Internal Revenue Service

## **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. Department of the Treasury

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

20**Open to Public** Inspection

23

A	For the	e 2023 calen	dar year, or tax year beginning 07/01/2023 and o	ending	06/30/2	024	
в	Check if	f applicable:	C Name of organization EDGE SCHOOL INC			D Emplo	oyer identification number
	Address	s change	Doing business as Edge High School				86-0850116
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	R	oom/suite	E Teleph	none number
	Initial re	turn	2555 East 1st Street			520-881-1389	
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	ed return	Tucson, AZ 85716			G Gross	receipts \$ 2,937,380
	Applicat	tion pending	F Name and address of principal officer: Brittany Battle		H(a) Is this a gro	up return fo	r subordinates? 🗌 Yes 🗹 No
			2555 East 1st Street, Tucosn, AZ 85716		H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attach	a list. Se	e instructions.
J	Website	e: www.edg	jehighschool.org		<b>H(c)</b> Group ex	emption	number
к	Form of	organization:	Corporation Trust Association Other L Ye	ear of forma	ition: 1997	M State	of legal domicile: AZ
Ρ	art I	Summa	ry				
	1	Briefly des	cribe the organization's mission or most significant activities	Edge p	rovides an alter	native	o traditional
e		education,	creating an inclusive school community, focused on student lea	arning.			
Activities & Governance				$\mathbf{O}$			
veri	2	Check this	box if the organization discontinued its operations or dis	sposed o	f more than 25	% of it	s net assets.
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)			3	5
<u>م</u>	4		independent voting members of the governing body (Part V		)	4	5
ties	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line	e 2a) .		5	23
ť	6	Total numb	per of volunteers (estimate if necessary)			6	25
A	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	-2,063
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11			7b	0
				_	Prior Year		Current Year
Ð	8	Contributio	ons and grants (Part VIII, line 1h)		2,5	70,020	2,914,426
enu	9	Program s	ervice revenue (Part VIII, line 2g)			0	0
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)			51	4,970
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	-		-1,851	7,579
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), li		2,5	68,220	2,926,975
	13		d similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		aid to or for members (Part IX, column (A), line 4)	H		0	0
es	15		her compensation, employee benefits (Part IX, column (A), lines	· •	1,5	89,024	1,651,846
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			0	0
ďX	b		aising expenses (Part IX, column (D), line 25)	0			
ш	17	•	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		8	07,147	970,082
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 2	· ·	2,3	96,171	2,621,928
	19	Revenue le	ess expenses. Subtract line 18 from line 12		1	72,049	305,047
s or			AX		Beginning of Curre	ent Year	End of Year
Net Assets or Fund Balances	20		ts (Part X, line 16)		3,3	23,056	3,541,284
t As	21		ties (Part X, line 26)		3,6	25,686	3,538,867
			or fund balances. Subtract line 21 from line 20		-3	02,630	2,417
Pa	art II	Signatu	re 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	
Here	Brittany Battle, President				
	Type or print name and title				
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Use Only	Firm's name			Firm's EIN	
Use Only	Firm's address	Phone no.			
May the IRS	discuss this return with the pre-	eparer shown above? See instructio	ns		🗌 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Т

Т

Form 99	0 (2023) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Edge provides an alternative to traditional education, creating an inclusive school community, focused on student learning.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 2,372,917 including grants of \$ ) (Revenue \$ 260 )
.u	Edge High School serves over 200 students at two small schools in Pima County: Edge Himmel Park (located in central Tucson)
	and Edge Northwest (Located in Northwest Tucson). Edge offers students and parents the option of an advanced high school
	diploma program in small safe schools that promote academic achievement, respect, responsibility, choice, service and high
	expectations.
41-	
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
	Other program convises (Describe on Schedule $\Omega$ )
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses 2,372,917

Form 99	0 (2023)		I	Page <b>3</b>
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		-
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
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, Part VI	11a	~	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form **990** (2023)

Form 99	0 (2023)		I	-age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
00	Did the eventiation was at more than \$5,000 of events or other assistance to an few demostic individuals on		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		~
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? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	20 24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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		r
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
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		~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	~	~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		~ ~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		r
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	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		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		r
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u>.                                    </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a9Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?11	-		
		1c	~	

