### Industrial Development Authority Regular Meeting

November 14, 2023 | 7:30 a.m.

Chandler City Council Chambers
88 E. Chicago St., Chandler, AZ
or Webex 1-602-666-0783
code 2663 394 1126 password mtHKMpWw995





#### **Directors**

President Shannon Wilson Vice President Charles Ertl Secretary William Nolde Treasurer Ed Salanga Director Lee Kroll Director John Lok Director James Baglini Jr.

Pursuant to Resolution No. 4464 of the City of Chandler and to A.R.S. § 38-431.02, notice is hereby given to the members of the Industrial Development Authority and to the general public that the Industrial Development Authority will hold a REGULAR MEETING open to the public on Tuesday, November 14, 2023, at 7:30 a.m., at City Council Chambers, 88 E. Chicago Street, Chandler, AZ. One or more Directors may be attending by telephone or via <a href="Webex">Webex</a>.

Persons with disabilities may request a reasonable modification or communication aids and services by contacting the City Clerk's office at (480) 782-2181(711 via AZRS). Please make requests in advance as it affords the City time to accommodate the request.

Agendas are available in the Office of the City Clerk, 175 S. Arizona Avenue.

### Industrial Development Authority Regular Meeting Agenda - November 14, 2023

#### Call to Order/Roll Call

#### Scheduled/Unscheduled Public Appearances

Members of the audience may address any item not on the agenda. State Statute prohibits the Board or Commission from discussing an item that is not on the agenda, but the Board or Commission does listen to your concerns and has staff follow up on any questions you raise.

#### Approval of Minutes

1. Minutes of May 9, 2023, Regular Meeting

Move the Industrial Development Authority to approve the minutes from the May 9, 2023, Regular Meeting.

#### **Briefing Items and Discussion**

- 2. May, June, July, August and September 2023 Financials Mr. Steele
- 3. IRS Form 990 Fiscal Year Ending June 30, 2023 Mr. Steele
- 4. Arizona Corporation Commission Annual Report Mr. Steele
- 5. Chandler Workforce Development Software Platform Grant Proposal Presentation Ms. McCall

#### Action Agenda

6. Discussion and possible approval of the Chandler Workforce Development Software Platform Grant Proposal.

#### Member Comments/Announcements

#### Calendar

7. Next Meeting Date: December 12, 2023

Information Items

Adjourn



#### Industrial Development Authority Management Services

**Date:** 11/14/2023

**To:** Industrial Development Authority

Thru: Dawn Lang, Deputy City Manager | CFO

Kristi Smith, Assistant Director of Financial Services

From: Robert Steele, Accounting Manager

Subject: Minutes of May 9, 2023, Regular Meeting

#### **Proposed Motion:**

Move the Industrial Development Authority to approve the minutes from the May 9, 2023, Regular Meeting.

#### **Attachments**

IDA Meeting Minutes 5-09-23

# Meeting Minutes Industrial Development Authority Regular Meeting

May 9, 2023 | 7:30 a.m. Chandler City Council Chambers 88 E. Chicago Street, Chandler, AZ



#### **Call to Order**

The meeting was called to order by President Lee Kroll at 7:30 a.m.

#### **Roll Call**

#### **Commission Attendance**

President Lee Kroll
Vice President Shannon Wilson
Secretary Chuck Ertl
Treasurer Edward Salanga
Director Bill Nolde
Director John Lok
Director James Baglini, Jr.

#### **Staff Attendance**

Dawn Lang, Deputy City Manager | CFO Tawn Kao, Assistant City Attorney Kristi Smith, Financial Services Asst Director Robert Steele, Accounting Senior Manager Karla Lange, Management Assistant

#### **Absent**

None.

#### **Scheduled and Unscheduled Public Appearances**

None.

#### **Approval of Minutes**

 Vice President Wilson moved to approve the February 14, 2023, Regular Meeting Minutes. Secretary Ertl seconded the motion. Motion approved unanimously, (7-0).

#### **Briefing Items**

2. January 2023 Financials: Mr. Steele presented the January Statement of Net Position that explained a Total Current Assets with Cash in Bank of \$245,733, investments of \$896,979, providing Total Assets of \$1,142,712. The Beginning Net Position is \$999,720 and a Year-to-Date Change in Net Position of \$142,991, providing an Ending Net Position of \$1,142,712. The Statement of Revenues, Expenditures, and Changes in Net Position for January 31, 2023, includes no change to Operating Income or Operating Expenses and Investment Income of \$570, providing a Net Change in Net Position of \$570.

February 2023 Financials: Mr. Steele presented the February Statement of Net Position that explained a Total Current Assets with Cash in Bank of \$100,033, Investments of \$1,044,619, providing Total Assets of \$1,144,651. The Beginning Net Position is \$999,720 and a Year-to-Date Change in Net Position of \$144,931, providing an Ending Net Position of \$1,144,651. The Statement of Revenues, Expenditures, and Changes in Net Position for February 28, 2023, includes no change to Operating Income or Operating Expenses and Investment Income of \$1,940, providing a Net Change in Net Position of \$1,940.

Mr. Steele reported that \$140,700 has been transferred from the JP Morgan Chase cash account to the PFM investment account in February 2023, which is reflected in the decrease in the cash account and increase in the investment account.

March 2023 Financials: Mr. Steele presented the March Statement of Net Position that explained a Total Current Assets with Cash in Bank of \$100,033, Investments of \$1,046,241, providing Total Assets of \$1,146,274. The Beginning Net Position is \$999,720 and a Year-to-Date Change in Net Position of \$146,553, providing an Ending Net Position of \$1,146,274. The Statement of Revenues, Expenditures, and Changes in Net Position for March 31, 2023, includes no change to Operating Income, Operating Expenses of \$43 in bank charges and Investment Income of \$1,666, providing a Net Change in Net Position of \$1,622.

Responding to President Kroll concerns, Mr. Steele reported that the IDA's contracted bank is JP Morgan Chase, the same bank the City uses. Although there is not guarantee, this is a very large banking institution and the City believes the risk of failure is low.

Responding to President Kroll, Mr. Steele noted that the \$1.00 one-time revenue line that appears on the financial reports is the result of a test deposit from Intel to verify the bank account prior to paying their Annual Administrative fee. Additionally, Mr. Steele confirmed that the transfer from the cash account to the investment account of \$140,700 resulted in the decrease of the overall cash balance and increase in the investment account, showing no material change in the overall net position.

Responding to Secretary Ertl, Mr. Steele noted that the IDA follows the City of Chandler's investment policy, which is very conservative. The City of Chandler is AAA bond rated, which it is very careful to maintain. He added that the City meets with their investment advisors quarterly to ensure City policy is being followed and that the investments remain conservative. Ms. Lang added that the City's Investment policy follows Arizona Revised Statues, only allowing certain investment types and the length to be no more than five years.

#### **Action Agenda**

3. Request approval of the FY 2023-24 Budget: Mr. Steele reviewed the proposed Budget for FY 2023-24. The proposed Investment Income for the next fiscal year is conservatively expected to be \$2,500. The Annual Administrative fees have increased due to the addition of the Intel Bond issued in December 2022. The Annual Administrative fees are proposed to be \$142,539, received from Intel, Tri-City Baptist Church and CCAP Fees of \$1,500 providing total Revenues of \$146,539. On the Expenditure side, there are legal fees of \$1,000 and miscellaneous fees of \$500 providing a Fund Balance of \$145,039.

Responding to Treasurer Salanga, Mr. Steele confirmed that the two (2) CCAP Fees are conditional upon the IDA receiving two (2) \$50,000 pledges.

Vice President Wilson pointed out that the investment income for FY 2022-23 is at approximately \$6,000 and inquired whether the proposed \$2,500 investment income in the FY2023-24 budget is always this conservative. Ms. Lang noted that this portion may have not been updated to reflect the recent change in interest rates over the past year. Secretary Ertl concurred with Vice President Wilson that 2.5% return was very conservative for the current market. Mr. Steele noted that the portfolio is currently averaging a 4% return.

President Kroll concurred with Vice President Wilson that the income basis should be higher. He voiced that on the flip side, because the IDA is banking with Chase, the interest income is lower versus banking with a local institution. He asked if the IDA is banking with Chase because of the City's policy? Ms. Lang responded that there are a variety of needs across the various departments of the City that local institutions are not able to meet. She added that the City of Chandler's bank is chosen via Request for Proposal (RFP) and it is typically the large banks that respond, as they offer services that smaller banks are unable to offer. The contract for the City's banking services accommodates the needs of departments like Utility Services. She added that the City does have relationships with the smaller, local banks in the area, and has, in the past, utilized them for smaller, more specified programs.

Responding to Director Lok, Ms. Lang voiced that the City's investments are split between two (2) institutions – Wells Fargo (now All Spring) and PFM/AM Financial. She added that the IDA investments are managed solely by PFMAM Financial, which is a separate company from JPMorgan.

Mr. Steele reported to the Board that the IDA's investments are comprised of 69% in US Treasury Bonds and 31% in Federal Agency Bonds. He continued that he recommended to the Board an updated Investment Income budget of \$7,500, based on this past fiscal year's investment income, the increase in interest rates and on the balance increase of the investment account from the recent cash deposit.

Secretary Ertl motioned to approve the proposed FY 2023-24 budget, to include a revision to increase of the proposed Investment Income from \$2,500 to \$7,500. Vice President Wilson seconded the motion. Motion approved unanimously, (7-0). See Exhibit A for the updated FY 2023-24 approved budget.

4. Election of Officers (President, Vice President, Secretary and Treasurer): Ms. Lange asked for nominations. Treasurer Salanga recommended a rotation of positions moving Shannon Wilson to President; Chuck Ertl to Vice President; Ed Salanga to Secretary; and Bill Nolde to Treasurer, with the remaining as Directors in rotation. Vice President Wilson motioned to approve, and Secretary Ertl seconded the motion, motion approved unanimously, (7-0).

#### **Member Comments/Announcements**

None.

#### **Calendar**

5. The next regular meeting will be held on Tuesday, June 13, 2023, at 7:30 a.m.

#### Informational Items

None.

#### **Adjourn**

| The meeting was adj  | journed at 7:55 a.m. |
|----------------------|----------------------|
|                      |                      |
| Lee Kroll, President |                      |

#### **Exhibit A**

### Chandler Industrial Development Authority Proposed Budget for FY 2023-24

|                  |                               | Propo<br>FY 20 | osed Budget<br>23-24 |  |
|------------------|-------------------------------|----------------|----------------------|--|
| Revenues         |                               |                |                      |  |
|                  | Investment Income             |                | 7,500                |  |
|                  | Annual Admin Fees (1)         |                | 142,539              |  |
|                  | CCAP Fees (2)                 |                | 1,500                |  |
|                  |                               |                |                      |  |
|                  | Total Income                  | \$             | 151,539              |  |
| Expenditures     |                               |                |                      |  |
| ·                | Legal Fees - General<br>Admin | \$             | 1,000                |  |
|                  | Miscellaneous                 |                | 500                  |  |
|                  |                               |                |                      |  |
|                  | Total Expenditures            | \$             | 1,500                |  |
|                  |                               |                |                      |  |
| Additions to Fun | d Balance                     | \$             | 150,039              |  |

Note 1: Annual Admin Fees will end 12/1/2035 for Intel Series 2005, 12/1/2037 for Intel Series 2007,

6/1/2049 for Intel Series 2019, 6/1/2052 for Intel Series 2022, and 12/1/2037 for Tri-City

Baptist Series 2012A&B.

Chandler Collateral Assistance Program (CCAP) fees for two

*Note 2:* \$50,000 pledges.



#### **Industrial Development Authority** Management Services

**Date:** 11/14/2023

**To:** Industrial Development Authority

Thru: Dawn Lang, Deputy City Manager | CFO

Kristi Smith, Assistant Director of Financial Services

From: Robert Steele, Accounting Manager

Subject: May, June, July, August and September 2023 Financials - Mr. Steele

#### **Attachments**

IDA Financial Statements May 2023 to September 2023

# CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF NET POSITION MAY 31, 2023

| $\sim$ 1 | -   | - N 1- |     | C == |      |
|----------|-----|--------|-----|------|------|
| (L       | JKK | ΗN     | ΓAS | SE.  | I S: |

Cash in Bank \$ 100,032.78

TOTAL CURRENT ASSETS \$ 100,032.78

**OTHER ASSETS:** 

Investments 1,049,239.05

TOTAL OTHER ASSETS 1,049,239.05

TOTAL ASSETS \$ 1,149,271.83

CAPITAL:

BEGINNING NET POSITION \$ 999,720.47 Year-to-Date Change in Net Position 149,551.36

ENDING NET POSITION \$ 1,149,271.83

### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION May 31, 2023

| <u>-</u>   | May 31, 2023            | 11 Month Ended<br>May 31, 2023 |
|--|-------------------------|--------------------------------|
| OPERATING REVENUES: Annual Admin Fees (Intel) Annual Admin Fees (Tri-City Babtist Church) Other Revenue                        |                         | 140,539.12<br>-<br>1.00        |
| TOTAL Income   |                         | 140,540.12                     |
| TOTAL OPERATING REVENUES   |                         | 140,540.12                     |
| OPERATING EXPENSES: Annual Corporation Report Miscellaneous (Account Analysis Settlement Bank Charge)                          |                         | 10.00                          |
| TOTAL OPERATING EXPENSES   |                         | 16.95                          |
| OPERATING INCOME (LOSS)  |                         | 140,523.17                     |
| NONOPERATING REVENUE: Investment Income (LOSS)-Note 1  TOTAL NONOPERATING REVENUE  | <u>515.83</u><br>515.83 | <u>9,028.19</u><br>9,028.19    |
| NET CHANGE IN NET POSITION   | \$ 515.83               | 149,551.36                     |
| Note 1 - Interest Income (Loss) is as follows:<br>Realized interest to date<br>Effect of recording investments at amortized co | \$ 515.83<br>st -       | 9,028.19                       |

# CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF NET POSITION JUN 30, 2023

| $\sim$ 1 | IDE |      | . ,   | TTC. |
|----------|-----|------|-------|------|
| LL       | חחנ | CINI | - ADS | ETS: |

Cash in Bank \$ 100,032.78
Accounts Receivable 2,000.00

TOTAL CURRENT ASSETS \$ 102,032.78

OTHER ASSETS:

Investments 1,051,980.39

TOTAL OTHER ASSETS 1,051,980.39

TOTAL ASSETS \$ 1,154,013.17

**CAPITAL:** 

BEGINNING NET POSITION \$ 999,720.47 Year-to-Date Change in Net Position 154,292.70

ENDING NET POSITION \$ 1,154,013.17

### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION June 30, 2023

|  | June 30, 2023    | 12 Month Ended<br>June 30, 2023 |
|--|------------------|---------------------------------|
| OPERATING REVENUES: Annual Admin Fees (Intel) Annual Admin Fees (Tri-City Babtist Church) Other Revenue                          | 2,000.00         | 140,539.12<br>2,000.00<br>1.00  |
| TOTAL Income   | 2,000.00         | 142,540.12                      |
| TOTAL OPERATING REVENUES   | 2,000.00         | 142,540.12                      |
| OPERATING EXPENSES:  Annual Corporation Report  Miscellaneous (Account Analysis  Settlement Bank Charge)                         |                  | 10.00<br>6.95                   |
| TOTAL OPERATING EXPENSES   |                  | 16.95                           |
| OPERATING INCOME (LOSS)  | 2,000.00         | 142,523.17                      |
| NONOPERATING REVENUE: Investment Income (LOSS)-Note 1  | 2,741.34         | 11,769.53                       |
| TOTAL NONOPERATING REVENUE   | 2,741.34         | 11,769.53                       |
| NET CHANGE IN NET POSITION   | \$ 4,741.34      | 154,292.70                      |
| Note 1 - Interest Income (Loss) is as follows:<br>Realized interest to date<br>Effect of recording investments at amortized cost | \$ 2,741.34<br>- | 11,769.53                       |

# CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF NET POSITION JUL 31, 2023

| CURRENT ASSETS:<br>Cash in Bank<br>Accounts Receivable     | \$ 100,032.78<br>2,000.00   |                 |
|--|-----------------------------|-----------------|
| TOTAL CURRENT ASSETS                                       |                             | \$ 102,032.78   |
| OTHER ASSETS: Investments TOTAL OTHER ASSETS               | 1,054,246.49                | 1,054,246.49    |
| TOTAL ASSETS   |                             | \$ 1,156,279.27 |
| CAPITAL:   |                             |                 |
| BEGINNING NET POSITION Year-to-Date Change in Net Position | \$ 1,154,013.17<br>2,266.10 |                 |
| ENDING NET POSITION  |                             | \$ 1,156,279.27 |

### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION July 31, 2023

|  | July 31, 2023        | 1 Month Ended<br>July 31, 2023 |
|--|----------------------|--------------------------------|
| OPERATING REVENUES: Annual Admin Fees (Intel) Annual Admin Fees (Tri-City Babtist Church) Other Revenue                  |                      | <u> </u>                       |
| TOTAL Income   |                      |                                |
| TOTAL OPERATING REVENUES   |                      |                                |
| OPERATING EXPENSES: Annual Corporation Report Miscellaneous (Account Analysis Settlement Bank Charge)                    |                      |                                |
| TOTAL OPERATING EXPENSES   |                      |                                |
| OPERATING INCOME (LOSS)  |                      |                                |
| NONOPERATING REVENUE:<br>Investment Income (LOSS)-Note 1   | 2,266.10             | 2,266.10                       |
| TOTAL NONOPERATING REVENUE   | 2,266.10             | 2,266.10                       |
| NET CHANGE IN NET POSITION   | \$ 2,266.10          | 2,266.10                       |
| Note 1 - Interest Income (Loss) is as follows: Realized interest to date Effect of recording investments at amortized co | \$ 2,266.10<br>est - | 2,266.10                       |

# CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF NET POSITION AUG 31, 2023

| CURRENT ASSETS: |
|-----------------|
| Cash in Bank    |

\$ 102,032.78

**TOTAL CURRENT ASSETS** 

\$ 102,032.78

OTHER ASSETS:

Investments

1,057,902.73

TOTAL OTHER ASSETS

1,057,902.73

**TOTAL ASSETS** 

\$ 1,159,935.51

CAPITAL:

**BEGINNING NET POSITION** 

\$ 1,154,013.17

Year-to-Date Change in Net Position

5,922.34

**ENDING NET POSITION** 

\$ 1,159,935.51

### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION August 31, 2023

|  |                  | 2 Month Ended   |
|--|------------------|-----------------|
| <u> </u>   | August 31, 2023  | August 31, 2023 |
| OPERATING REVENUES: Annual Admin Fees (Intel) Annual Admin Fees (Tri-City Babtist Church) Other Revenue                    |                  |                 |
| TOTAL Income   | <u> </u>         |                 |
| TOTAL OPERATING REVENUES   | <u> </u>         |                 |
| OPERATING EXPENSES: Annual Corporation Report Miscellaneous (Account Analysis Settlement Bank Charge)                      |                  |                 |
| TOTAL OPERATING EXPENSES   |                  |                 |
| OPERATING INCOME (LOSS)  |                  |                 |
| NONOPERATING REVENUE:<br>Investment Income (LOSS)-Note 1   | 3,656.24         | 5,922.34        |
| TOTAL NONOPERATING REVENUE   | 3,656.24         | 5,922.34        |
| NET CHANGE IN NET POSITION   | \$ 3,656.24      | 5,922.34        |
| Note 1 - Interest Income (Loss) is as follows: Realized interest to date Effect of recording investments at amortized cost | \$ 3,656.24<br>- | 5,922.34        |

#### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY

### STATEMENT OF NET POSITION SEPTEMBER 30, 2023

| <b>CURRENT ASSETS:</b> |
|------------------------|
|------------------------|

Cash in Bank \$ 102,032.78

TOTAL CURRENT ASSETS \$ 102,032.78

OTHER ASSETS:

Investments 1,061,586.74

TOTAL OTHER ASSETS 1,061,586.74

TOTAL ASSETS \$ 1,163,619.52

CAPITAL:

BEGINNING NET POSITION \$ 1,154,013.17 Year-to-Date Change in Net Position 9,606.35

ENDING NET POSITION \$ 1,163,619.52

### CHANDLER INDUSTRIAL DEVELOPMENT AUTHORITY STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN NET POSITION September 30, 2023

|  | September 30, 2023   | 3 Month Ended<br>September 30, 2023 |
|--|----------------------|-------------------------------------|
| OPERATING REVENUES: Annual Admin Fees (Intel) Annual Admin Fees (Tri-City Babtist Church) Other Revenue                  |                      | <u>-</u>                            |
| TOTAL Income   |                      |                                     |
| TOTAL OPERATING REVENUES   |                      |                                     |
| OPERATING EXPENSES: Annual Corporation Report Miscellaneous (Account Analysis Settlement Bank Charge)                    |                      | <u> </u>                            |
| TOTAL OPERATING EXPENSES   |                      |                                     |
| OPERATING INCOME (LOSS)  |                      |                                     |
| NONOPERATING REVENUE:<br>Investment Income (LOSS)-Note 1   | 3,684.01             | 9,606.35                            |
| TOTAL NONOPERATING REVENUE   | 3,684.01             | 9,606.35                            |
| NET CHANGE IN NET POSITION   | \$ 3,684.01          | 9,606.35                            |
| Note 1 - Interest Income (Loss) is as follows: Realized interest to date Effect of recording investments at amortized co | \$ 3,684.01<br>ost - | 9,606.35                            |



#### **Industrial Development Authority** Management Services

**Date:** 11/14/2023

**To:** Industrial Development Authority

**Thru:** Dawn Lang, Deputy City Manager | CFO

Kristi Smith, Assistant Director of Financial Services

From: Robert Steele, Accounting Manager

Subject: IRS Form 990 Fiscal Year Ending June 30, 2023 - Mr. Steele

#### **Attachments**

2022 IRS Form 990 - Filed Form 990 Signature Page

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public

| $\overline{A}$                 | For the         | 2022 calend                           | dar year, or tax year beginning  | 07/01/2022                            | and ending     | 06/30/            | 2023  | •                                    |                 |  |  |
|--------------------------------|-----------------|---------------------------------------|--|---------------------------------------|----------------|-------------------|---|--------------------------------------|-----------------|--|--|
| <u>~</u><br>В                  |                 | applicable:                           | C Name of organization INDUSTR   |                                       |                |                   |   | oyer identification                  | number          |  |  |
|                                | Address         |                                       | Doing business as  | TAL DEVELOT MENT ACTION               | WITT OF THE    | CITT OF CHAI      | Lingi   | 94-2781837                           | number          |  |  |
| H                              | Name ch         | ·                                     | -  | mail is not delivered to street addre | (22)           | Room/suite        | <b>E</b> Telenk   | none number                          |                 |  |  |
| H                              | Initial ret     |                                       | PO Box 4008 MS702  | mail is not delivered to street addre | 133)           | 100m/suite        | Litelepi  | 480-782-2333                         |                 |  |  |
| H                              |                 | urn/terminated                        |  | ountry, and ZIP or foreign postal coo | <u>-</u>       |                   |   | 400-702-2333                         |                 |  |  |
| H                              | Amende          |                                       | Chandler, AZ 85244   | or to eight postal coc                | J <del>C</del> |                   | G Gross   | receipts \$                          | 164,457         |  |  |
| $\vdash$                       |                 |                                       | F Name and address of principal office   | oor Loo Kroll                         |                | H(a) la this a gr |   |                                      | es  No          |  |  |
| Ш                              | Applicat        | ion pending                           |  |                                       |                | 1                 | group return for subordinates? Yes No subordinates included? Yes No |                                      |                 |  |  |
| _                              | Tay-oyo         | mpt status:                           | 1640 S Jay Place, Chandler, A  | 6 ) (insert no.) 4947(a)(1            | ) or 527       |                   |   | es included? 🔲 🕶<br>ee instructions. | S IIIO          |  |  |
| <u>:</u>                       |                 | ·                                     |  | · / / /                               | ) 01           |                   | exemption number  |                                      |                 |  |  |
| <u></u>                        | _               |                                       | w.chandleraz.gov/default.aspx Corporation Trust Associat                           |                                       | I Vacu of form |                   |   |                                      |                 |  |  |
|                                | art I           | Summa                                 |  | tion Other                            | L Year of form | ation: 1979       | IVI State   | of legal domicile:                   | AZ              |  |  |
|                                | 1               |                                       | cribe the organization's missi   | ion or most significant activ         | ition: To and  |                   | ont onn   | automitica and in                    |                 |  |  |
| Ф                              | ١ '             |                                       |  |                                       |                |                   |   | orturiities and in                   | iprove          |  |  |
| Governance                     |                 | Chandler S                            | tax base by focusing on Indus  | uriai, Office and Retail revital      | ization, and   | tourism develop   | oment.  |                                      |                 |  |  |
| Ē                              | 9               | Chook this                            | box  if the organization di  | continued its operations of           | r disposed     | of more than 2    | 50/ of it   | e not accete                         |                 |  |  |
| ove                            | 2               |                                       | voting members of the gover  | •                                     | •              |                   | <b>3</b>  | 5 Het assets.                        | 7               |  |  |
| ر<br>ک                         | 4               |                                       | independent voting members   | • • • • • •                           |                |                   | 4   |                                      |                 |  |  |
| Activities &                   |                 |                                       | per of individuals employed in   |                                       |                |                   | 5   |                                      | 7               |  |  |
| ξ                              | 5               |                                       | per of individuals employed in<br>oer of volunteers (estimate if r                 | •                                     | •              |                   | 6   |                                      | 0               |  |  |
| Ċţį                            | 6               |                                       | · ·  | • •                                   |                |                   |   |                                      | 0               |  |  |
| ٩                              | 7a              |                                       | ated business revenue from F   |                                       | 7a<br>7b       |                   | 0   |                                      |                 |  |  |
|                                | b               | net unrelat                           | ed business taxable income   | from Form 990-1, Part I, line         | 911            | Prior Yea         |   | Current Ye                           | 0               |  |  |
|                                |                 | Contributio                           | and grants (Dort VIII. line :  | 16)                                   |                | Prior rea         |   | Current re                           | - aı            |  |  |
| ne                             | 8               |                                       | ons and grants (Part VIII, line  | ·                                     |                |                   | 0   |                                      | 140.540         |  |  |
| Revenue                        | 9               | _                                     | ervice revenue (Part VIII, line 2  |                                       |                |                   | 101,039   |                                      | 140,540         |  |  |
| Be                             | 10              |                                       | t income (Part VIII, column (A)  | •                                     |                |                   | -17,283   |                                      | 23,917          |  |  |
|                                | 11              |                                       | nue (Part VIII, column (A), line   |                                       | -              |                   | 0   |                                      | 0               |  |  |
|                                | 12              |                                       | ue—add lines 8 through 11 (m   |                                       |                |                   | 83,756 164,457  |                                      |                 |  |  |
|                                | 13              |                                       | I similar amounts paid (Part I)  | 1,606                                 |                |                   |   |                                      |                 |  |  |
|                                | 14              | · · · · · · · · · · · · · · · · · · · | aid to or for members (Part IX   |                                       |                |                   | 0   |                                      | 0               |  |  |
| ses                            | 15              |                                       | her compensation, employee b   | 0                                     |                | 0                 |   |                                      |                 |  |  |
| ens                            | 16a             |                                       | al fundraising fees (Part IX, co   | , ,                                   |                |                   | 0   |                                      | 0               |  |  |
| Expenses                       | b               |                                       | raising expenses (Part IX, colu  |                                       | 0              |                   |   |                                      |                 |  |  |
| _                              | 17              |                                       | enses (Part IX, column (A), line   | -                                     |                |                   | 450   |                                      | 17              |  |  |
|                                | 18              | -                                     | nses. Add lines 13–17 (must e  |                                       | •              |                   | 2,056   |                                      | 17              |  |  |
| . 0                            | 19              | Revenue le                            | ess expenses. Subtract line 18   | 8 from line 12                        |                |                   | 81,700  |                                      | 164,440         |  |  |
| Net Assets or<br>Fund Balances |                 | <b>-</b>                              | (5 1)( 11 10)  |                                       |                | Beginning of Curi |   | End of Yea                           |                 |  |  |
| Ssel                           | 20              |                                       | s (Part X, line 16)  |                                       |                |                   | 980,788   | 1                                    | <u>,145,228</u> |  |  |
| let A                          | 21              |                                       | ties (Part X, line 26)   |                                       |                |                   | 0   |                                      | 0               |  |  |
| Z                              | 22              |                                       | or fund balances. Subtract li  | ne 21 from line 20                    |                |                   | 980,788   | 1                                    | ,145,228        |  |  |
|                                | art II          |                                       | re Block   |                                       |                |                   |   |                                      |                 |  |  |
|                                |                 |                                       | , I declare that I have examined this re<br>e. Declaration of preparer (other than |                                       |                |                   |   | my knowledge and                     | beliet, it is   |  |  |
|                                |                 | 1                                     |  | <u> </u>                              |                |                   |   |                                      |                 |  |  |
| Sig                            | nn              | Signature of                          | officer  |                                       |                |                   |   |                                      |                 |  |  |
| He                             | _               | "                                     |  |                                       |                | Date              | ,   |                                      |                 |  |  |
| пе                             | ei <del>C</del> |                                       | Director/President name and title  |                                       |                |                   |   |                                      |                 |  |  |
|                                |                 | <del> </del>                          |  | Preparer's signature                  | I i            | Date              |   | ☐ if PTIN                            |                 |  |  |
| Pa                             | id              | FillivType                            | preparer's name  | Preparer's signature                  | '              | Jaie              | Check  <br>  self-emp   | □ "                                  |                 |  |  |
|                                | epare           |                                       |  |                                       |                | T                 |   | 5.0,000                              |                 |  |  |
| Us                             | e Onl           | ly Firm's nan                         |  |                                       |                | Firm's            |   |                                      |                 |  |  |
| <u> </u>                       | v tha IF        | Firm's add                            | dress<br>This return with the preparer s   | shown above? Cas instruction          | nne.           | Phon              | e no.   |                                      |                 |  |  |
| ivid                           | ушеп            | เบ นเจบนจริ เ                         | ino return with the preparer s   | SHOWIT ADOVE: SEE ITISHUCH            | פווע           |                   |   | . 🗌 Yes                              | ■ No            |  |  |

