CHILENO BAY FOUNDATION, INC

JRN JPY) OCOUSCOOSURE DUBLIC

Form YYU	Form	990
-----------------	------	-----

Department of the Treasury Internal Revenue Service

Т

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.



AF	or the	e 2023 calendar year, or tax year beginning and	ending		
B c	heck if pplicabl	e: C Name of organization		D Employer identific	cation number
X	Addre	E CHILENO BAY FOUNDATION, INC			
	Name chang		84-278428	36	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	4800 N. SCOTTSDALE ROAD	520.318.0	0800	
	termin ated			G Gross receipts \$	2,538,569.
	Amen return	SCOTTSDALE, AZ 85251		H(a) Is this a group re	turn
	Applic tion pendir	F Name and address of principal oncer. FIGINIC TIONIAN		for subordinates	? Yes 🔀 No
		SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No	
<u> 1</u>	ax-ex	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2020 N	I State of legal domicile: AZ
Pa	art I	Summary			
Ø		Briefly describe the organization's mission or most significant activities: TO E			Y BY
Ŭ		FINANCIALLY SUPPORTING VARIOUS COMMUNITY	PROGRA	AMS.	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	_
٥ ٨				3	6
ত		Number of independent voting members of the governing body (Part VI, line 1b)			6
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
iviti		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		463,523.	2,512,265.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d		0.	26,304.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		463,523.	2,538,569.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		325,500.	773,650.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
eñ		Professional fundraising fees (Part IX, column (A), line 11e)		• •	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,354.	4,816.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		332,854.	778,466.
		Revenue less expenses. Subtract line 18 from line 12		130,669.	1,760,103.
or				ginning of Current Year	End of Year
ance	20	Total assets (Part X, line 16)		290,682.	2,048,700.
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		4,725.	2,640.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		285,957.	2,046,060.
		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	Signature of officer				Date		
	ANGEL SAINZ, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	LAURA RANDOL				ir self-employed	P0189335	2
Preparer	Firm's name HBL CPAS, P.C.				Firm's EIN 86-	-0360084	
Use Only	Firm's address 5470 E. BROADWAY	BLVD					
	TUCSON, AZ 85711				Phone no. 520	.886.3181	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23			Form 990 ((2023)

	1990 (2023) CHILENO BAY FOUNDATION, INC	84-2784286	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: TO ENRICH THE COMMUNITY BY FINANCIALLY SUPPORTING VARIOUS	S COMMUNITY	
	PROGRAMS, SUCH AS MEDICAL, ENVIRONMENTAL, & ARTS.		
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	XNo
	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? . If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a		es 2,538,	569.)
та	SEE SCHEDULE 0	et <u> </u>	<u></u>)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)
40	(Code:) (Expenses \$) (Revenue (Reve	.e ຈ)
4c)
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	.e \$)
4d	Other program services (Describe on Schedule O.)	Ň	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 773,650.)	
48	Total program service expenses //3,650.	Form	90 (2023)
			- (2020)

Form	990	(2023)

 Form 990 (2023)
 CHILENO BAY FOUNDATION, INC

 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII	12a		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.44		
~	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	14b	х	
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	15	х	
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	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	

Form	990	(2023)
	330	120201

 Form 990 (2023)
 CHILENO BAY FOUNDATION, INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2.70		
U		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2023) CHILENO BAY FOUNDATION, INC 84-2784	286	Pa	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	70		х
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
C		7c		x
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If 7d			
e u		7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of quanted intellectual property, do the organization life rorm coos as required in	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand 13c			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

20	State the	e name	e, addres	ss,
	CHILI	ENO	BAY	E
	4800	N.	SCO	ГЛ
332006	12-21-23			

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6	1		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
•	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		x
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		- 23
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	164		
Sec	exempt status with respect to such arrangements?	16b		
17 10			0.00	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these queilable. Check all that apply	s oniy)	availa	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	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			
	CHILENO BAY FOUNDATION - 480-624-5200			
	4800 N. SCOTTSDALE ROAD, SUITE 3850, SCOTTSDALE, AZ 85251			

		FOUNDATION			84-27842	
Part VI Governance, Mana	agement, and I	Disclosure. For ea	ch "Yes"	response to lines 2 through	7b below, and for a "N	Vo" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

84-2784286 Page 6

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 the instructions for definition of "key employee."