Page 4

Form 99			F	Page 5
Part	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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			
h		7a 7h		~
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
U	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ĺ
11	Section 501(c)(12) organizations. Enter:			ĺ
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 <b>13b</b>			
•				
с 14а	Enter the amount of reserves on hand    Image: Ima	14a		~
	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		~
	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		~
	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			Í
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 99	90 (2023)		F	Page <b>6</b>
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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 <b>1a</b> 5 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 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> <u>5</u> 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		~
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
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		~
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	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	~	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	~	
	describe on Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
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	~	
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
-	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	104		
Saati	on C. Disclosure	16b		
<u>Secu</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion t	501(c)
	K ()wn wobsite K Another's wobsite K Unen request K Other (synlain on Schodule O)			

- Own website Another's website Upon request Other (explain on Schedule O)
  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Anne M Ortiz, (520)881-1389

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

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 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.

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week				-			from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mpl	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	idua	utio	ę	d	est o oye	ler	1099-NEC)	1099-NEC)	related organizations
	organizations	or tr	nal		loy	e com				-
	below dotted line)	Jste	trus		e	pen				
		¢.	tee			Highest compensated employee				
			74			ă				
Brittany Battle	5.00									
President	0.00	~		~				0	0	0
Steve Witthoeft	5.00									
Vice President	0.00	~		~				0	0	0
Cheryl Spatz	1.00									
Board Member	0.00	~						0	0	0
Reginald Laister	1.00	-								
Board Member	0.00	~						0	0	0
Melanie Carvalho	1.00	-								
Board Member	0.00	~						0	0	0
		-								
		-								
		-								
		ļ								
		ļ								
		ļ								
	<b>_</b>	ļ								

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	ploy	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	erson lirect	e than c is both or/trust empl	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Report compens from rel organizatio 1099-M	able sation lated ns (W-2/	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	1099-NEC)	1099-N		related organizations
										5		
			-						0.			
			-					C	9			
			-									
			-									
				7								
		R										
1b c d	Subtotal			•	• •	• • • •			0		0	0
2	Total number of individuals (including reportable compensation from the organi		limite	ed t	o t	thos	e list	ed	above) who re 0	eceived r	more t	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-	oyee, or highes	-	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or inc		
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							<b>(B)</b> Description of serv	vices		<b>(C)</b> Compensation
None												
								L				

2	Total number of	of independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more the	han \$100,000 of	<sup>c</sup> compensation	on from the	orga	aniza	tion			0		

12

Total revenue. See instructions

. . .

. .

Part VIII Statement of Revenue

Part	: VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espon	se or note to ar	y line in this Pa	rt VIII....		<u>· · · · □</u>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512–514
ıts, Its	1a	Federated campaig			1a	0				
ran our	b	Membership dues			1b	0				
Ğ,Ğ	С	Fundraising events			1c	0				
iifts ar /	d	Related organization			1d	0				
s, G	e	Government grants			1e	2,566,458				
'Si	f	All other contribution and similar amounts no			4					
the	q	Noncash contributio			1f	347,968				
Contributions, Gifts, Grants, and Other Similar Amounts	g	lines 1a–1f			1g	\$ 100,000				
Sor	h	Total. Add lines 1a-					2,914,426			
<u> </u>		Total. Add liftes Ta-	- 11 .		•••	Business Code	2,914,420			
e	2a									
ω Ž	b									
Se	с									
jram Ser Revenue	d									
Program Service Revenue	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun					4,970	0	0	4,970
	4 5	Income from investr	nent c	of tax-exem	npt bo	ond proceeds	0	0	0	0
		Royalties					0	0	0	0
		Overes vente	0-	(i) Rea		(ii) Personal				
	6a b	Gross rents Less: rental expenses	6a 6b		8,342	0				
	c	Rental income or (loss)			0,405 2,063	0				
	d	Net rental income o					-2,063	0	-2,063	0
	7a	Gross amount from		(i) Securit		(ii) Other	2,000		2,000	
	10	sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis				-				
venue		and sales expenses .	7b							
		Gain or (loss)	7c		0	0				
Other Re					·					
the	8a	Gross income fro								
0		events (not including			-					
		of contributions rep 1c). See Part IV, line			8a					
	h	Less: direct expens			8b					
		Net income or (loss)				nts				
		Gross income f			9 010					
		activities. See Part I			9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)			tivitie	ès				
	10a	Gross sales of ir								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	) from	sales of in	vento	-				
sn						Business Code				
oer ue		Legal settlements					3,976	3,976	0	0
Miscellaneous Revenue	b	Gain on early retiren				611110	4,000	4,000	0	0
Sce.	С А	Return of overpayme				611110	1,405	1,405	0	0
Ξ		All other revenue <b>Total.</b> Add lines 11a					261	261	0	0
	е 12	Total. Add lines 11a			• •		9,642	0.642	2.042	4.070

4,970

-2,063

9,642

2,926,975

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

	X Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ .	1,282,095	1,206,620	75,475	
7 8	Other salaries and wages		6		
•	Other employee benefits	157,569	148,294	9,275	
9 10	Payroll taxes	114,102 98,080	107,137 92,306	6,965 5,774	
11	Fees for services (nonemployees):	90,000	72,300	5,114	
а	Management				
b		16,800		16,800	
с	Accounting	9,740		9,740	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	262,716	241,076	21,640	
12	Advertising and promotion	53,167		53,167	
13		39,489	38,824	665	
14 15	Information technology	86,973	67,319	19,654	
16	Occupancy	161,689	156 062	4,826	
17	Travel	6,125	<u>156,863</u> 6,106	4,828	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,123	0,100		
19	Conferences, conventions, and meetings .	ļ			
20		183,925	180,532	3,393	
21	Payments to affiliates			^	
22 23	Depreciation, depletion, and amortization . Insurance	112,688	112,130	558	
23 24	Other expenses. Itemize expenses not covered	18,054	14,443	3,611	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Loss on Disposal of Assets	17,106	0	17,106	0
b	Miscellaneous	1,610	1,267	343	0
c		.,	.,_5,		<u> </u>
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,621,928	2,372,917	249,011	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Eorm <b>990</b> (2023)

Form 990 (2023)

	n 990 (20	,			Page <b>11</b>
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	1	Cash-non-interest-bearing	114,891	1	114,462
	2	Savings and temporary cash investments	427,939	2	480,730
	3	Pledges and grants receivable, net	61,206	3	32,146
	4	Accounts receivable, net	13	4	4,737
	5	Loans and other receivables from 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		F	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	v	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8			8	
Ase	9	Prepaid expenses and deferred charges	5,834	9	20,501
	10a	Land, buildings, and equipment: cost or other	5,634	5	20,301
		basis. Complete Part VI of Schedule D 10a 4,456,264			
	b	Less: accumulated depreciation	2,562,349	10c	2,735,007
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	150,824	15	153,701
	16	Total assets. Add lines 1 through 15 (must equal line 33),	3,323,056	16	3,541,284
	17	Accounts payable and accrued expenses	23,616	17	63,920
	18	Grants payable		18	
	19	Deferred revenue	285,469	19	277,127
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other 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		00	
lal	23	Secured mortgages and notes payable to unrelated third parties	3,069,107	22 23	2.040.047
_	23 24	Unsecured notes and loans payable to unrelated third parties	3,009,107	23	2,940,047
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		27	
		of Schedule D	247,494	25	257,773
	26	Total liabilities. Add lines 17 through 25	3,625,686	26	3,538,867
nces		Organizations that follow FASB ASC 958, check here v and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	-335,309	27	-23,217
B	28	Net assets with donor restrictions	32,679	28	25,634
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
let ,	32	Total net assets or fund balances	-302,630	32	2,417
Z	33	Total liabilities and net assets/fund balances	3,323,056	33	3,541,284

Form **990** (2023)

Part	X Reconciliation of Net Assets			
	A neconclimation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,92	6,975
2	Total expenses (must equal Part IX, column (A), line 25)		2,62	1,928
3	Revenue less expenses. Subtract line 2 from line 1		30	5,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		-30	2,630
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
	Prior period adjustments			0
	Other changes in net assets or fund balances (explain on Schedule O)			0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			2,417
art	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?	2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	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		~
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	required addit of addits, explain why of Schedule O and describe any steps taken to undergo such addits .		000	
		For	n <b>990</b>	(2023)

=orm	990	(2023)
------	-----	--------

SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

### Name of the organization

Employer identification number

86-0850116

E	nci	F ()	പറ	INC

Part I	Beason for Public Charity Status.	(All organizations must complete this p	part ) See instructions

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . . . . . .
  - g Provide the following information about the supported organization(s).

