-0560664

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE EXECUTIVE DIRECTOR AND OTHER OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION THAT USES A COMBINATION OF THESE METHODS.

2019 Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number

86-0560664

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION'S SOLE MEMBER IS THE THUNDERBIRDS, AN ARIZONA NONPROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BODY OF THE THUNDERBIRDS, THE THUNDERBIRDS COUNCIL, ELECTS THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE THUNDERBIRDS, AS THE SOLE MEMBER, HAS THE EXCLUSIVE AUTHORITY TO AMEND THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 IS REVIEWED BY THE CFO AND THE CHARITIES DIRECTOR. ANY QUESTIONS OR COMMENTS ARE ADDRESSED AND THEN THE DRAFT FORM 990 IS PROVIDED TO THE GOVERNING BODY. UPON APPROVAL, THE FORM 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS AND OFFICERS FOR THUNDERBIRDS CHARITIES. THE REMAINING BOARD MEMBERS DETERMINE WHETHER OR NOT CONFLICTS EXIST. IF A CONFLICT EXISTS, THAT MEMBER IS ASKED TO REMOVE THEMSELVES FROM ALL DISCUSSIONS RELEVANT TO THE CONFLICT OF INTEREST. PERIODIC REVIEWS ARE CONDUCTED BY THE THUNDERBIRDS ON VARIOUS TRANSACTIONS ENTERED INTO BY THUNDERBIRDS CHARITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THESE INDIVIDUALS ARE COMPENSATED BY A RELATED ORGANIZATION. THAT ORGANIZATION HAS A PROCESS FOR DETERMINING COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THUNDERBIRDS CHARITIES

Employer identification number

86-0560664

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) THE THUNDERBIRDS 7226 NORTH 16TH ST STE 100 PHOENIX, AZ 85020 86-0373052	PUBLICIZE PHOENIX METROPOLITAN AREA BY SPONSORING ATHLETIC EVENTS	AZ	501C(6)		N/A		No
(2) THE THUNDERBIRD FOUNDATION 7226 NORTH 16TH ST STE 100 PHOENIX, AZ 85020 23-7163480	SUPPORT AMATEUR ATHLETES & ATHLETIC PROGRAMS IN PHOENIX METROPOLITAN AREA	AZ	501C(4)		THE THUNDERBIRDS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE THUNDERBIRDS	C	7,949,163	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation