## DLN: 93493289025660

OMB No. 1545-0047

2018

Department of the

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 ca		ning 12-01-2018 , and ending 11-	30-2019				
B Check if applicable:  ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated			C Name of organization COSANTI FOUNDATION			<b>D Employer</b> 86-02089		ication number	
			Doing business as						
☐ Am	nended	return	Number and street (or P.O. box if ma 13555 SOUTH CROSS L RD	ail is not delivered to street address) Room/s	suite	E Telephone			
⊔ Ар	plicatio	n pending	City or town, state or province, coun	try, and ZIP or foreign postal code		(928) 632	2-7135		
			MAYER, AZ 86333			<b>G</b> Gross rece	ipts \$ 1,	,979,060	
			<b>F</b> Name and address of principa PATRICK MCWHORTOR	l officer:		this a group retu	rn for		
			13555 SOUTH CROSS L RD MAYER, AZ 86333			ubordinates? re all subordinates	S	☐Yes ☑No	
[ Ta:	x-exem	npt status:	✓ 501(c)(3)	insert no.) 4947(a)(1) or 527		icluded? <sup>:</sup> "No," attach a lis	t. (see	Yes No	
J W	ebsite	e:▶ WW	/W.ARCOSANTI.ORG	1517 (a)(17 si = 1527	1	roup exemption n	•	•	
<b>K</b> Forr	n of or	ganization:	✓ Corporation ☐ Trust ☐ Assor	riation Other •	L Year of	formation: 1956	<b>1</b> State	of legal domicile: AZ	
				Station					
Pa	arti	Sumi		- most significant activities.					
			scribe the organization's mission or DUCATIONAL AND CULTURAL TRA	NSFORMATIONS GROUNDED IN THE CO	ONCEPT OF	ARCOLOGY, INTE	GRATII	NG ARCHITECTURE	
ç.	<u>A</u>	ND ECOL	OGY TO CREATE EQUITABLE AND	SUSTAINABLE HUMAN HABITAT.					
<u> </u>									
/e1	-								
Governance				continued its operations or disposed of				1	
ಶ			•	g body (Part VI, line 1a)		•	3	8	
Sec			•	the governing body (Part VI, line 1b)			4	3	
Activities &			, ,	endar year 2018 (Part V, line 2a)			5 6	30	
AC			nber of volunteers (estimate if nec elated business revenue from Part		7a				
			ated business revenue from Fait ated business taxable income fron			•	7a 7b	-87,583	
		Net uniei	ated business taxable income from	110mi 990-1, iiie 34	<del></del>	Prior Year	/ b	Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)			560,53	in .	426,013	
Ravenue			service revenue (Part VIII, line 2g)		·	966,070 1,481,0			
ōΛċ	l	_	nt income (Part VIII, column (A), li		3,80	3,04:			
α			renue (Part VIII, column (A), lines 5			89,619			
				st equal Part VIII, column (A), line 12)		1,620,01		1,959,024	
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3 )			0	(	
	14	Benefits p	paid to or for members (Part IX, co			0	(		
SS.	15	Salaries,	other compensation, employee be		751,48	34	926,700		
Expenses	16a	Professio	nal fundraising fees (Part IX, colun			0	(		
kb e	Ь.	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶73,530					
ů)	17	Other exp	penses (Part IX, column (A), lines :		828,884				
	18	Total exp	enses. Add lines 13–17 (must equ		1,580,368 1,91				
(8	19	Revenue	less expenses. Subtract line 18 fro	om line 12		39,65		46,728	
Net Assets or Fund Balances					Begin	ning of Current Yea	ar	End of Year	
ala	20	Total asse	ets (Part X, line 16)			8,359,12	1	5,781,90	
Z B	21	Total liab	ilities (Part X, line 26)			671,96	0	505,043	
žĒ	22	Net asset	s or fund balances. Subtract line 2	1 from line 20		7,687,16	1	5,276,859	
Pa	rt II	Signa	ature Block				•		
			•	ned this return, including accompanyin Declaration of preparer (other than of	-	,		,	
	nowle		r, it is true, correct, and complete.	Declaration of preparer (other than on	icer) is bas	ed on an iniormat	IOII OI V	which preparer has	
		******				2020 10 15			
c:		<b>—</b>	ure of officer			2020-10-15 Date			
Sign Here		DATE IC	Y MCMHODTOD DDESIDENT & CEO						
			CK MCWHORTOR PRESIDENT & CEO r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	Charle D is PT.			
Paid	t				2020-10-15	Check L if PO self-employed	0367616	6	
	- pare	er 🗐	irm's name			Firm's EIN ► 86-01	133881		
	Onl	ĸ, ⊢	irm's address ▶ 2055 E WARNER ROAD	SUITE 101		Phone no. (480) 83	9-4900		
_		·  ''	TEMPE, AZ 85284	<del></del>		. Hone no. (400) 63	1000		
			·	un above? (see instructions)		<u>I</u>		/os □No	