Form 990 (2022)

| Part |                             | ram Service Accomplish  Contains a response or r                                     |  |   | _<br>7   |
|------|-----------------------------|--|--|---|----------|
| 1    | Briefly describe the organi |  | ioto to any into in tino r are in .                    |   | <u>-</u> |
| -    |                             |  | andler's tax base by focusing on Inc                   | dustrial Office and Retail revitalization |          |
|      | and tourism development.    |  | 2  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
| 2    |                             |  | m services during the year which                       |   | _        |
| 3    |                             | ew services on Schedule O.   | significant changes in how it co                       | onducts any program                       |          |
|      | services?                   |  |  |   |          |
| 4    |                             | 's program service accomp  |  | rgest program services, as measured b     |          |
|      |                             | <ol> <li>and 501(c)(4) organization</li> <li>venue, if any, for each prog</li> </ol> |  | ount of grants and allocations to other   | s,       |
| 4-   |                             |  | ·<br>  | ) (D                                      | _        |
| 4a   | To enhance employment or    | nses \$Inclu<br>pportunities and improve Cha   | iding grants of \$andler's tax base by focusing on Inc | dustrial Office and Retail revitalization |          |
|      | and tourism development.    |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
| 4b   |                             |  |  |   | _        |
| 40   |                             |  |  | ) (Revenue \$)                            |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
| 4c   | (Code:) (Exper              | nses \$inclu   | ıding grants of \$                                     | ) (Revenue \$)                            | _        |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   |          |
|      |                             |  |  |   | _        |
| 4d   | Other program services (D   |  |  |   |          |
| 40   | (Expenses \$                | o including grants of \$   | 0 ) (Revenue \$  | 0 )                                       | _        |

| Part I | V Checklist of Required Schedules   |                 |     |          |
|--------|---|-----------------|-----|----------|
|        |   |                 | Yes | No       |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                 |                 |     |          |
|        | complete Schedule A   | 1               |     | ✓        |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                               | 2               |     | <b>✓</b> |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to              |                 |     |          |
|        | candidates for public office? If "Yes," complete Schedule C, Part I   | 3               |     | ✓        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                 |                 |     | _        |
| •      | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4               |     |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                  | -               |     |          |
| 3      | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                       | _               |     | ,        |
| •      | ·   | 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               |     | <b>✓</b> |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                     |                 |     |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                          | 7               |     | <b>✓</b> |
| 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? If "Yes," complete Schedule D, Part IV   | 9               |     | ✓        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                  | -               |     | •        |
| 10     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 40              |     | ,        |
| 44     |   | 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>✓</b> |
| b      | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more                 |                 |     |          |
|        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                      | 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? If "Yes," complete Schedule D, Part VIII                                     | 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? If "Yes," complete Schedule D, Part IX   | 11d             |     | ✓        |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X         | 11e             |     | <b>∵</b> |
| 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             |     | <b>√</b> |
| 120    | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>    |                 |     |          |
| 12a    |   | 4.0             |     | ,        |
|        | 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    | Did the organization maintain an office, employees, or agents outside of the United States?                                   | 14a             |     | <b>✓</b> |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                              |                 |     |          |
|        | fundraising, business, investment, and program service activities outside the United States, or aggregate                     |                 |     |          |
|        | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                | 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? If "Yes," complete Schedule F, Parts II and IV  | 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? If "Yes," complete Schedule F, Parts III and IV                                     | 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? If "Yes," complete Schedule G, Part I. See instructions                                 | 17              |     | <b>√</b> |
| 10     |   | <del>  ''</del> |     | <b>V</b> |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                   |                 |     | ,        |
|        | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18              |     | <b>✓</b> |
| 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? <i>If "Yes," complete Schedule H</i>                            | 20a             |     | <b>✓</b> |
| 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? If "Yes," complete Schedule I, Parts I and II                             | 21              |     | ./       |

| Part          | Checklist of Required Schedules (continued)  |            |          |          |
|---------------|--|------------|----------|----------|
| 22            | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            | Yes      | No       |
| 22            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |          | <b>✓</b> |
| 23            | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23         |          | · ·      |
| 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        |          | <b>V</b> |
| b<br>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<br>24c |          |          |
| d<br>25a<br>b | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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   | 24d<br>25a |          |          |
| 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>  | 25b<br>26  |          | <b>✓</b> |
| 27            | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27         |          | <b>√</b> |
| 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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>   | 28a        |          | 1        |
| b<br>b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b<br>28c |          | <b>√</b> |
| 29<br>30      | Did the organization receive more than \$25,000 in non-cash 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>  | 30         |          | √        |
| 31<br>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         |          | √<br>√   |
| 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         |          | <b>V</b> |
| 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         |          | 1        |
| 35a<br>b      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>35b |          | ✓        |
| 36            | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>  | 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? If "Yes," complete Schedule R, Part VI  | 37         |          | 1        |
| 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         | <b>✓</b> |          |
| Part          | · · · · · · · · · · · · · · · · · · ·  |            |          |          |
|               | Check if Schedule O contains a response or note to any line in this Part V   | <u> </u>   | Yes      | No       |
| 1a<br>b       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |            | 163      | .40      |
| C             | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         | <b>√</b> |          |

| 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                            | o   |     |          |
| 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  |     | ✓        |
| b       | 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>✓</b> |
| 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>√</b> |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | <b>✓</b> |
| c<br>6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |          |
| Va      | 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   | Va  |     | <b>V</b> |
|         | 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  |     |          |
| b       | 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  |     |          |
| С       | required to file Form 8282?  | 7c  |     |          |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  | 76  |     |          |
| 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<br>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.  |     |     |          |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |          |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |          |
| 10      | Section 501(c)(7) organizations. Enter:  |     |     |          |
| а       | 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 . [10b]  | -   |     |          |
| 11      | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |     |     |          |
| a<br>b  | Gross income from members or shareholders  | -   |     |          |
| D       | against amounts due or received from them.)  |     |     |          |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |          |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | 124 |     |          |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 1   |     |          |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |          |
|         | <b>Note:</b> 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   |     |     |          |
| С       | Enter the amount of reserves on hand   |     |     |          |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | ✓        |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |     |          |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |     |     |          |
|         | excess parachute payment(s) during the year?   | 15  |     | <b>✓</b> |
| 46      | If "Yes," see the instructions and file Form 4720, Schedule N.   | 4.0 |     |          |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | <b>✓</b> |
| 17      | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |     |     |          |
| .,      | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  | 17  |     |          |
|         | If "Yes," complete Form 6069.  | 17  |     |          |
|         | Joj. Jo., pioto i onni oddo:   |     |     |          |

Form 990 (2022) Page **6** 

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 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 ✓ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AZ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. City of Chandler Accounting, (480)782-2333

Part VI

Form 990 (2022) Page **7** 

#### 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 no | r any relate      | d org   | aniz                  | atic   | n c          | ompe                         | nsa    | ated any current        | officer, director,        | or trustee.                            |
|---|-------------------|---|-----------------------|--|--------------|------------------------------|--------|-------------------------|---------------------------|--|
|   |                   | (C)   |                       |  |              |                              |        |                         |                           |  |
| (A)   | (B)               | Position  |                       |  |              |                              |        | (D)                     | (E)                       | (F)                                    |
| Name and title                                  | Average           | (do not check more than one box, unless person is both an |                       |  |              |                              |        | Reportable              | Reportable                | Estimated amount                       |
|   | hours<br>per week | office  |                       | d a d  |              | or/trus                      | tee)   | compensation from the   | compensation from related | of other compensation                  |
|   | (list any         | Individual trustee or director                            | nst                   | Officer                                      | <u>\$</u>    | Hig                          | Former | organization (W-2/      | organizations (W-2/       |  |
|   | hours for related | lividu<br>direc   | Institutional trustee | cer  | Key employee | hest                         | mer    | 1099-MISC/<br>1099-NEC) | 1099-MISC/<br>1099-NEC)   | organization and related organizations |
|   | organizations     | tor ta  | ona                   |  | 형            | e con                        |        | 1099-NEC)               | 1099-NEC)                 | related organizations                  |
|   | below             | )<br>Isu  | tru                   |  | /ee          | nper                         |        |                         |                           |  |
|   | dotted line)      | ĕ   | stee                  |  |              | Highest compensated employee |        |                         |                           |  |
| OL TWE  |                   |   |                       |  |              | l ä                          |        |                         |                           |  |
| Shannon T Wilson                                | 0.02              |   |                       | ,  |              |                              |        |                         |                           |  |
| President Charles First                         | 0.00              | <b>/</b>  |                       | <b>/</b>                                     |              |                              |        | 0                       | 0                         | 0                                      |
| Charles Ertl Vice President                     | 0.02              | · /   |                       | <b> </b> ✓                                   |              |                              |        |                         |                           |  |
| Edward A Salanga                                | 0.02              | <b>- v</b>  |                       | <b>V</b>                                     |              |                              |        | 0                       | 0                         | 0                                      |
| Secretary                                       | 0.02              | 1   |                       | 1  |              |                              |        | 0                       | 0                         | 0                                      |
| William Nolde                                   | 0.02              | <b> </b>  |                       | <b>                                     </b> |              |                              |        | •                       |                           | ·                                      |
| Treasurer                                       | 0.02              | 1   |                       | 1  |              |                              |        | 0                       | 0                         | 0                                      |
| Lee Kroll                                       | 0.02              | Ė   |                       | Ť  |              |                              |        |                         |                           |  |
| Director  |                   | 1   |                       |  |              |                              |        | 0                       | 0                         | 0                                      |
| James Baglini Jr                                | 0.02              |   |                       |  |              |                              |        |                         |                           |  |
| Director  |                   | <b>1</b> ✓  |                       |  |              |                              |        | 0                       | 0                         | 0                                      |
| John Lok  | 0.02              |   |                       |  |              |                              |        |                         |                           |  |
| Director  |                   | ✓   |                       |  |              |                              |        | 0                       | 0                         | 0                                      |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | ļ                 | -   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | <b></b>           | -   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | <b></b>           | -   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | +                 | †   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | <del> </del>      | †   |                       |  |              |                              |        |                         |                           |  |
|   |                   |   |                       |  |              |                              |        |                         |                           |  |
|   | +                 | 1   | 1                     | 1  |              | 1                            | 1      |                         |                           |  |