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

~

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) ... \_

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				Q		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			·			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		C.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	8					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4					
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization'	s first, second				on 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2023 (line	-		11, column (f))		14	%
15	Public support percentage from 2022 Scl					15	%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> – <b>2023.</b> If the organ box and <b>stop here.</b> The organization qua	lifies as a publ	icly supported	organization			🗆
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2022.</b> If the organithis box and <b>stop here</b> . The organization						
17a	<b>10%-facts-and-circumstances test-2</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts- facts-and-circ	and-circumsta	ances test, ch st. The organi	eck this box a zation qualifies	nd stop here	. Explain in
b	<b>10%-facts-and-circumstances test—2</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test est. The organ	, check this bo	x and <b>stop he</b>	<b>re</b> . Explain
18	Private foundation. If the organization instructions						
						Sabadula	A (Earm 000) 2022

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar 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 performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
0 7a	Amounts included on lines 1, 2, and 3						
7 a	received from disgualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
c	Add lines 7a and 7b						_
8	<b>Public support.</b> (Subtract line 7c from						
<u></u>	line 6.)						
	on B. Total Support				(	( )	(a =
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	d, third, fourth,	or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2023 (line	8, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (		-	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests-2023. If the organ					ore than 33	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2022. If the organiz	-	-	-		-	
	line 18 is not more than 33 <sup>1</sup> /3%, check this						
20	Private foundation. If the organization di	-	-	-			
				<u>,,</u> .e.,			ile A (Form 990) 2023
						2011040	

#### 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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	
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 <b>Part</b>		

*VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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. 3

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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.*

2a

2b

3a

3b

Yes No

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Secti	on 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	Ó	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).	ally i	ntegrated Type III suppo	orting organization

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued	d)	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish of			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	•	/	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	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				
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, 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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	<b>Excess distributions carryover to 2024.</b> 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

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

 ×

SCHEDULE	D
(Form 990)	

### **Supplemental Financial Statements**

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

2023 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization	- -
Internal Revenue Service	

Department of the Treasury

Employer identification number

86-	085	011	6

EDGE	SCHOOL INC		86-0850116
Par	0		or Accounts
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	-	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and don		
	only for charitable purposes and not for the benefit of the		· · ·
		<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · · · <b>🗌 Yes</b> 🗌 No
Par			
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organized		
	Preservation of land for public use (for example, recreation of		
	Protection of natural habitat	Preservation of a	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution i	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. <b>2</b> a
b	Total acreage restricted by conservation easements .		
c	Number of conservation easements on a certified historic		
d	Number of conservation easements included on line 2c a		
	on a historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, transferred	l, released, extinguished, or termin	nated by the organization during the
_	tax year		
4 5	Number of states where property subject to conservation Does the organization have a written policy regarding		ation bandling of
5	violations, and enforcement of the conservation easemen		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Stan and volunteer nours devoted to mornoring, inspecting, in		conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing co	onservation easements during the year
•	Amount of expenses mounted in monitoring, inspecting, har		inservation casements during the year
8	B Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	vation easements in its revenue ar	
	sheet, and include, if applicable, the text of the footnote t	o the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Part	III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC	C 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held		•
	service, provide in Part XIII the text of the footnote to its f	inancial statements that describes	these items.
b	If the organization elected, as permitted under FASB AS		
	art, historical treasures, or other similar assets held for pu	Iblic exhibition, education, or rese	arch in furtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	(ii) Assets included in Form 990, Part X	ical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under FASB A	SC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	<u> </u>	\$

