### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).						
All corpor	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts				
	Form 7004 to request an extension of time to file income								
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer identification number (TIN)					
print	THE MARY C. SCHANZ FOUNDATION				86-0999483				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 301 w. SPRING VALLEY PLACE								
instructions.	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1			
Application	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990	-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	BEN WATKINS								
	ooks are in the care of $\blacktriangleright$ 301 W. SPRING VALLEY I	PLACE -	TUCSON, AZ 85704						
	one No.  (520) 631-6015		Fax No.						
<ul><li>If the o</li></ul>	organization does not have an office or place of business	in the Uni	ted States, check this box						
<ul><li>If this i</li></ul>	s for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN)	If this is fo	r the whole group, o	heck this			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs o	f all membe	ers the extension is	for.			
<b>1</b> I red	quest an automatic 6-month extension of time until	NOVEMBE	R 15, 2021 , to fil	e the exem	pt organization retu	ırn for			
	organization named above. The extension is for the organization	anization's	return for:						
▶L	x calendar year 2020 or								
►L	tax year beginning	, an	d ending		<u> </u>				
_									
2 If th	te tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n				
	Change in accounting period								
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less						
<u>a</u> ny	nonrefundable credits. See instructions.		·	3a	\$	0.			
<b>b</b> If th	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
<u>esti</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$								
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by						
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns	3с	\$	0.			
Caution:	If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO for	pavment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

#### EXTENDED TO NOVEMBER 15, 2021

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Open to Public

 Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address THE MARY C. SCHANZ FOUNDATION Name change IRONWOOD PIG SANCTUARY 86-0999483 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 301 W. SPRING VALLEY PLACE (520) 631-6015 termi ated 2,143,818. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TUCSON AZ 85704 H(a) Is this a group return Applica-F Name and address of principal officer: BEN WATKINS Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► HTTPS://WWW.IRONWOODPIGS.ORG/ H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2000 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Activities & 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 77 5 6 Total number of volunteers (estimate if necessary) 6 13 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 1,890,959. 2,107,982. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 24,294. 29 733. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11,292. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,920,692. 2,143,568. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 793,778. 837,543. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1.343.147. 1,210,932. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,136,925. 2,076,475. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -216,233. 67,093. 19 Revenue less expenses. Subtract line 18 from line 12 OF Beginning of Current Year End of Year 1,738,856 1,936,352. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 106.727. 235,121. Vet 1,632,129. 1,701,231. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign BEN WATKINS / EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/23/21 SUSAN M. VOS, CPA/CFE SUSAN M. VOS. CPA/CFE P01709931 Paid Firm's name REGIER CARR & MONROE, L.L.P., CPA'S Preparer Firm's EIN ▶ 48-0573184 Firm's address > 4801 E. BROADWAY BLVD., SUITE 501 Use Only

TUCSON, AZ 85711

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Phone no.520-624-8229

86-0999483

	Check if Schedule O c	ontains a response or not	te to any line in this Part III		
1	Briefly describe the organiza	tion's mission:			
	SEE SCHEDULE O				
2	Did the organization underta	ke any significant program	n services during the year w	which were not listed on the	
_				mich were not listed on the	Yes X No
	If "Yes," describe these new				100110
3				ducts, any program services?	Yes X No
	If "Yes," describe these char		3	, , , , ,	
4			shments for each of its three	e largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)	(4) organizations are requi	red to report the amount of	grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each prog	gram service reported.			
4a	(Code: ) (Expenses \$	1,741,26	5. including grants of \$	28,000. ) (Revenue \$	<u> </u>
	THE IRONWOOD PIG SANC				
	POT-BELLIED PIGS BY P				
	AND OTHER SANCTUARIES				
	NURTURING ENVIRONMENT	FOR THOSE THAT ARI	E ABANDONED, ABUSED,	NEGLECTED	
	OR UNWANTED.				
	-				
4b	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	)
	, (====================================			, (************************************	
4c	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Des	scribe on Schedule O.)			
	(Expenses \$	including grants	of\$	) (Revenue \$	)
4e	Total program service expen	ises >	1,741,265.	-	
					222

# Form 990 (2020) THE MARY C. SCHANZ FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
h	Part VI	11a		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ A
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ A
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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	_ ا		l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