| Part  | VII Section A. Officers, Directors,   | Trustees,             | Key I                             | Em                   | plo      | yee  | s, an                        | d F  | lighest Compe                     | nsated Empl             | oyees (continued)         |
|-------|---|-----------------------|-----------------------------------|----------------------|----------|--|------------------------------|--|-----------------------------------|-------------------------|---------------------------|
|       |   |                       |                                   |                      |          | C)   |                              |  |                                   |                         |                           |
|       | (A)   | (B)                   | (do not check more tha            |                      |          |  |                              | one  | (D)                               | (E)                     | (F)                       |
|       | Name and title  | Average hours         |                                   |                      |          |  | is both<br>or/trust          |  | Reportable compensation           | Reportable compensation | Estimated amount of other |
|       |   | per week              |                                   |                      | _        |  |                              | –  | from the                          | from related            | compensation              |
|       |   | (list any hours for   | Individual to                     | stitu                | Officer  | Key employee                                 | ighe:                        | Former                                       | organization (W-2/<br>1099-MISC/  | organizations (W-2      | from the organization and |
|       |   | related organizations | dual                              | tion                 | -        | mplc   | st co<br>yee                 | 4  | 1099-NEC)                         | 1099-NEC)               | related organizations     |
|       |   | below                 | Individual trustee<br>or director | a tru                |          | yee  | mpe                          |  |                                   |                         |                           |
|       |   | dotted line)          | ee                                | nstitutional trustee |          |  | Highest compensated employee |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  | ä                            |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   | <del> </del>          | -                                 |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       | 1                                 |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       | -                                 |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   | <del> </del>          | -                                 |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       | -                                 |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   | <del> </del>          |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       | Subtotal  |                       | L                                 | L                    | <u> </u> | <u>.                                    </u> | <u> </u>                     | <u>.                                    </u> | 0                                 |                         | 0 0                       |
| С     | Total from continuation sheets to Part  | VII, Section          | n A                               |                      |          |  |                              |  |                                   |                         |                           |
| d     | Total (add lines 1b and 1c)   | <u> </u>              |                                   |                      |          |  |                              |  | 0                                 |                         | 0                         |
| 2     | Total number of individuals (including reportable compensation from the organ         |                       | limite                            | ed 1                 | to t     | inos   | se lis                       | ted  | above) who re                     | eceived more            | than \$100,000 of         |
|       | 1 1   |                       |                                   |                      |          |  |                              |  |                                   |                         | Yes No                    |
| 3     | Did the organization list any former  |                       |                                   |                      |          |  |                              | -  |                                   | -                       |                           |
| 4     | employee on line 1a? If "Yes," complete for any individual listed on line 1a, is the  |                       |                                   |                      |          |  |                              |  |                                   |                         | 3 🗸                       |
| 4     | organization and related organizations  |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       | individual  |                       |                                   |                      |          |  |                              |  |                                   |                         | 4 🗸                       |
| 5     | Did any person listed on line 1a receive of for services rendered to the organization |                       |                                   |                      |          |  |                              |  |                                   | tion or individu        | al                        |
| Secti | on B. Independent Contractors   |                       |                                   |                      | 00.      |  |                              | -  |                                   |                         | 3   7                     |
| 1     | Complete this table for your five high  |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       | compensation from the organization. Rep   | ort comper            | satior                            | n fo                 | r the    | e ca   | lenda                        | r ye   | <del></del>                       | within the orga         | <del>-</del>              |
|       | <b>(A)</b><br>Name and business add   | Iress                 |                                   |                      |          |  |                              |  | <b>(B)</b><br>Description of serv | vices                   | (C)<br>Compensation       |
| None  |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
|       |   |                       |                                   |                      |          |  |                              |  |                                   |                         |                           |
| 2     | Total number of independent contractor  | ors (includi          | ng bu                             | ıt n                 | ot       | limit  | ed to                        | L<br>th                                      | nose listed abov                  | e) who                  |                           |
|       | received more than \$100,000 of compens   |                       |                                   |                      |          |  |                              |  | 0                                 |                         |                           |

Page 8

|           | _,                   |
|-----------|----------------------|
| Part VIII | Statement of Revenue |

|   |     | Check if Schedule                         | Осо     | ntains a re   | espon      | se or note to an | y line in this Pa           | ırt VIII                               |                                      |  |
|---|-----|---|---------|---------------|------------|------------------|-----------------------------|--|--------------------------------------|--|
|   |     |   |         |               |            |                  | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| S;  | 1a  | Federated campaig                         | ns .    |               | 1a         |                  |                             |  |                                      |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | b   | Membership dues                           |         |               | 1b         |                  |                             |  |                                      |  |
| င်္ခ ဥ  | С   | Fundraising events                        |         |               | 1c         |                  |                             |  |                                      |  |
| rs,   | d   | Related organization                      |         |               | 1d         |                  |                             |  |                                      |  |
| ia gi   | е   | Government grants                         |         |               | 1e         |                  |                             |  |                                      |  |
| ns,   | f   | All other contribution                    |         |               |            |                  |                             |  |                                      |  |
| er ti   |     | and similar amounts no                    | ot incl | uded above    | 1f         |                  |                             |  |                                      |  |
| 혈된  | g   | Noncash contribution                      |         |               |            |                  |                             |  |                                      |  |
|   |     | lines 1a-1f                               |         |               | 1g         | \$               |                             |  |                                      |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | h   | Total. Add lines 1a-                      | -1f .   |               |            |                  | 0                           |  |                                      |  |
|   |     |   |         |               |            | Business Code    |                             |  |                                      |  |
| e e   | 2a  | ADMINISTRATIVE FI                         | EES     |               |            | 561000           | 140,540                     | 140,540                                | 0                                    | 0  |
| اه ∑َ   | b   |   |         |               |            |                  |                             |  |                                      |  |
| S II  | С   |   |         |               |            |                  |                             |  |                                      |  |
| gram Ser<br>Revenue                                     | d   |   |         |               |            |                  |                             |  |                                      |  |
| g &   | е   |   |         |               |            |                  |                             |  |                                      |  |
| Program Service<br>Revenue                              | f   | All other program se                      |         |               |            |                  | 0                           | 0                                      | 0                                    | 0  |
| _   | g   | Total. Add lines 2a-                      |         |               |            |                  | 140,540                     |  |                                      |  |
|   | 3   | 3 Investment income (including dividends, |         |               |            |                  |                             |  |                                      |  |
|   |     | other similar amounts)                    |         |               |            |                  | 23,917                      | 23,917                                 | 0                                    | 0  |
|   | 4   | Income from investr                       | nent o  | of tax-exen   | npt bo     | nd proceeds      | 0                           | 0                                      | 0                                    | 0  |
|   | 5   | Royalties                                 |         |               |            | [                | 0                           | 0                                      | 0                                    | 0  |
|   |     |   |         | (i) Rea       | I          | (ii) Personal    |                             |  |                                      |  |
|   | 6a  | Gross rents                               | 6a      |               |            |                  |                             |  |                                      |  |
|   | b   | Less: rental expenses                     | 6b      |               |            |                  |                             |  |                                      |  |
|   | С   | Rental income or (loss)                   | 6с      |               | 0          | 0                |                             |  |                                      |  |
|   | d   | Net rental income o                       | r (los: | s)            |            |                  |                             |  |                                      |  |
|   | 7a  | Gross amount from                         |         | (i) Securi    | ties       | (ii) Other       |                             |  |                                      |  |
|   |     | sales of assets                           |         |               |            |                  |                             |  |                                      |  |
|   |     | other than inventory                      | 7a      |               |            |                  |                             |  |                                      |  |
| e l   | b   | Less: cost or other basis                 |         |               |            |                  |                             |  |                                      |  |
| Revenue   |     | and sales expenses .                      | 7b      |               |            |                  |                             |  |                                      |  |
| ě   | С   | Gain or (loss)                            | 7с      |               | 0          | 0                |                             |  |                                      |  |
|   | d   | Net gain or (loss)                        |         |               | . <u>.</u> |                  |                             |  |                                      |  |
| Other   | 8a  | Gross income from                         | m fu    | ındraising    |            |                  |                             |  |                                      |  |
| 0   |     | events (not including                     |         |               |            |                  |                             |  |                                      |  |
|   |     | of contributions rep                      |         |               |            |                  |                             |  |                                      |  |
|   |     | 1c). See Part IV, line                    | e 18    |               | 8a         |                  |                             |  |                                      |  |
|   | b   | Less: direct expense                      |         |               | 8b         |                  |                             |  |                                      |  |
|   | С   | Net income or (loss)                      |         |               | g eve      | nts              |                             |  |                                      |  |
|   | 9a  | Gross income f                            |         |               |            |                  |                             |  |                                      |  |
|   |     | activities. See Part I                    |         |               | 9a         |                  |                             |  |                                      |  |
|   | b   | Less: direct expens                       |         |               | 9b         |                  |                             |  |                                      |  |
|   | С   | Net income or (loss)                      |         |               | ctivitie   | es               |                             |  |                                      |  |
|   | 10a | Gross sales of in                         |         | =             |            |                  |                             |  |                                      |  |
|   |     | returns and allowan                       |         |               | 10a        |                  |                             |  |                                      |  |
|   | b   | Less: cost of goods                       |         |               | 10b        |                  |                             |  |                                      |  |
|   | С   | Net income or (loss)                      | ) trom  | n sales of ir | ivento     | 1                |                             |  |                                      |  |
| Sn  |     |   |         |               |            | Business Code    |                             |  |                                      |  |
| e e   | 11a |   |         |               |            |                  |                             |  |                                      |  |
| scellaneo<br>Revenue                                    | b   |   |         |               |            |                  |                             |  |                                      |  |
| e Se  | C   |   |         |               |            |                  |                             |  |                                      |  |
| Miscellaneous<br>Revenue                                | d   | All other revenue                         |         |               |            |                  |                             |  |                                      |  |
|   |     | Total. Add lines 11a                      |         |               |            |                  | 0                           |  |                                      |  |
|   | 12  | Total revenue. See                        | ınstr   | uctions       |            |                  | 164,457                     | 164,457                                | 0                                    | 0  |