• List all of the organization's current key employees, if any. See the instructions for deminition 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	ition) 		Reportable	Reportable	Estimated
	hours per	box.	, unles	heck i ss per	son i	s both	n an	compensation 🔌	compensation	amount of
	week		cer an	nd a d	irecto	r/trus T	tee)	from 🦯	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal		ploye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK HUMAN	1.00	<u> </u>	=	ò	¥	<u> </u>	E.	0~Y		
PRESIDENT		1		x				0.	0.	0.
(2) ANGEL SAINZ	1.00					C				
TREASURER				x				0.	0.	0.
(3) CHRIS MILLER	1.00					2				
SECRETARY				X				0.	0.	0.
(4) SCHUYLAR JOYNER	1.00			D .						
MEMBER	1 00	X						0.	0.	0.
(5) CARLOS SUGICH	1.00	x							0.	0
MEMBER (6) CHRISTIAN TAVELLI	1.00	A						0.	0.	0.
MEMBER		x						0.	0.	0.
									0.	0.
					L			1	1	

	90 (2023) CHILENO I	BAY FOUN	IDA	TI	ON	ί,	IN	С		84-2784	1286	Page 8	
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average				ition			Reportable	Reportable		imated	
		hours per		not ch . unles					compensation	compensation		ount of	
		week box, unless person is both an officer and a director/trustee)							from	from related			
		(list any	tor						the	organizations		ensation	
		hours for	director				p		organization	(W-2/1099-MISC/		om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	orga	inization	
		organizations	trust	al tru		yee	mpe		1099-NEC)	,	J v	related	
		below	Individual trustee or	Institutional trustee	r	mplo	est co	er			orgar	nizations	
		line)	In div	Instit	Officer	Key employee	Highest compensated employee	Former			_		
											-		
										1			
							-						
								5					
					_		<u> </u>						
1b \$	Subtotal						.		0.	0.	,	0.	
с 1	Total from continuation sheets to Part VI	I, Section A							0.	0.	.	0.	
	Total (add lines 1b and 1c))				0.	0.		0.	
	otal number of individuals (including but n				d ab	ove	e) wh	o re	eceived more than \$100.	000 of reportable	•		
	compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·			C	
	ompendation nem the organization										,	Yes No	
<u> </u>	Dial the even simplified list over former officer							la : a				100 110	
	Did the organization list any former officer,											v	
	ne 1a? If "Yes," complete Schedule J for s										3	X	
	For any individual listed on line 1a, is the su									he organization			
a	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	X	
5 [Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
r	endered to the organization? If "Yes." com	nplete Schedule	e J fo	or su	ch r	bers	on .				5	X	
	on B. Independent Contractors	•			·								
1 (Complete this table for your five highest co	mpensated ind	ene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compens	ation fror	 n	
	he organization. Report compensation for	•	•							· ·			
		the calendar ye		- TGIT	<u>g</u> w		<u> </u>						
	(A) Name and business	address	MC	ONE	7				(B) Description of s	ervices	(C) Compens		
			INC					_	Becomption of a				
								-					
2 1	otal number of independent contractors (i	ncluding but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received me	ore than			
9	100,000 of compensation from the organiz	zation				C)						

		(2023) CHILENO BAY	FOUNDATIO	N, INC		84-2784	286 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						business revenue	from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
àrai our	b	Membership dues 1b					
Am G	С	J					
ar ,	d	Related organizations 1d					
s, (imil	е	Government grants (contributions)					
r Si	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	2,512,265.				
d Ci	g	Noncash contributions included in lines 1a-1f					
aŭ	h	Total. Add lines 1a-1f		2,512,265.			
			Business Code				
e	2 a						
Program Service Revenue	b						
Sei	с						
am	d						
Be	e						
Pro	f	All other program service revenue					
	q						
	3	Investment income (including dividends, in					
	U			26,304.			26,304.
	4	Income from investment of tax-exempt bo					
	5	Royalties					
	5	(i) Rea	(ii) Personal				
	6 -						
	6 a			()			
	b						
	C						
	_ d	· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securit	ies (ii) Other				
	_	assets other than inventory 7a					
	b	Less: cost or other basis					
venue		and sales expenses 7b)				
		Gain or (loss) 7c					
r Re		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
		Less: direct expenses	8b				
		Net income or (loss) from fundraising ever					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activitie	s				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
	с	Net income or (loss) from sales of invento	ry				
ß			Business Code				
e on	11 a						
ane	b						
Miscellaneous Revenue	с						
Aisc B	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,538,569.	0.	0.	26,304.