Form	990 (2	018)						Page <b>2</b>				
Pa	rt III	Statement o	f Program Service	Accomplis	hments							
		Check if Schedu	ule O contains a respor	nse or note to a	any line in this Part III .			<b>✓</b>				
1	Briefly	describe the org	ganization's mission:									
			CULTURAL TRANSFOR ABLE AND SUSTAINAB			PT OF ARCOLOGY, INTEGRATING A	ARCHITECTURE AND	) 				
2	Did th	e organization uı	ndertake any significar	nt program ser	vices during the year wh	nich were not listed on						
	the pr	🗆 Yes 🗹 N	lo									
	If "Yes	s," describe these	e new services on Sch	edule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
	services?											
	If "Yes	s," describe these	e changes on Schedule	e O.								
4	Sectio	n 501(c)(3) and		ns are required	to report the amount of	largest program services, as meas f grants and allocations to others,						
4a	(Code:		) (Expenses \$	555,663	including grants of \$	) (Revenue \$	141,214 )					
	`	ditional Data	, (			,,,						
4b	(Code: See Ad	ditional Data	) (Expenses \$	954,017	including grants of \$	) (Revenue \$	1,240,101 )					
4c	(Code:		) (Expenses \$		including grants of \$	) (Revenue \$	)					
4d		program service nses \$	s (Describe in Schedul inclu	e O.) ding grants of	\$	) (Revenue \$	)					
4e	Total	program servi	ce expenses 🕨	1,509,6	80							

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Νo 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Νo 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο 

Form	990 (2018)			Page <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**1**a

1b

Yes

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32

0

**1**c

No

Check if Schedule O contains a response or note to any line in this Part  $V\$  .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable .

Part V

ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-me (see instructions)			ļ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Ves " to line 52 or 5h, did the organization file Form 8886-T2			

	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	$\vdash$	
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).		
_		<del> +</del>	 
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
-	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	
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?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		

	somete any contemporations that were most any academic as chartenesses.	I				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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?	7a	No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b				
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				

10a

10b

11a

11b

12b

13b

13c

7h

8

9a

12a

13a

14a

14b

15

Nο

No

Nο

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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

**b** Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . .

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to l	ines			
_Se	ction A. Governing Body and Management		T				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8		Yes	No_			
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent  1b 8						
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		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
	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		No			
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code					
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
	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					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
	Describe in 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	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes				
13	Did the organization have a written whistleblower policy?	13		No			
14	Did the organization have a written document retention and destruction policy?	14		No			
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	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
Ь	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?						
	ection C. Disclosure	100					
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  THE ORGANIZATION 13555 SOUTH CROSS L RD MAYER, AZ 86333 (480) 948-6145						

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than o	n (do ne bo	(C) o no ox, u n of or/t	) t cho unles ficer	eck moss s pers	ore son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(4) MICHAEL JOHNSON	1.00					<u> </u>				
(1) MICHAEL JOHNSON DIRECTOR		Х						0	0	0
(2) KATHRYN JOYCE DIRECTOR	1.00	Х						0	0	0
(3) DAN SHILLING DIRECTOR	1.00	х						0	0	0
(4) JAI KHALSA DIRECTOR	1.00	Х						0	0	0
(5) MATTEO DIMICHELE DIRECTOR	1.00	Х						0	0	0
(6) JEFF STEIN SECRETARY	2.00	Х		х				0	0	0
(7) STEPHEN OSTWINKLE TREASURER	2.00	Х		х				0	0	0
(8) JOHN WALSH BOARD PRESIDENT	2.00	Х		х				0	0	0
(9) PATRICK MCWHORTOR PRESIDENT AND CEO	40.00	Х		×				37,424	0	0
										Form <b>990</b> (2018)
										FORM <b>990</b> (2018)

(A)

(B)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	Name and Title	Average hours per week (list any hours	hours per than one box, unless person compensation from the any hours director/trustee) compensation from the organization (W-organizations (W-organizations (W-organizations (W-organizations (W-organizations (W-organization))							I W-	Estimated amount of othe compensatior from the organization ar			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MI3C)	2/1099-MI3C	,	ed ations	
												$\dashv$		
1h 9	Sub-Total						<u> </u>					$\dashv$		
c T	Total from continuation sheets to	Part VII <b>, Section</b>			•		•			37,424		0		0
2	Total number of individuals (includir of reportable compensation from the			e liste	ed a	bov	e) who	rece	eived mo	re than \$	100,000			
3	Did the organization list any <b>forme</b>	officer, director	or trust	ee, k	ev e	mpl	ovee,	or hi	ahest cor	npensate	d employee on		Yes	No
	line 1a? If "Yes," complete Schedule	,		•	•	•	• •	•			• • •	3		No
4	For any individual listed on line 1a, i organization and related organizatio individual										m the	4		No
5	Did any person listed on line 1a rece services rendered to the organizatio										dividual for	5		No
Se	ection B. Independent Contrac													NO
1	Complete this table for your five hig from the organization. Report comp	hest compensate										mpen	nsation	
	Name	(A) and business addre	ess							Des	(B) cription of services		Comper	
												_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

(C)

(D)

(E)

426,013

**Business Code** 

721000

541900

611710

426,013

516,712

505,487

217,902

113,160

516,712

505,487

**1**a

**1**b

**1**d

1e

1f

**1a** Federated campaigns .

**b** Membership dues . .

c Fundraising events . d Related organizations

in lines 1a - 1f:\$

2a CO-USER & LODGING

c GUIDED TOURS

**b** ASSIGNMENT OF RIGHTS

d EXPER. ENVIRON RENTAL

e Government grants (contributions)

All other contributions, gifts, grants, and similar amounts not included

g Noncash contributions included

h Total. Add lines 1a-1f . . .

Contributions, Gifts, Grants

	Page <b>9</b>
	🗆
(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
113,1	60
	3,043
	_

exempt

function

revenue

Program Service Revenue 721000 e TUITION & FEES 67,797 67,797 611600 60,000 60,000 f All other program service revenue. 1,481,058 **gTotal.** Add lines 2a-2f . .  ${\bf 3}$  Investment income (including dividends, interest, and other 3,043 similar amounts) . 4 Income from investment of tax-exempt bond proceeds **5** Royalties . (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount from sales of assets other b Less: cost or other basis and sales expenses C Gain or (loss)  $\boldsymbol{d}$  Net gain or (loss) . . . . . 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . **b** Less: direct expenses . . . b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 . . **b** Less: direct expenses . b  $\ensuremath{\mathbf{c}}$  Net income or (loss) from gaming activities **10a**Gross sales of inventory, less returns and allowances . 55,529 20,036  ${f b}$  Less: cost of goods sold . . 35,493 35,493  ${f c}$  Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11aOTHER INCOME 900099 13,417 13,417 d All other revenue . e Total. Add lines 11a-11d . 13,417 12 Total revenue. See Instructions. . . . . • 1.959.024 1.381.315 38.536 113,160 Form **990** (2018)

Forr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	lete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		<u> <math>\square</math></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
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, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	37,424	14,970	22,454	
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	662,749	580,177	33,560	49,012
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	156,368	132,913	12,509	10,946
10	Payroll taxes	70,159	59,635	5,613	4,911
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal				
c	: Accounting	117,588		117,588	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	100,141	100,141		
12	Advertising and promotion	19,672		19,672	
13	Office expenses	93,756	41,652	49,340	2,764
14	Information technology				
15	Royalties				
16	Occupancy	114,876	107,474	7,402	
17	Travel	26,141	16,463	7,898	1,780
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	17,187		17,187	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	177,786	160,008	17,778	
23	Insurance	58,134	55,228	2,906	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a STUDENT FOOD AND EXPENS	92,672	92,672		
	b REPAIRS AND MAINTENANCE	79,633	79,633		
	D REPAIRS AND MAINTENANCE	7 3,033	75,033		
	c SUPPLIES	56,773	49,745	7,028	
	d ARCOSANTI COMMUNITY FUN	6,819	6,819		
	e All other expenses	24,418	12,150	8,151	4,117
25	Total functional expenses. Add lines 1 through 24e	1,912,296	1,509,680	329,086	73,530
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2018)