Form 990 (2022) Page **10** 

#### Part IX Statement of Functional Expenses

| Sectio   | n 501(c)(3) and 501(c)(4) organizations must comp  |                              |   |                                     |                                       |
|----------|--|------------------------------|---|-------------------------------------|---------------------------------------|
|          | Check if Schedule O contains a response  | e or note to any line        | e in this Part IX .                       |                                     | 🗸                                     |
|          | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>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<br>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) |                              |   |                                     |                                       |
| 7<br>8   | Other salaries and wages   |                              |   |                                     |                                       |
| 9        | Other employee benefits  |                              |   |                                     |                                       |
| 10       | Payroll taxes  |                              |   |                                     |                                       |
| 11       | Fees for services (nonemployees):  |                              |   |                                     |                                       |
| а        | Management   |                              |   |                                     |                                       |
| b        | Legal  |                              |   |                                     |                                       |
| С        | Accounting   |                              |   |                                     |                                       |
| d        | Lobbying   |                              |   |                                     |                                       |
| е        | Professional fundraising services. See Part IV, line 17  |                              |   |                                     |                                       |
| f<br>~   | Investment management fees   |                              |   |                                     |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)                                |                              |   |                                     |                                       |
|          |  | 17                           |   |                                     |                                       |
| 12       | Advertising and promotion  |                              |   |                                     |                                       |
| 13       | Office expenses  |                              |   |                                     |                                       |
| 14       | Information technology   |                              |   |                                     |                                       |
| 15<br>16 | Royalties  |                              |   |                                     |                                       |
| 17       | Travel   |                              |   |                                     |                                       |
| 18       | Payments of travel or entertainment expenses   |                              |   |                                     |                                       |
|          | for any federal, state, or local public officials  |                              |   |                                     |                                       |
| 19       | Conferences, conventions, and meetings .   |                              |   |                                     |                                       |
| 20       | Interest   |                              |   |                                     |                                       |
| 21       | Payments to affiliates   |                              |   |                                     |                                       |
| 22       | Depreciation, depletion, and amortization .  |                              |   |                                     |                                       |
| 23       | Insurance  |                              |   |                                     |                                       |
| 24       | Other expenses. Itemize expenses not covered   |                              |   |                                     |                                       |
|          | above. (List miscellaneous expenses on line 24e. If  |                              |   |                                     |                                       |
|          | line 24e amount exceeds 10% of line 25, column   |                              |   |                                     |                                       |
|          | (A), amount, list line 24e expenses on Schedule O.)  |                              |   |                                     |                                       |
| а        |  |                              |   |                                     |                                       |
| b        |  |                              |   |                                     |                                       |
| C        |  |                              |   |                                     |                                       |
| d        | All all automatical  |                              |   |                                     |                                       |
| е<br>05  | All other expenses   |                              | -   | _                                   |                                       |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the  | 17                           | 0   | 0                                   | 0                                     |
| ۷۵       | 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)   |                              |   |                                     |                                       |

Part X Balance Sheet

| 2 Savings and temporary cash investments   | ear<br>100,032<br>8,661<br>0 |
|--|------------------------------|
| 2 Savings and temporary cash investments   | 8,661<br>0                   |
| 3 Pledges and grants receivable, net   | 0                            |
| 4 Accounts receivable, net   |                              |
| 4 Accounts receivable, net   | 0                            |
| <ul> <li>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</li> <li>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</li> </ul>   |                              |
| controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  6   |                              |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  6   |                              |
| under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  |                              |
|  |                              |
|  |                              |
| y 7 Notes and loans receivable, net  |                              |
| 7 Notes and loans receivable, net  |                              |
| 9   Prepaid expenses and deferred charges  |                              |
| 10a Land, buildings, and equipment: cost or other  |                              |
| basis. Complete Part VI of Schedule D  |                              |
| b Less: accumulated depreciation   10b   10c   |                              |
|  | 036,535                      |
| 12 Investments—other securities. See Part IV, line 11  |                              |
| 13 Investments—program-related. See Part IV, line 11   |                              |
| 14         Intangible assets   |                              |
| 15         Other assets. See Part IV, line 11  |                              |
|  | 145,228                      |
| 17 Accounts payable and accrued expenses   | 0                            |
| 18 Grants payable  | 0                            |
| 19 Deferred revenue  | 0                            |
| 20 Tax-exempt bond liabilities   | 0                            |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21  |                              |
| 22 Loans and other payables to any current or former officer, director,  |                              |
| trustee, key employee, creator or founder, substantial contributor, or 35%   |                              |
| 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   |                              |
| 20 Coodica mortgagos ana notos payable to amolatea tima parties  |                              |
| 24 Unsecured notes and loans payable to unrelated third parties 24   |                              |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X   |                              |
| of Oak adda D  |                              |
| 20 7 1 17 177 177 177 177  |                              |
|  | 0                            |
| and complete lines 27, 28, 32, and 33.   |                              |
| 27 Net assets without donor restrictions   |                              |
| 28 Net assets with donor restrictions  |                              |
| Organizations that do not follow FASB ASC 958, check here  |                              |
| and complete lines 29 through 33.  |                              |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Page 788 33 1 1 | 0                            |
| 30 Paid-in or capital surplus, or land, building, or equipment fund  | 0                            |
| 31 Retained earnings, endowment, accumulated income, or other funds  | 145,228                      |
| 32 Total net assets or fund balances   | 145,228                      |
| 2 33 Total liabilities and net assets/fund balances  | ,                            |

Form 990 (2022) Page **12** 

|                  | heck if Schedule O contains a response or note to any line in this Part XI  |         |         |    |       |          |
|------------------|---|---------|---------|----|-------|----------|
| 1 Total re       |   |         |         |    |       |          |
|                  | evenue (must equal Part VIII, column (A), line 12)  | 1       |         |    | 164   | 4,457    |
|                  | kpenses (must equal Part IX, column (A), line 25)   | 2       |         |    |       | 17       |
|                  | le less expenses. Subtract line 2 from line 1   | 3       |         |    | 164   | 4,440    |
|                  | sets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4       |         |    | 980   | 0,788    |
|                  | realized gains (losses) on investments  | 5       |         | 0  |       |          |
|                  | d services and use of facilities  | 6       |         | 0  |       |          |
|                  | nent expenses   | 7       |         |    |       | 0        |
|                  | eriod adjustments   | 8       |         |    |       | 0        |
|                  | hanges in net assets or fund balances (explain on Schedule O)   | 9       |         |    |       | 0        |
|                  | sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |         |         |    |       |          |
|                  | umn (B))  | 10      |         |    | 1,145 | 5,228    |
|                  | nancial Statements and Reporting  |         |         |    |       | _        |
| C                | heck if Schedule O contains a response or note to any line in this Part XII   |         |         |    |       | _Ц       |
|                  |   |         |         |    | Yes   | No       |
|                  | nting method used to prepare the Form 990:  Cash Accrual Other  Organization changed its method of accounting from a prior year or checked "Other," ex                            | nlain   | <u></u> |    |       |          |
| Schedu           |   | μιαιι ι | 011     |    |       |          |
|                  | ne organization's financial statements compiled or reviewed by an independent accountant?   |         |         | 2a |       | <b>√</b> |
|                  | ie organization's financial statements complied of reviewed by an independent accountant?  " check a box below to indicate whether the financial statements for the year were con |         |         | 2a |       | _        |
|                  | ed on a separate basis, consolidated basis, or both:  | ipiiec  | 0       |    |       |          |
|                  | arate basis   |         |         |    |       |          |
| •                | ne organization's financial statements audited by an independent accountant?  |         |         | 2b |       | <b>/</b> |
|                  | " check a box below to indicate whether the financial statements for the year were audi   | ted o   |         |    |       | _        |
|                  | te basis, consolidated basis, or both:  | .00 0   | "       |    |       |          |
|                  | arate basis   Consolidated basis   Both consolidated and separate basis   |         |         |    |       |          |
|                  | 'to line 2a or 2b, does the organization have a committee that assumes responsibility for over  | ersiah  | t of    |    |       |          |
|                  | lit, review, or compilation of its financial statements and selection of an independent accounta  |         |         | 2c |       |          |
|                  | rganization changed either its oversight process or selection process during the tax year, ex   |         |         |    |       |          |
| Schedu           |   |         |         |    |       |          |
| <b>3a</b> Asare  | sult of a federal award, was the organization required to undergo an audit or audits as set for   | th in   | the     |    |       |          |
|                  | n Guidance, 2 C.F.R. Part 200, Subpart F?   |         |         | 3a |       | ✓        |
| <b>b</b> If "Yes | " did the organization undergo the required audit or audits? If the organization did not und  | ergo    | the     |    |       |          |
| require          | d audit or audits, explain why on Schedule O and describe any steps taken to undergo such a   | udits   | . ;     | 3b |       |          |