BANK FEES

All other expenses

Check here

а b С d

е

25

26

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

Form	990 (2023) CHILENO BAY	FOUNDATION,	INC	84-2	7
	t IX Statement of Functional Expense				_
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	Τ̈́
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	
	, ,		expenses	general expenses	ł
1	Grants and other assistance to domestic organizations	100,000.	100,000.		l
0	and domestic governments. See Part IV, line 21	100,000.	100,000.		ł
2	Grants and other assistance to domestic				l
2					ł
individuals. See Part IV, line 22			l		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 673,650.673,650.			l		
organizations, foreign governments, and foreign			ł		
4 5	Compensation of current officers, directors,				t
5	•				
c	trustees, and key employees				ł
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				ł
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)		<u> </u>		┟
9	Other employee benefits				┟
10	Payroll taxes				┝
11	Fees for services (nonemployees):				
a ⊾	Management				ł
b		2,400.		2,400.	ł
C A	Accounting	2,400.	5	2,400.	ł
	Lobbying Professional fundraising services. See Part IV, line 17				t
-	ç ,				ł
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				ł
g	column (A), amount, list line 11g expenses on Sch 0.)				
40	Advertising and promotion	~~~~			ł
12 13	-	\sim			t
13	Office expenses				ł
14 15	Information technologyRoyalties)			t
16	Occupancy				t
17					t
18	Travel Payments of travel or entertainment expenses				t
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				t
20	late weat				t
20 21	Payments to affiliates				t
21	Depreciation, depletion, and amortization				t
22					t
23 24	Other expenses. Itemize expenses not covered				t
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				

2,416.

778,466.

773,650.

(D) Fundraising expenses

0.

2,416.

4,816.

CHILENO	BAY	FOUNDATION,	INC

Part	~	Balance Sneet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		290,682.	1	548,700.
	2	Savings and temporary cash investments		2	1,500,000	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	lified persons (as defined			
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۳	9				9	
1	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	11	Investments - publicly traded securities			11	
1	12	Investments - other securities. See Part IV, line	11		12	
1	13	Investments - program-related. See Part IV, line	9 11		13	
1	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11			15	
1	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	290,682.	16	2,048,700
1	17	Accounts payable and accrued expenses		4,725.	17	2,640
1	18	Grants payable			18	
1	19	Deferred revenue	\sim		19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Se 2	22	Loans and other payables to any current or for	mer officer, director,			
Ĩ		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persons		22	
- 2	23	Secured mortgages and notes payable to unre			23	
2	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
2	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D		4 805	25	0.640
2	26			4,725.	26	2,640
<i>"</i>		Organizations that follow FASB ASC 958, ch	eck here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.				
alan A	27				27	
	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC	958, check here			
<u>к</u>		and complete lines 29 through 33.		^		^
s 2	29	Capital stock or trust principal, or current fund			29	0
sse S	30	Paid-in or capital surplus, or land, building, or			30	
≩ 3	31	Retained earnings, endowment, accumulated i			31	2,046,060
_	32	Total net assets or fund balances			32	2,046,060
3	33	Total liabilities and net assets/fund balances		290,682.	33	2,048,700

2,048,700. Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Form	1 990 (2023) CHILENO BAY FOUNDATION, INC	84-	2784286	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
			0 5 0 0		c 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,538		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,760		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	285	<u>, 9</u>	57.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 046	- ^	60
Da	column (B)) rt XII Financial Statements and Reporting	10	2,046	, 0	00.
Га					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
4	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		_		
22			2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	iona			
	Separate basis, consolidated basis, or born.				
b			2b		x
D.	Were the organization's financial statements audited by an independent accountant?		25		
	consolidated basis, or both:	c basis,			
	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 th	e audit			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				990	(2023)
					. ,
	*				

Department of the Treasury

(Form 990)

Total

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.