2

3

22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

End of year

Beginning of year

8,792,493

4,060,816

14,316

103,846

3.608

61.886

7,330,920

51,998

726,760

65.787

8.359.121

620.857

51.103

671.960

7.583.315

7.687.161

8,359,121

103.846

1

2 3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **11** 

77,664

75,088

850

80.648

4,731,677 57,828

706,147

52.000

5.781.902

440.495

14.320

50.228

505.043

5.201.771

5,276,859

5,781,902

Form **990** (2018)

75,088

Cash-non-interest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . .

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

trustees, key employees, and highest compensated employees. Complete

contributing employers and sponsoring organizations of section 501(c)(9)

Accounts receivable, net . Loans and other receivables from current and former officers, directors, Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Part II of Schedule L . . . Assets

Notes and loans receivable, net . Inventories for sale or use .

voluntary employees' beneficiary organizations (see instructions) Complete Prepaid expenses and deferred charges

10a basis. Complete Part VI of Schedule D

10b

10a Land, buildings, and equipment: cost or other Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . . .

Investments—program-related. See Part IV, line 11

11 12 Intangible assets . . . . . Other assets. See Part IV, line 11 . .

13 14 15 16 17 Accounts payable and accrued expenses

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . Grants payable . . Deferred revenue . . . .

18 19 20 Tax-exempt bond liabilities . . . 21 Liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

23 24

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

3a

3h

Nο

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 86-0208931

Name: COSANTI FOUNDATION

Form 990 (2018)

#### Form 990, Part III, Line 4a:

COSANTI FOUNDATION CONDUCTS EDUCATIONAL PROGRAMS FOR STUDENTS OF ALL AGES TO HELP INCREASE UNDERSTANDING OF ECOLOGICAL SUSTAINABILITY.

RESPONSIBLE BUILDING PRACTICES, ENVIRONMENTAL ACCOUNTABILITY, AND OTHER PRINCIPLES CONSISTENT WITH CREATING URBAN HABITAT WHILE PROTECTING NATURAL SURROUNDINGS. WE FOCUS UPON DEMONSTRATING HOW TO BALANCE EXPERIENTIALLY RICH LIFESTYLES WITH EARTH'S CARRYING CAPACITY, ESPECIALLY AS POPULATION DENSITIES INCREASE, EDUCATION METHODS INCLUDE HANDS-ON WORKSHOPS ONSITE, IN SCHOOLS, AND IN OTHER COMMUNITY VENUES, WORKSHOPS RANGE FROM SINGLE DAY TO MULTI-WEEK PROGRAMS, DRAWING PARTICIPANTS FROM LOCAL K-12 SCHOOLS, UNIVERSITIES AROUND THE WORLD, AND INDIVIDUALS INTERESTED IN EXPERIENTIAL LEARNING ROOTED IN THE CONCEPT OF ARCOLOGY. WE HAVE BEGUN TO ENHANCE EDUCATIONAL EXPERIENCES THROUGH THE USE OF 3D VISUALIZATION TECHNOLOGY AND COM

# COSANTI FOUNDATION'S EXPERIMENTAL ENVIRONMENTAL PROGRAM EXPANDS FROM A MORE STRUCTURED TEACHING APPROACH TO OFFER CASUAL AND SPONTANEOUS LEARNING OPPORTUNITIES. VISITORS MAY TOUR EITHER OF COSANTI FOUNDATION'S PHYSICAL SITES TO SEE THE CONCEPTS OF ARCOLOGY REFLECTED IN FACILITIES THAT ARE ACTIVELY USED FOR BOTH RESIDENTIAL AND COMMERCIAL PURPOSES. OVERNIGHT ACCOMMODATIONS ARE AVAILABLE FOR THOSE WHO WANT TO IMMERSE THEMSELVES MORE COMPLETELY IN THE EXPERIENCE OF DWELLING IN A TRANSFORMATIONAL "URBAN" ENVIRONMENT. AT ARCOSANTI. ONE OF THE FOUNDATION'S

SITES, ABOUT SIXTY INDIVIDUALS RESIDE FULL TIME. A NUMBER OF THE RESIDENTS ALSO WORK FULL-TIME ON THE ARCOSANTI SITE, PERIODICALLY THE ARCOSANTI

COMMUNITY HOSTS MUSICAL, ARTS, AND CONFERENCE-TYPE EVENTS TO WHICH THE GENERAL PUBLIC IS INVITED.