Schedu	le D (Form 990) 2023								Page <b>2</b>
Part	t III Organizations Maintaining	<b>Collections of</b>	Art, Hist	torical T	reasures,	or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply).		her recor	ds, check	c any of the	e follov	ving that make	significant u	use of its
а	Public exhibition		d	Loan c	or exchange	e progr	am		
b	Scholarly research								
С	Preservation for future generations	5	-						
4	Provide a description of the organiza XIII.		and expla	in how th	ney further	the org	anization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								🗌 No
Part	ESCROW and Custodial Arra	angements							
	Complete if the organizatior 990, Part X, line 21.	answered "Yes	" on For	m 990, P	Part IV, line	e 9, or	reported an a	imount on I	Form
<b>1</b> a	Is the organization an agent, trustee included on Form 990, Part X?			-		ions or 	other assets	not ·	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	ble.			_	
								Amount	
с	Beginning balance					10	;		
d	Additions during the year					1d			
е	Distributions during the year					1e	•		
f	Ending balance			🧖		1f			
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for es	scrow or cu	istodia	l account liabili	ty? 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	has been	provide	ed in Part XIII		
Par									
	Complete if the organization	answered "Yes	" on For	m 990, P	Part IV, line	910.			
		(a) Current year	(b) Prio	or year	(c) Two years	s back	(d) Three years ba	ick <b>(e)</b> Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g,	, column (a)	) held a	as:		
а	Board designated or quasi-endowme	nt	%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of th	ne organiz	zation tha	t are held a	and ad	ministered for		
	organization by:								es No
						• •		. 3a(i)	
	(1),							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•				• •		. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	inds.				
Part			" on For	~ 000 D	ort IV line	. 11.			. 10
	Complete if the organization								
	Description of property	(a) Cost or of (investm		• •	r other basis her)	• •	Accumulated epreciation	(d) Book	/aiue
1a	Land	· ·	0		420,000				420,000
b	Buildings	· ·	0		3,766,025		1,477,582	2	2,288,443
c	Leasehold improvements	· ·	0		131,101		112,963		18,138
d	Equipment		0		139,138		130,712		8,426
<u>e</u>	Other		0		0		0		0
i otal.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part λ	k, IIne 10c	, column (E	<i>5)]</i> .		2	2,735,007

Schedule D (Form 990) 2023

Part VII	Investments-Other Securities		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(G) (H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		
	Complete if the organization answered "Yes" on Form 990, Part	V. line 11c. See F	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 110. See F	(b) Book value
(1) Diabt of	(a) Description		
(1) Right of (2)	USE ASSEI		148,288
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))		- 148,288
Part X	Other Liabilities		
	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in	icome taxes		
	ard Payable		6,962
(3) Accrued			58,901
(4) Due to s			3,426
	isated absences payable		40,196
(6) Lease lia			148,288
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		. 257,773
2 Liability for	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	tements that reports the

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

	ıle D (Form 990) 2023			Page 4
Par	•		r Return	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	2,937,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments		0	
b	Donated services and use of facilities		0	
c	Recoveries of prior year grants		0	
d	Other (Describe in Part XIII.)	2d 10,40		
e	Add lines <b>2a</b> through <b>2d</b>		2e	10,405
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,926,975
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	
b	Other (Describe in Part XIII.)	4b	0	
_c	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,926,975
Part			per Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,632,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		0	
b	Prior year adjustments		0	
С	Other losses		0	
d	Other (Describe in Part XIII.)	2d 10,40	5	
е	Add lines 2a through 2d		2e	10,405
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,621,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	2,621,928
Part				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
Schee	dule D, Part XI, Line 2d - Cell Tower Revenue			
Schee	dule D, Part XII, Line 2d - Cell Tower Expenses			

### **Schools**

OMB No. 1545-0047

**Open to Public** 

. Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name of the organization
EDGE SCHOOL INC

Department of the Treasury Internal Revenue Service

86-0850116

Part				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	~	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	•		
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	2	~	
U	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during			
	the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space,			
		3	~	
	The organization publicizes its racially nondiscriminatory policy on its website. The organization uses the			
	internet rather than a newspaper or broadcast media because it is a more effective way to contact the public in			
	the area it serves.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	~	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	~	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships?	4c 4d	~ ~	
ŭ	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Tu	-	
F	Dass the experimentation discriminate by track by way, with respect to:			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		~
b	Admissions policies?	5b		~
с	Employment of faculty or administrative staff?	5c		~
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5e		~
f	Use of facilities?	5f		~
g	Athletic programs?	5g		~
9 h	Other extracurricular activities?	5h		· ·
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	511		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	v	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		~
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	7	v	