Form **990** (2022)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| Name of the organization  | Employer identification number     |
|---|------------------------------------|
| INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF CHANDLER  | 94-2781837                         |
| Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - This is reviewed by the Pro | esident or Vice President prior to |
| filing. The signed and approved Form 990 is provided to the board members at the next meeting following       | the filing.                        |
|   |                                    |
| Form 990, Part VI, Section C, Line 19 - Form 990, Part VI, Section C, Line 19 - Current and past agendas an   |                                    |
| available to the public via the City of Chandler website, http://www.chandleraz.gov/devault.aspx?pageid=6     | 33. Minutes are provided upon      |
| request.  |                                    |
| 5   |                                    |
| Form 990, Part IX, Line 11g - Form 990, Part IX, Line 11g - These expenses were incurred for Account Anal     | ysis Settlement Bank Charge in     |
| Fiscal Year 2022-2023.  |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   | ·                                  |
|   |                                    |

\*\* Electronically signed at the Form 990 Online Website (efile.form990.org) \*\*

Form **8453-TE** 

### Tax Exempt Entity Declaration and Signature for Electronic Filing

| OMB No. 1545-0047  |
|--|
| , and the second |

Department of the Treasury

For calendar year 2022, or tax year beginning 07/01/2022 and ending 06/30/2023 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service

| Name of file   | er   |   | EIN or SSN  |
|--|--|---|---|
| INDUSTE  | RIAL DEVELOPMENT AUTHORITY OF THE  | CITY OF CHANDLER  | 94-2781837  |
| Part I   | Type of Return and Return Info   | rmation   |   |
| and Form<br><b>6a, 7a, 8</b> a<br><b>6b, 7b, 8</b>   | n 5330 filers may enter dollars and cents. For a, <b>9a</b> , or <b>10a</b> below, and the amount on that  | h Form 8453-TE and enter the applicable amount, or all other forms, enter whole dollars only. If you cat line of the return being filed with this form was back (do not enter -0-). If you entered -0- on the return.   | heck the box on line 1a, 2a, 3a, 4a, 5a, lank, then leave line 1b, 2b, 3b, 4b, 5b,  |
|  | ·  | I revenue, if any (Form 990, Part VIII, column (A), lin   | ne 12)   <b>1b</b>   <b>164,457</b>   |
| 2a F   |  | I revenue, if any (Form 990-EZ, line 9)   | · — — — — — — — — — — — — — — — — — — —   |
| 3a F   |  | I tax (Form 1120-POL, line 22)  |   |
| 4a F   |  | based on investment income (Form 990-PF, Part   |   |
| 5a F   | orm 8868 check here 🔲 b Bala   | nce due (Form 8868, line 3c)  | 5b  |
| 6a F   | _  | I tax (Form 990-T, Part III, line 4)  | - I   |
| 7a F   | _  | I tax (Form 4720, Part III, line 1)   | - I   |
| 8a F   | _  | of assets at end of tax year (Form 5227, Item D)  |   |
| 9a F   | _  | <b>due</b> (Form 5330, Part II, line 19)  |   |
| 10a F  |  | unt of credit payment requested (Form 8038-CP, P  | <del> </del>  |
| Part II  |  |   | ,   |
|  | federal taxes owed on this return, and contact the U.S. Treasury Financial Ager I also authorize the financial institutions  | nancial institution account indicated in the tax prother financial institution to debit the entry to this at at 1-888-353-4537 no later than 2 business days involved in the processing of the electronic pass and resolve issues related to the payment.   | account. To revoke a payment, I must prior to the payment (settlement) date.  |
| <b>b</b> [   | executed the electronic disclosure cons<br>990-PF (as specifically identified in Part I  | a state agency(ies) regulating charities as part of the ent contained within this return allowing disclosurabove) to the selected state agency(ies).  an officer of the above named entity or   | e by the IRS of this Form 990/990-EZ/   |
| name of  |  |   | , (EIN) ,   |
| knowledg<br>of the ele<br>to the IRS   | ge and belief, they are true, correct, and co<br>ctronic return. I consent to allow my interm  | ectronic return and accompanying schedules and mplete. I further declare that the amount in Part I a ediate service provider, transmitter, or electronic repowledgement of receipt or reason for rejection of the date of any refund.   | bove is the amount shown on the copy eturn originator (ERO) to send the return  |
| Sign   | Lee Kroll  | October 16, 2023 Lee Kroll, Dir   | ector/President   |
| Here   | Signature of officer or person subject to tax  | Date Title, if applica  |   |
| Part III   | . ,  | n Originator (ERO) and Paid Preparer (see   |   |
|  |  |   | 3 1113t1 dottor13)  |
| I am only<br>The entity<br>be filed w<br>Information<br>have exa                                 | a collector, I am not responsible for revie<br>officer or person subject to tax will have so<br>with the IRS to the officer or person subject<br>on for Authorized IRS e-file Providers for B<br>mined the above return and accompanying   | hat the entries on Form 8453-TE are complete and wing the return and only declare that this form accigned this form before I submit the return. I will given to tax, and have followed all other requirements susiness Returns. If I am also the Paid Preparer, uring schedules and statements, and, to the best of min is based on all information of which I have any kr  | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) der penalties of perjury I declare that I my knowledge and belief, they are true,                                |
| I am only The entity be filed v Information have exa correct, a                                  | a collector, I am not responsible for revie<br>officer or person subject to tax will have so<br>with the IRS to the officer or person subject<br>on for Authorized IRS e-file Providers for B<br>mined the above return and accompanying   | wing the return and only declare that this form accigned this form before I submit the return. I will give to tax, and have followed all other requirements susiness Returns. If I am also the Paid Preparer, urg schedules and statements, and, to the best of many is based on all information of which I have any known in the statements.   | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) and the penalties of perjury I declare that I may knowledge and belief, they are true, nowledge.  If self-       |
| I am only The entity be filed w Information have exa correct, a ERO's Use                        | a collector, I am not responsible for review officer or person subject to tax will have swith the IRS to the officer or person subject on for Authorized IRS e-file Providers for Brained the above return and accompanying and complete. This Paid Preparer declaration ERO's signature  Firm's name (or yours if   | wing the return and only declare that this form accigned this form before I submit the return. I will give to tax, and have followed all other requirements susiness Returns. If I am also the Paid Preparer, urg schedules and statements, and, to the best of many is based on all information of which I have any known in the paid of | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) and the penalties of perjury I declare that I may knowledge and belief, they are true, nowledge.  If self-       |
| I am only<br>The entity<br>be filed w<br>Information<br>have exa                                 | a collector, I am not responsible for review officer or person subject to tax will have swith the IRS to the officer or person subject on for Authorized IRS e-file Providers for Bernined the above return and accompanying and complete. This Paid Preparer declaration of the subject of the sub | wing the return and only declare that this form accigned this form before I submit the return. I will give to tax, and have followed all other requirements susiness Returns. If I am also the Paid Preparer, urg schedules and statements, and, to the best of many is based on all information of which I have any known in the paid of | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) nder penalties of perjury I declare that I my knowledge and belief, they are true, nowledge.    If self-yed      |
| I am only The entity be filed w Information have exa correct, a  ERO's Use Only Under pe my know | a collector, I am not responsible for review officer or person subject to tax will have swith the IRS to the officer or person subject on for Authorized IRS e-file Providers for Brained the above return and accompanying accomplete. This Paid Preparer declaration ERO's signature  Firm's name (or yours if self-employed), address, and ZIP code  nalties of perjury, I declare that I have exalledge and belief, they are true, correct, and  | wing the return and only declare that this form accigned this form before I submit the return. I will give to tax, and have followed all other requirements susiness Returns. If I am also the Paid Preparer, urg schedules and statements, and, to the best of many is based on all information of which I have any known in the paid of | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) der penalties of perjury I declare that I my knowledge and belief, they are true, nowledge.    FRO's SSN or PTIN |
| I am only The entity be filed w Information have exa correct, a  ERO's Use Only Under pe         | a collector, I am not responsible for review officer or person subject to tax will have swith the IRS to the officer or person subject on for Authorized IRS e-file Providers for Brained the above return and accompanying and complete. This Paid Preparer declaration ERO's signature  Firm's name (or yours if self-employed), address, and ZIP code  nalties of perjury, I declare that I have exampledge and belief, they are true, correct, and redge.  Print/Type preparer's name  | wing the return and only declare that this form accigned this form before I submit the return. I will give to tax, and have followed all other requirements business Returns. If I am also the Paid Preparer, ung schedules and statements, and, to the best of min is based on all information of which I have any known in the paid preparer.    Date   | correct to the best of my knowledge. If curately reflects the data on the return. e a copy of all forms and information to in Pub. 4163, Modernized e-File (MeF) der penalties of perjury I declare that I my knowledge and belief, they are true, nowledge.    FRO's SSN or PTIN |

Phone no.