Form 990, Part III, Line 4b:

етне с	JKA	PHIC Pri	it - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493289025660
		JLE A	F	Public (	Charity Statu	s and Pub	olic Supp	ort -	OMB No. 1545-0047
orm 0EZ		or	Comple	te if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form !	mpt charitable	trust.	a section	2018
		he Treasury		► Go to	www.irs.gov/Forms			•	Open to Public Inspection
me c	of the	e Service e organiza NDATION	tion					Employer identific	<u> </u>
			. p. l.l 61-		- (011		1 - 11-1 1 \ 6	86-0208931	
<b>Part</b> e orda					<b>is</b> (All organization it is: (For lines 1 thro			see instructions.	
. Г			•		sociation of churches	,	, ,	(A)(i).	
! [	_	A school de	scribed in <b>sectio</b>	n 170(b)(:	L)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
	_	A hospital o	or a cooperative h	ospital serv	rice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
, [	_	A medical r name, city,		tion operate	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	170(b)(1)(A)(iii). E	nter the hospital's
· [			ation operated for ( <b>iv).</b> (Complete F		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in <b>section 170</b>
		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in <b>sectio</b>	n 170(b)(1)(A	ı)(v).	
<b>'</b> [			ation that normal ( <b>0(b)(1)(A)(vi)</b> .		a substantial part of it Part II.)	s support from a	governmental u	nit or from the gener	al public described in
} [		A communi	ty trust described	in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
		An agricultu non-land gr	ural research orga ant college of ag	anization de riculture. Se	scribed in <b>170(b)(1)</b> ee instructions. Enter	<b>(A)(ix)</b> operated the name, city, a	d in conjunction nd state of the o	with a land-grant coll college or university:	ege or university or
5		from activit investment	ies related to its	exempt fun lated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (le mplete Part III.)	ain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
					exclusively to test for	r public safety. S	ee section 509	(a)(4).	
		more public	ly supported org	anizations d	exclusively for the be escribed in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	tion 509(a)(2)	). See section 509(a	
		<b>Type I.</b> A so	supporting organi	zation opera regularly a	ated, supervised, or coppoint or elect a majo	ontrolled by its su	upported organiz	zation(s), typically by	
· [	_	manageme		ing organiza	ervised or controlled in tion vested in the san and C.				
					upporting organization				ted with, its
' [		Type III n functionally	on-functionally integrated. The	integrated organization	ons). You must com I. A supporting organi n generally must satis t IV, Sections A and	zation operated i fy a distribution i	in connection wit	th its supported orgar	
		Check this	box if the organiz	ation receiv	ed a written determing integrated supporting	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally
E E					· · · · · · · · ·	-		<u> </u>	
					pported organization(				T
(		ame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
tal									
	erw	ork Reduc	tion Act Notice,	see the In	structions for	Cat. No. 11285	F S	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

(b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part										
III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total				

S	ection A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(6) 2016	(u) 2017	(e) 2018	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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						
0	line 4.						
_	ection B. Total Support				l		L
	Calendar year					1	1
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instruction	ons)			12	L
	First five years. If the Form 990 is for						
13		_			•	. , , ,	-
	check this box and <b>stop here</b>					<u> ▶</u>	
	ection C. Computation of Public						
14	Public support percentage for 2018 (line	e 6, column (f) di	vided by line 11, c	olumn (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16:	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check thi	s box
	and <b>stop here.</b> The organization qualif						
L	33 1/3% support test—2017. If the						
L	• •	-					
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported org	janization	- 12 16 16-		▶ ⊔
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	ne racts-and-circ	cumstances test.	ine organization (	quanties as a publ	iciy supported	_
	organization						▶ 📙
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "facts	s-and-circumstanc	es" test. The orga	nization qualifies	as a publicly	_