OMB No. 1545-0047
2023
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Ins									Inspection		
Name o	f the organizat				~				identification number		
Part I	Baaaan			UNDATION, INC					4-2784286		
	ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 										
3							-	VIII) Entor	the beenitel's name		
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
5	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5			Complete Part II.)	lege of university owned	i or operat	eu by a ge	veninentaru				
6	7			nental unit described in	section 1	70(h)(1)(A)	(v)				
7 X	-		-	ntial part of its support fr				ne deneral i	oublic described in		
	0		complete Part II.)		onn a gov	Similar		ie general			
8	-			(1)(A)(vi). (Complete Par	t II.)		0				
9				in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college		
	-	-	-	ulture (see instructions).		-		-	-		
	university:			, , , , , , , , , , , , , , , , , , ,)	Ũ			
10	An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from		
	activities rela	ated to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
	income and	unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.		
	See section	509(a)(2). (Co	mplete Part III.)		\sim						
11	An organizat	ion organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).				
12	An organizat	ion organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly	y supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
_	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
a	Type I. A s	supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving		
		-		gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting		
-			complete Part IV, Se								
b L				or controlled in connect			•		-		
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted		
Г			st complete Part IV,								
c L				g organization operated				ly integrate	ed with,		
a E		-). You must complete I				de el energia			
d L				porting organization oper				-			
				zation generally must sat				i an allenti	Veness		
еſ			•	mplete Part IV, Sections written determination fro							
e		•		nally integrated supporti			турет, туре	п, туре п			
f Fr	nter the number		organizationa		ng organiz	ation.					
		• •	n about the supporte	d organization(s).					<u></u>		
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
	organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)		

332022 12-21-23

Schedule A (Form 990) 2023 C	HTLENO BA	Y FOUNDAT:	τον της		84-278
Part II Support Schedule for ((Complete only if you checked	Organizations	Described in	Sections 170		170(b)(1)(A)(v
fails to qualify under the tests				n lailed to quality u	
Section A. Public Support	,				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023
1 Gifts, grants, contributions, and	(4) 2010	(0) 2020			(0) 2020
membership fees received. (Do not					
include any "unusual grants.")		52,500.	256,111.	463,523.	512,265
2 Tax revenues levied for the organ					-
ization'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		52,500.	256,111.	463,523.	512,265
5 The portion of total contributions					
by each person (other than a				1	
governmental unit or publicly				4	
supported organization) included					
on line 1 that exceeds 2% of the				\cap	
amount shown on line 11,				$c \nabla$	
column (f)				$\mathbf{\nabla}$	
6 Public support. Subtract line 5 from line 4. Section B. Total Support					
	() 0010	(1) 0000		(1) 0000	() 0000
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020 52,500.	(c) 2021 256,111.	(d) 2022 463,523.	(e) 2023 512,265.
7 Amounts from line 4		52,500.	230,111.	405,525.	512,205
8 Gross income from interest,			5		
dividends, payments received on		()		
securities loans, rents, royalties, and income from similar sources					26,304
9 Net income from unrelated business					20,504
activities, whether or not the		\sim			
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					
12 Gross receipts from related activities,	etc. (see instructio	ons)			12
13 First 5 years. If the Form 990 is for th					
organization, check this box and stor) -				
Section C. Computation of Publi					
14 Public support percentage for 2023 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14
15 Public support percentage from 2022	Schedule A, Part	II. line 14			15

16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Schedule A (Form 990) 2023

(b)(1)(A)(vi)

Part III. If the organization

84-2784286 Page 2

1284399.

(f) Total

1284399.

245,716.

1038683.

(f) Total 1284399.

26,304.

1310703.

X

% %

20	Private foundation.	If the organization	did not check	a box on	line 14,	19a, or	[.] 19b,	check this bo	x and see	instructions
33202	3 12-21-23									Sc

_			-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
F						•	
5	The value of services or facilities furnished by a governmental unit to				Ň		
	the organization without charge						
	Total. Add lines 1 through 5				$\mathbf{\nabla}$		
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			Jr			
	amount on line 13 for the year						
	Add lines 7a and 7b		(
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax \	/ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	•					
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2023 (I	line 8. column (f). d	livided by line 13. d	column (f))		15	%
	Public support percentage from 2022		•			16	<u> </u>
	tion D. Computation of Invest						/0
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage for					18	%
	33 1/3% support tests - 2023. If the			on line 14 and line		· · · ·	
150	more than 33 1/3%, check this box a						
h							
a	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	UN UNS DOX ANU ST	op nere. The orga	unzation quaimes a	s a publicity suppo	nieu organization	

(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

CHILENO	BAY	FOUNDATION,	TNC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes

No

CHILENO BAY FOUNDATION, INC

Schedule A (Form 990) 2023 CHILENO BAY FOUNDATION, INC

	rt IV Supporting Organizations (continued)			aye .
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI. Ition B. Type I Supporting Organizations	11c		
			N ₂	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	N
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? 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.	2		
jec	tion C. Type II Supporting Organizations			
			Yes	N
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)? 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).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		20)	
2	Activities Test. Answer lines 2a and 2b below.	isuuciiol	Yes	N
ے 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? 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.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				

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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2023

3a

1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must c		,	Part VI). See instructions.
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0×		
	(explain in detail in Part VI):	6		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

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

Schedule A (Form 990) 2023

	(Form 990) 2023
Part V	Type III Non-Function

(Form 990) 2023 CHILENO BAY FOUNDATION, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	(Form 990) 2023
5 /	

CHILENO	BAY	FOUNDATION,	INC
---------	-----	-------------	-----

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.	-	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years	\sim		
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,	\mathbf{r}		
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		FOUNDATION,		84-2784286 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b, 4c, 5a, 6 , lines 2 and 3; Part IV, S	5, 9a, 9b, 9c, 11a, 11b, a Section E, lines 1c, 2a, 2t	Part II, line 10; Part II, line 17a nd 11c; Part IV, Section B, lines 3, 3a, and 3b; Part V, line 1; Par complete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See instructions.)		_,, c, a c. ,		
				1	
				- 54	
				X	
				<u>, C</u>	
				K	
			S		
		C			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

3	4	_	2	7	8	4	2	8	6	
---	---	---	---	---	---	---	---	---	---	--

\$

	CHILENO	BAY	FOUNDATION,	TN					
Organization type (check one):									
Filers of:	Section:								

Form 990 or 990-EZ	\mathbf{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023

Name of organization

CHILENO BAY FOUNDATION, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 110,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP +4 **Total contributions** Type of contribution 4 Person X Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

84-2784286

	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
CHILE	NO BAY FOUNDATION, INC		84-2784286
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7_		\$25,00	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
8_		\$56,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9_		\$2,000,00	0.0. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
10		\$5,0	00. (Complete Part II for noncash contributions.)
(a)	(b) Name address and ZID : 4	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	S 28,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
<u> 12</u>		\$5,00	Person X Payroll

Schedule B From 990 (2023) PR Name of organization Employer identification number of organization Employer identification number of organization CHILENO BAY FOUNDATION, INC 84-2784286 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1.3						
CHILENO BAY FOUNDATION, INC 84-2784286 Part1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Total contributions Type of contributions 13				Employ		⊃ag
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) 13 (c) Total contributions Person Payoil 13 Person Payoil Noncash (a) Name, address, and ZIP + 4 Total contributions Person X Payoil Noncash Person X Payoil Noncash	vame or o	ganzation		Епрюу	er identification nun	ibe
(a) (b) (c) (c) (d) 13	CHILE	NO BAY FOUNDATION, INC		84-	-2784286	
No. Name, address, and ZIP + 4 Total contributions Type of contributions 13	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a) (b) (c) (d) 14 (c) (d) 14 (c) (c) (c) 14 (c) (c) (c) (c) 14 (c) (c) (c) (c) (c) 14 (c) (c) <td></td> <td></td> <td></td> <td>ıs</td> <td></td> <td>ion</td>				ıs		ion
No. Name, address, and ZIP + 4 Total contributions Type of contributions 14	13		\$5,00		Payroll Noncash (Complete Part II for	ıs.)
(a) (b) (c) (c) (c) 15				ıs		ion
No. Name, address, and ZIP + 4 Total contributions Type of contributions 15 \$	14		\$5,00		Payroll Noncash (Complete Part II for	ıs.)
15						
No. Name, address, and ZIP + 4 Total contributions Type of contribution			•	00.	Person X Payroll Noncash (Complete Part II for	
(a) (b) (c) (d) Mo. Name, address, and ZIP + 4 Total contributions Person Payroll Display Payroll (a) (b) (c) (d) Total contributions Type of contributions Person Payroll (a) (b) (c) (d) Total contributions Type of contributions Person Payroll (c) (c) (d) (c) (c) (d) (c) (c) (d) (a) (b) (c) (d)						ion
No. Name, address, and ZIP + 4 Total contributions Type of contribution					Person Payroll Noncash (Complete Part II for	
(a) (b) (c) (d)				ns		ion
					Person Payroll Noncash (Complete Part II for	
				ns		ion