**Use Only** 



#### **Industrial Development Authority** Management Services

**Date:** 11/14/2023

To: Industrial Development Authority

**Thru:** Dawn Lang, Deputy City Manager | CFO

Kristi Smith, Assistant Director of Financial Services

From: Robert Steele, Accounting Manager

Subject: Arizona Corporation Commission Annual Report - Mr. Steele

#### **Attachments**

2022 AZ Corp Commission Filing



COMMISSIONERS

Corporations Division

Lea Márquez Peterson - Chairwoman Sandra D. Kennedy Justin Olson Anna Tovar Jim O'Connor

Date: 10/5/2022 Delivered via: Email

Karla Lange

RE: Entity Name: THE INDUSTRIAL DEVELOPMENT AUTHORITY OF

THE CITY OF CHANDLER

ACC File Number: 01275004

ACC Order Number: 202209151869008

Document Received 09/15/2022

Date:

We are pleased to notify you that the Officer/Director/Shareholder Change submitted for the above-referenced entity have or has been APPROVED for filing.

The Corporations Division strongly recommends that you periodically monitor the corporation's public record, which can be viewed at <a href="ecorp.azcc.gov">ecorp.azcc.gov</a>. If you have questions or for further information, contact Customer Service at 602-542-3026, or, within Arizona only, 800-345-5819.



#### **Industrial Development Authority** Management Services

**Date:** 11/14/2023

**To:** Industrial Development Authority

Thru: Dawn Lang, Deputy City Manager | CFO

Kristi Smith, Assistant Director of Financial Services

From: Robert Steele, Accounting Manager

Subject: Chandler Workforce Development Software Platform Grant Proposal

Presentation - Ms. McCall

#### **Attachments**

IDA Grant Application Presentation



## IDA Grant Application

Chandler Workforce Development Platform

**SUBMITTED TO:** CHANDLER IDA BOARD

**APPLICANT:**CITY OF CHANDLER
ECONOMIC DEVELOPMENT



## **Project**

### **Chandler Career Services Platform**

The City of Chandler's Economic Development Division is requesting \$53,200 in grant funding to implement a workforce development software platform that will support Chandler businesses, career seekers, underemployed and unemployed individuals with workforce related needs.



The "Pipeline AZ - Chandler Career Services Platform" will be designed and hosted by Pipeline AZ, an organization that specializes in building career development and exploration platforms. It will be managed by the city's Workforce Development Project Manager, a new position authorized by Mayor and City Council through the Fiscal Year 2023-24 budget process. While it is currently a temporary position, Economic Development will seek City Council approval in the next budget cycle to make it a permanent, full-time position.

By approving this grant request, the Chandler IDA Board can play an important role in achieving the Economic Vitality goals set forth in the city's 2023-25 Strategic Framework. In this guiding document, Mayor and City Council highlight the importance of workforce development programs and partnerships with higher education to create a talent pipeline for key industries.



## **Platform Features**

Chandler Career Services Platform will serve as the one-stop-shop for workforce development resources offered by the city and its partners.

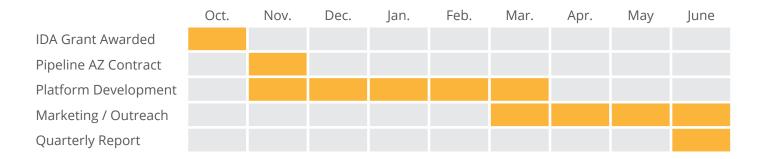
- Case management capabilities for Chandler students and career seekers
- Connect to K-12 and Chandler-Gilbert Community College career advisors
- · Registration page for Chandler employers
- Concierge support for Chandler employers
- Reporting & analytics registered users, user types, marketing performance
- Administrator Module for system administration tasks

## **Project Timeline**

Upon notification of Chandler IDA grant funding approval, the city will contract with Pipeline AZ to design the Chandler Careers Services Platform with a March 2024 delivery target. The city's new Workforce Development Project Manager will also begin training on how to use the platform.

After the Chandler Career Services Platform is launched, the city will market it as a tool for human resources departments. The Workforce Development Project Manager will be tasked with outreach to the top 100 employers in Chandler, starting with advanced manufacturers.

Quarterly reporting will be used to monitor platform success. The city's Economic Development Division will share these quarterly reports with the Chandler IDA Board. Based on the anticipated platform delivery date, the first quarterly report should be available in June 2024. Below is a timeline through Fiscal Year 2023-24.





## **Funding Breakdown**

The City of Chandler's Economic Development Division is requesting \$53,200 in grant funding from the Chandler IDA Board, which would cover initial software development and two years of maintenance by Pipeline AZ for the Chandler Career Services Platform.

|                    | Software<br>Development | Maintenance<br>& Support | Total    |
|--------------------|-------------------------|--------------------------|----------|
| Year 1: FY 2023-24 | \$16,800                | \$18,200                 | \$35,000 |
| Year 2: FY 2024-25 |                         | \$18,200                 | \$18,200 |
| Totals             | \$16,800                | \$36,400                 | \$53,200 |

## **Questions?**

We appreciate the Chandler IDA Board's review and consideration of this grant application.

We believe the Chandler Career Services Platform would be a valuable community resource and would be glad to answer any questions.



Micah Miranda ECONOMIC DEVELOPMENT **DIRECTOR** 



Edyie McCall **ECONOMIC DEVELOPMENT** SENIOR PROGRAM MANAGER





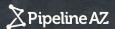
#### CONTENTS

- OT OUR MISSION
- **02** CONNECTING ARIZONA
- **03** WORKFORCE CHALLENGES
- O4 CITY OF CHANDLER PLATFORM



**MISSION STATEMENT** 

We aspire to be the single access point for comprehensive career pathway information in Arizona.





#### What is Pipeline AZ?

Pipeline AZ is uniquely positioned as the single source of career information and pathways in Arizona.

Our platform enables a network of career support for "supply" and "demand" stakeholders, maintained through community stakeholder tools.

Pipeline AZ provides statewide career exploration and workforce development support resources through a common skill-based language.





**CONNECTING ARIZONA** 

56K

JOB SEEKERS

134 USERS

**383** 

**SCHOOLS & COLLEGES** 

**92**K

**STUDENTS** 

7.2K

COMPANIES

2,100

NON-PROFIT MANAGERS

#### Arizona's Workforce Challenges

Will we have enough skilled talent to meet the demands of our current and future business needs?

Our education, industry and supporting services in career development are desperate to connect our students and community members to clear pathways towards local careers.

Arizona Talent Needs are Becoming Increasingly Dire

2

Arizona Workforce
Development is
Disconnected

3

Arizona Career Choices are Confusing



**Worker Shortage** 



**Changing Skill Needs** 



Arizona is Attracting
New Industries



90,000 New Jobs are Posted Daily



#### **Disconnected Workforce Development**

Arizona's struggles to align talent supply and demand.

It's a constant battle to catch-up, with either supply or limited demand. Why?

- 1. Pressure on Educators
- 2. Skills vs Requirements
- 3. Too Many Tools
- 4. Inconsistent Support



We need one source of relevant information about career development for job seekers to turn their dreams into reality.



**SOLUTIONS** 

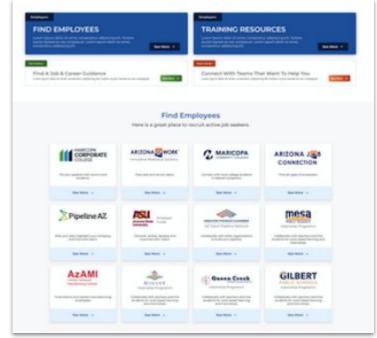
# CITY OF CHANDLER PLATFORM

#### **City of Chandler Platform\***

Our proposal to Chandler is to provide a delivery option that has a strategic connection point for workforce development resources. A Subsite with a Custom Landing Page will enable an even more bespoke experience as a solution.

- Case management capabilities
- User and concierge support for Chandler employers
- Direct connection to Chandler K12 and
   Chandler/Gilbert Community College career advisors
- Additional reporting capabilities through registration and tagging
- Administrator Module for system administration tasks









#### **City of Chandler Platform: Features**

| FEATURE                           | SOLUTION   |
|-----------------------------------|--|
| CUSTOM LANDING PAGE               | Front-end development with Pipeline AZ integration to registration, support assignment, and sub-pages                                    |
| RESOURCE PAGE - EMPLOYER PAGE     | Employers registering through this page will be tagged as Chandler employers   |
| USER SUPPORT                      | For end-users - user guides, contact support page link. Training for City of Chandler staff and partners in admin and management modules |
| REPORTING & ANALYTICS             | User registration data by user type. Platform analytics and marketing performance reporting  |
| REGISTRATION TO CHANDLER PIPELINE | Registrations to Chandler Pipeline AZ enables enhanced user tracking and chandler curated content  |





#### **City of Chandler Platform: Features**

| FEATURE  | SOLUTION   |
|--|--|
| CUSTOMIZED EDUCATION AND TRAINING INFORMATION          | City-curated education and training options for career pathway content.                              |
| CASE MANAGEMENT  | Case Management module for providers supporting Chandler students and job seekers                    |
| CONNECTION TO K12 & CHANDLER/GILBERT COMMUNITY COLLEGE | Option to offer Chandler-supported Case Management and/or connection to Pipeline AZ registered users |
| MAINTENANCE & SUPPORT                                  | Monthly cost for ongoing enhancements, content updates, platform upgrades                            |





#### **City of Chandler Platform: Costs**

|  | HOUR & COST ESTIMATE |
|--|----------------------|
| SUBSITE & CUSTOM LANDING PAGE (ONE TIME) | 180                  |
| SUPPORT & MAINTENANCE (ANNUAL)           | 120                  |
| PROJECT MANAGEMENT                       | 80                   |

| DEVELOPMENT + MAINTENANCE<br>(YEAR 1)  | \$16,800 + \$18,200 |
|--|---------------------|
| ONGOING MAINTENANCE + SUPPORT (YEAR 2) | \$18,200            |





## Thank you!

For more information, reach out to MFoote@PipelineAZ.com

To learn more as a job seeker, employer, partner or community supporter, visit: www.pipelineaz.com