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III

6,887,140

151,975

151,975

6,735,165

6,887,140

24,611

24,611

8,571

177,206

7.097,528

94.890 %

95.170 %

0.350 %

0.380 %

ightharpoons

(f) Total

	(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.)									
S	ection A. Public Support	,		, ,		•				
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	149,411	221,619	247,357	889,454	426,013	1,933,854			
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	826,929	821,884	821,891	1,005,995	1,476,587	4,953,286			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	 The value of services or facilities furnished by a governmental unit to the organization without charge									

1,043,503

56,750

56,750

1,043,503

2,955

2,955

1.046.458

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . 🕨 🗹 h 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

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

(b) 2015

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

976,340

(a) 2014

976,340

9,634

9,634

50,843

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . .

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Public support percentage from 2017 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . .

Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

1.036.817

**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.

from line 6.)

1975

9

10a

11

12

14

15

16

17

18

20

Add lines 7a and 7b. .

Section B. Total Support Calendar year

(or fiscal year beginning in) ▶

securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b,

Other income. Do not include gain

check this box and **stop here**. . . . . . .

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

whether or not the business is regularly carried on.

or loss from the sale of capital

assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,

Amounts from line 6. . .

Add lines 10a and 10b.

11, and 12.). .

Gross income from interest, dividends, payments received on

**Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2, and

> 3 received from disqualified persons Public support. (Subtract line 7c

(c) 2016

1,069,248

3,186

3,186

8,571

1.081.005

35,451 35,451 (d) 2017

1,069,248

59,565 59,565

1,895,449

5,793

5,793

52,946

1,954,188

1,895,449

1,902,600

209

209

(e) 2018

1,902,600

3,043

3,043

73,417

1.979.060

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

18

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

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 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 VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations in					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	<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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see			

Page **6** 

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2018 Pag									
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part 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, lin Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test								
990 Sche	dule A, Supplement	tal Information							
Return Reference Explanation									
	A, PART III, LINE 12, ION OF OTHER	OTHER INCOME - 2014 AMOUNT: \$ 35,843. 2017 AMOUNT: \$ 37,946. 2018 AMOUNT: \$ 13,417. MANAGE MENT SERVICES - 2014 AMOUNT: \$ 15,000. 2017 AMOUNT: \$ 15,000. 2018 AMOUNT: \$ 60,000.							

INCOME:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, ► Attach to Form 990.

DLN: 93493289025660 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COSANTI FOUNDATION

tax year 🟲

5

Part III

following amounts relating to these items:

(Form 990)

Part I

2

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection **Employer identification number** 86-0208931 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

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following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2018

52,000

Part		Organizations Ma	aintaining Col	lections of Art,	Histori	ical T	reasur	es, or	Other	Similar A	ssets (co	ntinued)	
3		the organization's acq (check all that apply):		n, and other record	ls, check	any of	the follo	owing t	hat are a	significant (	use of its o	ollection	
а	<b>✓</b>	Public exhibition			d		Loan o	r excha	ange prog	ırams			
b	<b>✓</b>	Scholarly research			е		Other .						
c	<b>✓</b>	Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	lections and explai	n how the	ey furtl	her the o	organiz	ation's ex	empt purpo	se in		
5		g the year, did the org s to be sold to raise fur									☐ Yes	✓ 1	No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			orm 990	), Part	IV, line	e 9, oı	r reporte	ed an amou			
1a		e organization an agent led on Form 990, Part									Yes		No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the	following	table:		[		Δ	mount		_
C		ning balance			-			ŀ	1c				_
d	_	ons during the year .							1d				_
e		butions during the year						- 1	1e				_
f		g balance						- 1	1f				_
2a		ne organization include							ccount lis	hility2			— Na
b		s," explain the arrange									_		10
	rt V	Endowment Fund											
FG		Liidowillelit i dii	us. Complete ii	(a)Current year		rior yea				(d)Three ye		<b>e)</b> Four yea	ars back
1a	Beginni	ing of year balance .			<u> </u>		Ì			, ,			
b	Contrib	outions											
c	Net inv	estment earnings, gair	ns, and losses										
d (	Grants	or scholarships											
		expenditures for facilition	es										
f ,	Admini	strative expenses .											
g	End of	year balance											
2 a		de the estimated perce I designated or quasi-e			ce (line 1	g, colu	mn (a))	held a	s:				
b		anent endowment 🕨											
С	Temp	orarily restricted endo	wment <b>&gt;</b>										
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
3a		nere endowment funds	not in the posses	sion of the organiz	ation tha	t are h	eld and	admini	stered fo	r the			
	-	ization by: related organizations									3a(	Yes	No
	.,	elated organizations				•					3a(	-	_
b		s" on 3a(ii), are the re			d on Sche	dule R	?				3 t		<del>                                     </del>
4		ibe in Part XIII the inte										<u> </u>	<u>.                                    </u>
Par	t VI	Land, Buildings,											
		Complete if the or											
	Descri	ption of property	(a) Cost or oth (investme	, ,	st or other	basis (	other)	(c) Acc	umulated o	lepreciation	(d)	) Book valı	ue
1a	Land					62	24,090						624,090
b	Building	gs				7,7:	15,750			3,667,781			4,047,969
c	Leaseh	old improvements											
d I	Equipm	nent				42	26,994			393,035			33,959
e	Other					:	25,659						25,659