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Person Payroll Noncash

\$

HILE	NO BAY FOUNDATION, INC		84-2784286
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

Schedule B (Form 990) (2023)

323453 12-26-23

Schedule	B (Form 990) (2023)		Page 4						
Name of o	organization		Employer identification number						
CHILE	NO BAY FOUNDATION, INC		84-2784286						
Part III		through (e) and the following line en haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
			24						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
)							
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

SC	HEDULE F		Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes –	OMB No. 1545-0047
(Fo	rm 990)		Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, d	or 16.	2023
	tment of the Treasury		0	· /-	Attach to Form 990.			Open to Public
	al Revenue Service ne of the organizatio	n	GO to W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspection lentification number
Null		,,,,					Employer ie	
	ILENO BAY	FOUI	NDATION,	INC			84-278	4286
Pa				ctivities Out	side the United States. Compl	ete if the organ	ization answer	red "Yes" on
1	Form 990,			maintain record	ds to substantiate the amount of its gra	unts and other	esistanco	
•					the selection criteria used to award the			X Yes No
2	For grantmakers United States.	. Descr	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3		ion. (Th			an be duplicated if additional space is r			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
				in the region		CHILDREN'S PROGRAMS, C	RPHANAGES A	AND
NOD	TH AMERICA		0	0	GRANTS	ASSISTANCE FAMILIES WI		
NOR			0	0	SKANTS	FAMILIES WI	111	673,650.
					RE			
					OSC C			
				Ś	S			
			62					
3 a	Subtotal		0	0				673,650.
	Total from continu							
	sheets to Part I	1	0	0				0.
С	Totals (add lines and 3b)	3a	0	0				673,650.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2023

OMB No. 1545-0047

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT FOR CHILDREN WITH AUTISM	10,000.		0.		
			WIII AUIISM	10,000.		0.		
		NORTH AMERICA	CHILDREN MEDICAL TRANSPORTATION	255,000.	COX	0.		
		NORTH AMERICA	SCHOOL AND COMMUNITY CENTER SUPPORT FOR CHILDREN	276,650.		0.		
		NORTH AMERICA	SUPPORT LOCAL FOOD	57,000.		0.		
		NORTH AMERICA	SUPPORT FOR SPECIALTY MEDICAL SERVICE CLINIC FOR CHILDREN	25,000.		0.		
		NORTH AMERICA	SUPPORT LOCAL COMMUNITY KITCHEN AND MEDICAL TRANSPORT	25,000.		0.		
		NORTH AMERICA	SUPPORT CHILDREN IN SPECIAL MEDICAL CIRCUMSTANCES	15,000.		0.		
		NORTH AMERICA	SUPPORT THE HOME FOR VULNERABLE CHILDREN IN DANGEROUS CIRCUMSTANCES	10,000.		0.		

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

8

3 Enter total number of other organizations or entities

84-2784286

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1 de		
				SUL			
			S				
		Ŷ	, O				
	0	JBL					

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No
	PUBLICDISCL	Schedule F (For	m 990) 2023

	4-2784286	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); an (estimated number of recipients), as applicable. Also complete this part to provide any additional information	d Part III, column (c)	
PART I, LINE 2:		
WE VISIT ALL ORGANIZATIONS WE SUPPORT ON A MONTHLY OR BI-MONT	HLY BASIS	
AND ENSURE THAT THE SUPPORT WE GIVE THEM IS BEING USED FOR TH	E INTENDED	
PURPOSES.		
PART I, LINE 3, COLUMN (E):		
REGION: NORTH AMERICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: CHILDREN'S SUPPORT	PROGRAMS,	
ORPHANAGES AND ASSISTANCE PROGRAMS FOR FAMILIES WITH DISABILI	TIES.	
S		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, an ete if the organization Go to www.irs	d Individua n answered "Yes" Attach to Form	Is in the Ŭni on Form 990, Pa	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization	1							Employer identification number
	CHILENO B	AY FOUNDA	FION, INC					84-2784286
	ormation on Grants a							
-			-			-	stance, and the selection	
2 Describe in Part IV	the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States			
Part II Grants and	Other Assistance to	Domestic Organiz		Governments.	Complete if the org		′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addr or gover		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STARS & STRIPES CHI FOUNDATION - 8149 S IRVINE, CA 92618		27-1163869		100,000.				TO HELP BUILD CHILDREN'S REHABILITATION AND INCLUSION CENTER
				C Y	2			
				S				
			BLIC					
		Ś	5.					
2 Enter total number	of section 501(c)(3) a	nd government org	anizations listed in the	l line 1 table		1	I	<u>1.</u>
3 Enter total number	of other organizations	s listed in the line 1	table					