Schedule E (Form 990) 2023    Page 2      Part II    Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.      Schedule E, Part I, Line 6 - The Organization receives revenue from federal and state governments for education programs and from the
Schedule E, Part I, Line 6 - The Organization receives revenue from federal and state governments for education programs and from the
State of Arizona for state equalization assistance.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2023

**Open to Public** 

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

	SCHOOL INC					86-08	50116		
Part	Types of Property					1			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Metho noncash o	(d) od of dete contributio		
1	Art—Works of art				<u>, J</u>				
2	Art-Historical treasures								
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded			0					
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation contribution – Historic		60						
	structures								
14	Qualified conservation								
14	contribution-Other								
15	Real estate-Residential								
16	Real estate – Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22 23	Historical artifacts								
23 24	Scientific specimens								
24 25	Other ( Sch M, Stmt 1								
25 26									
27	Other () Other ()								
28	Other (								
29	Number of Forms 8283 received	by the or	ganization during the tax y	/ear for contribu	itions for				
	which the organization completed	Form 8283	, Part V, Donee Acknowled	lgement		29			
						II		Yes	No
30a	During the year, did the organizat								
	28, that it must hold for at least 3						e		
	used for exempt purposes for the		ng period?				30a		~
	If "Yes," describe the arrangemen								
31	Does the organization have a	•			of any no	onstandar			
							31		~
32a	Does the organization hire or use		-	-					
_							32a		~
	If "Yes," describe in Part II.								
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which o	column (a)	IS Checke	а,		

Schedule M (	Form 990) 2023 Page <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
	the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	<b>&gt;</b>

Form: Schedule M (2023)			F	IN: 86-0850116			
<b>_</b> .	Form: Schedule M (2023)						
Page: 1			Pa	art I, Line 25-28			
	Description of Other Typ	es of Property					
		lines on Part I	Contributions	Revenues			
Description 12 HVAC Unites		Yes	1	100,000			
Method of determining Fair Market Value	e provided by donor						
revenues							

DRAFT DY Eile to many or the tot many or tot many or the tot many or tot many or the tot many or the

SCHEDULE O (Form 990)

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

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EDGE SCHOOL INC	
-----------------	--

86-0850116

Form 990, Part VI, Section B, Line 11b - The Form 990 is reviewed by the Executive Director and the governing board members at a public	
meeting of the governing body and approved by motion at such meeting before IRS submission.	
	1

Form 990, Part VI, Section B, Line 12c - Conflicts of interest, if they occur, are disclosed at a public meeting of the governing body and recorded in the minutes of those meetings. Applicable board members must abstain from voting in those situations where conflicts of interest are involved. The board also reviews financial transactions and bank reconciliations on a monthly basis to ensure that financial transactions do not involve conflicts of interest.

Form 990, Part VI, Section B, Line 15 - Compensation is compared to local school district and charter schools in the community. The information is used to ensure that salaries are comparable to other such entities in the surrounding area. The review is performed by the Executive Director, District Principal, School Principal, Finance and Resource Director and Board President for key positions annually.

Form 990, Part VI, Section C, Line 17 - According to the instructions to the Arizona 99,	the	Or	gai	nization is not required to file a copy of its
Form 990 with the state of Arizona since it is an educational organization.				
		- 7		

Form 990, Part VI, Section C, Line 18 - The Organization's Form 990 and Form 990-T are available to the public on IRS TEOS, http://www.edgehighschool.org/charter-transparency or upon request. All other forms are available by public records request.

Form 990, Part VI, Section C, Line 19 - The Organization makes its gover	ninç	g docume	nts, conflict o	of interest	policy	and finance	cial stateme	ents
available upon request.								

				<u> </u>		
Form 990, Part IX, Line 11g - Other services include profession	nal s	serv	vices	including teaching	staff, teacher training	online curriculum and a
portion of bond administrative fees.			9			

·