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

See Form 990, Part X, line 12.	omplete if the organiz			
(a) Description of security or categ (including name of security)	gory	<b>(b)</b> Book value		c) Method of valuation: or end-of-year market value
L) Financial derivatives	: : : : : :	706,147		F
Other		·		
)				
)				
)				
)				
5)				
()				
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12	2.)	706,147		
art VIII Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 990,	Part IV, li	ne 11c. See Forr	n 990, Part X, line 13.
(a) Description of investment		Book value	(0	c) Method of valuation: or end-of-year market value
)				· · · · · · · · · · · · · · · · · · ·
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• 1				
A-I (California (b) mariat agreed Farma 000 Part V and (B) line 12	1			
	· · · · · · · · · · · · · · · · · · ·	orm 990, Pa	rt IV, line 11d. Se	e Form 990, Part X, line 15.
art IX Other Assets. Complete if the organiza	· · · · · · · · · · · · · · · · · · ·	orm 990, Pa	rt IV, line 11d. Se	e Form 990, Part X, line 15.  (b) Book value
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  (	ation answered 'Yes' on F	orm 990, Pa	rt IV, line 11d. Se	<u>'</u>
Other Assets. Complete if the organiza  ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	ation answered 'Yes' on F (a) Description			(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (e	B) line 15.)	Yes' on Fo	rm 990, Part IV	(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (d)  (e)  (e)  (e	B) line 15.)	Yes' on Fo		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(E)  Tart X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	B) line 15.)	Yes' on Fo	rm 990, Part IV	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B)  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  USING DEPOSITS  IE OF CREDIT	B) line 15.)	Yes' on Fo	rm 990, Part IV	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability Federal income taxes  USING DEPOSITS  IE OF CREDIT	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B)  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  BUSING DEPOSITS  RE OF CREDIT	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (e)  (e)  (e	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B)  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  BUSING DEPOSITS  RE OF CREDIT	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (e	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (e	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
Other Assets. Complete if the organiza  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (e)  (e)  (e	B) line 15.)	Yes' on Fo	rm 990, Part IV,	(b) Book value
(a) (b) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	ation answered 'Yes' on F (a) Description  B) line 15.)  rganization answered	Yes' on Fo	rm 990, Part IV,	(b) Book value

2

b

c d

е

3

4

Schedule D (Form 990) 2018

2e

3

Page 4

b	Other (Describe in Part XIII.) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
L	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
1	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses. Add lines 3 and 4	<b>1c.</b> (This must equal Form 990, Part I, line 18.	) .		5	
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
ee /	Additional Data Table					

2a

2b

2c

2d

4a

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII.) . . . . . .