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 CHILENO BAY	FOUNDATION,	INC			84-2784286 Pa
Part III Grants and Other Assistance to Domestic Ind Part III can be duplicated if additional space is n		e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
				07	
			SURV		
		C C V			
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, columr	(b); and any other ac	ditional information.	
PART I, LINE 2:)`			
WE VISIT ALL ORGANIZATIONS WE	SUPPORT ON A	MONTHLY OF	R BI-MONTHL	Y BASIS AND	
ENSURE THAT THE SUPPORT WE GIV	E THEM IS BEI	NG USED F	OR THE INTE	NDED	
PURPOSES.					

Schedule I (Form 990) 2023

Page 2

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	EZ	OMB No. 1545-0047			
Name of the organization	CHILENO BAY FOUNDATION, INC		identification number 784286			
FORM 990, PAI	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	rs:				
1. POR LOS NINOS DE LA SIERRA AC: THIS PROGRAM IS A SCHOOL, KITCHEN AND						
COMMUNITY CE	NTER THAT PROVIDES DIRECT SERVICES TO 77 CHILD	REN.	THE			
FOUNDATION IS PROVIDING WORLD CLASS EDUCATION, HEALTHY MEALS AND A SAFE						
PLACE TO PLAY FOR CHILDREN IN VULNERABLE CIRCUMSTANCES. OUR DONORS						
HAVE ADOPTED	THIS PROJECT AND HAVE HELPED BUILD NEW FACILI	TIES F	OR			
THESE CHILDRI	en.					
2. FUNDACION	TELETON MEXICO AC: PROVIDES WORLD CLASS PHYSIC	CAL				
REHABILITATI	ON TO CHILDREN WHILE SUPPORTING THE ENTIRE FAM:	ILY TH	ROUGH			
THE PROCESS.	THIS GRANT DIRECTLY SUPPORTED THE TELETON BUS	S WHIC	H GIVES			
'TRANSPORTATION WITH DIGNITY' TO CHILDREN AND THEIR FAMILIES TO LA PAZ						
FROM LOS CABOS. THIS SPECIALTY EQUIPPED BUS HAS HELPED OVER 350						
CHILDREN AND THEIR FAMILIES GET TO THE TREATMENTS THEY NEED. THIS						
GRANT WILL ALSO BE USED TO SUPPORT A NEW CHILDREN'S MEDICAL CAMPUS THAT						
WILL BE BUILT IN 2024.						
3. STARS & ST	TRIPES CHILDREN'S FOUNDATION: THIS GRANT WAS G	IVEN T	O STARS			
AND STRIPES TO BE MATCHED 100% TO HELP BUILD THE NEW CHILDREN'S MEDICAL						
CAMPUS IN 2024. THE STARS & STRIPES CHILDREN'S FOUNDATION IS ALSO A						
GRANT MAKING ORGANIZATION AND THEY MATCHED OUR 100K GIFT TO GRANT						

SUPPORT TO TELETON FOR THE CHILDREN'S MEDICAL CAMPUS.

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

LINE 11B EXPLANATION - THE FORM 990 WILL BE EMAILED TO THE BOARD FOR

REVIEW. THE BOARD MAY EMAIL THE CFO WITH ANY QUESTIONS AND THE CFO WILL

Schedule O (Form 990) 2023	Page 2
Name of the organization CHILENO BAY FOUNDATION, INC	Employer identification number 84-2784286
RESPOND TO ALL BOARD MEMBERS WITH THE ANSWERS.	
FORM 990, PART VI, SECTION B, LINE 12C:	

A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

B. THE CHAIR OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
CHILENO BAY FOUNDATION, INC	84-2784286
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	DRS, ETC:
ANGEL SAINZ - 4800 N. SCOTTSDALE RD, SUITE 3850, SCOTTSDAI	
	•
S	
S	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	