Add lines 2a through 2d . . . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

ıle D (Form 990) 2018	Page <b>5</b>
XIII Supplemental Information (continued)	
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: Software Version:

**EIN:** 86-0208931

Name: COSANTI FOUNDATION

## **Supplemental Information**

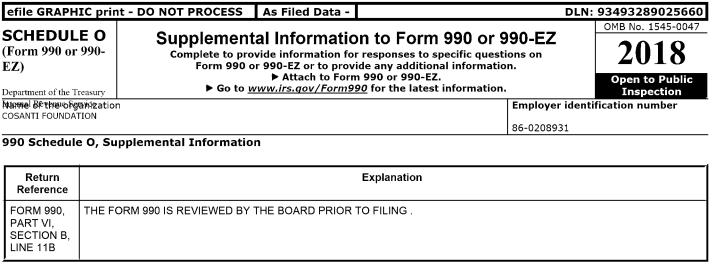
Explanation

Return Reference

THE ORGANIZATION OWNS A COSANTI BELL WHICH WAS DONATED BY AN INDIVIDUAL DURING THE YEAR

PART III, LINE 4: ENDED JANUARY 31, 2010.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS M ORE-LIKELY-THAN-NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHOR ITIES. AT NOVEMBER 30, 2019, THE FOUNDATION HAVE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.



Return Explanation
Reference

FORM 990,	THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND SIGN-OFF ACKNOWLEDGING THE CONFLICT OF INT
PART VI,	EREST POLICY. ADDITIONALLY, ALL OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLI
SECTION B,	CTS AS THEY MIGHT ARISE.
LINE 12C	

Return Explanation
Reference

FORM 990, COMPENSATION FOR THE PRESIDENT AND CEO IS APPROVED BY THE BOARD ON AN ANNUAL BASIS.

PART VI,
SECTION B,
LINE 15

Return Explanation

Reference

LINE 19

FORM 990, PART VI, SECTION C,

990 Schedule O, Supplemental Information Return Explanation Reference

### FORM 990, PART XI, LINE 9:

Return Explanation Reference

FORM 990. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. PART XII,

LINE 2C

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990,	DURING 2018, MANAGEMENT DISCOVERED THAT CONSTRUCTION IN PROGRESS WAS OVERSTATED FOR AMOUNT
PART XI,	S THAT WERE INCORRECTLY CAPITALIZED INSTEAD OF EXPENSED. THE AMOUNT OF THE ADJUSTMENT WAS
LINE 8	\$2,413,759.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493289025660 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** COSANTI FOUNDATION 86-0208931 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. **(g)** Section 512(b) (b) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

Part III Identification of Related Organizations treat	tions Taxable as a P ated as a partnership o	artnership Iuring the ta	Complet x year.	e if the or	ganization	n ansv	wered "Y	es" on Form	990,	Part I\	/, line 34 b	ecaus	e it ha	d ———
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi income(re unrelat excluded tax und sections	inant elated, ted, from der	<b>(f)</b> Share o total incor		<b>(h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in bo: 20 of Schedule K-1 (Form 1065)	mana partn	alor Pe ging ov	(k) rcentage vnership
					514)	514)			Yes No		Yes N		No OF	
Part IV Identification of Related Organization because it had one or more related or							ation an	swered "Yes	" on Fo	orm 99	0, Part IV	, line 3	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state o	egal nicile or foreign	Direc	(d) t controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total income	Share	(g) of end-o year ssets	of- Perce	ntage ership	_ €	(i) on 512(b) controlled entity?
(1)COSANTI ORIGINALS INC	ARTISTIC WINDBELL		ntry) .Z	COSAI	NTI	s		-46,128		837,01	.4 100.0	00 %	Yes Yes	
6433 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85253 86-0251630	PRODUCTION & SALES				DATION			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Schedule R (Form 990) 2018					Pa	ge <b>3</b>	
Part V Transactions With Related Organizations Complete if the organization answered	d "Yes" on Form 990, Par	t IV, line 34, 35b	, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations listed in	Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	Yes		
f b Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No	
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No	
e Loans or loan guarantees by related organization(s)				1e		No	
f Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s)				<b>1</b> g		No	
h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				<b>1</b> i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
I Performance of services or membership or fundraising solicitations for related organization(s) . $$ .				11	Yes		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
o Sharing of paid employees with related organization(s)				10	Yes		
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No	
${f r}$ Other transfer of cash or property to related organization(s)				1r		No	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered r	elationships and tra	nsaction thresholds.				
(a) (b) (c) (d)  Name of related organization Transaction type (a-s)							
1)COSANTI ORIGINALS INC	А	113,160	FMV				
2)COSANTI ORIGINALS INC	L	505,487	FMV				
	1	i .	1				

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		<u>_</u>	<del></del>										
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	<b>(k)</b> Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).					
Return Reference		Explanation					