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ecklist of Re	quired Schedules	(continued)
ecklist of Re	quired Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	$\vdash$
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		x
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
32	, ,	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del></del>
J-1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	558		$\overline{}$
- <b>-</b>	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020)

THE MARY C. SCHANZ FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
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 Advanced in the Financi	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		Х
			d	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as req	uirea	70		x
ч		7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	an appropriate available to the suppose have been a half and 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:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
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:	1.	I			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	د				
12-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Í	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_ 121	1			
	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2							
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	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6						
	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>						
	persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	Х					
a	Each committee with authority to act on behalf of the governing body?	8b	X					
b		OD						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x				
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V					
40-	Did the constant of the book o	40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a		Α				
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			.,,				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
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		Х				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, KS							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	BEN WATKINS - (520) 631-6015							
	301 W. SPRING VALLEY PLACE, TUCSON, AZ 85704							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

X Check this box if neither the organization no	organization compensate						ated any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of	
	week		Cer ai	uau	Tecto	i / ii us	lee)	from	from related	other 	
	(list any hours for	lirecto	Individual frustee or direction Institutional trustee Officer Key employee Highest compensated employee			L		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or (				(W-2/1099-MISC)	(** 27 1033 141100)	organization			
	organizations	truste	al tru:		yee	im per		(** =/ : 555 ********************************		and related	
	below	idual	In stit utio nal tru stee	Je.	Key employee	est co	Je.			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) PEGGY ROTH	3.00										
DIRECTOR		Х						0.	0.	0.	
(2) GARY HARALDSON	2.00										
DIRECTOR		Х						0.	0.	0.	
(3) MARY C SCHANZ	75.00										
FOUNDER AND PRESIDENT		Х		Х				0.	0.	0.	
(4) BEN WATKINS	59.00										
EXECUTIVE DIRECTOR, SECRETARY		Х		Х				0.	0.	0.	
										_	
		1									

032007 12-23-20 Form **990** (2020)

Form 990 (2020) THE MARY C. S	CHANZ FOUN	DAT	ION						86-09	9948	3	Р	age 8
Part VII   Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		'		ı		
<b>(A)</b> Name and title	(B) Average hours per week	box, offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D</b> ) Reportable compensation from	(E) Reportable compensatio from related	n	l	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	compensation from the organization and related organizations			
1b Subtotal							<b>&gt;</b>	0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	)			0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	-		•	•	•		_		•		3		Х
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	,		•								4		Х
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>r</u>	oers:	on .	<u></u>				5		Х
Complete this table for your five highest countries the organization. Report compensation for the organization.										oensa	tion fro	om	
(A) Name and business		NOI		<u> </u>				(B) Description of s		C	(Compe	C) nsatio	n
2 Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lin	nited	d to 1	thos		ted	above) who received mo	ore than				

86-0999483

Statement of Revenue

		Check if Schedule O	contains	s a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
10.10	4.	Fodorated compaigns		4.0					
발		Federated campaigns							
يخ و									
ts, An		Fundraising events							
ᇐ		Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contr							
ţi	f	All other contributions, gifts,	grants, a	ınd					
ig #		similar amounts not included	above .	1f	2,107,982.				
할	g	Noncash contributions included in	lines 1a-1f	1g \$					
<u>ဒ</u> င	h	Total. Add lines 1a-1f				2,107,982.			
					Business Code				
ø	2 a								
Ş	b								
Ser	С								
E B	d								
gra Re	e								
Program Service Revenue		All other program service	rovonuo						
_		Total. Add lines 2a-2f							
$\overline{}$	3	Investment income (include							
	3	,	0	,	· ·	24,544.			24,544.
		other similar amounts)				21,511.			21,311.
	4	Income from investment of							
	5	Royalties	·····	(i) Real	(ii) Personal				
	•			(i) Neai	(II) Fersorial				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss)	)		······				
	7 a	Gross amount from sales of	(i	i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b	250.					
ē	С		7c	-250.					
Revenue		Net gain or (loss)				-250.			-250.
ther		Gross income from fundraisi			,				
튐		including \$	-						
		contributions reported on		I .					
		Part IV, line 18	,	8a					
	b	Less: direct expenses		I .					
		Net income or (loss) from			•				
		Gross income from gamin		-	,				
		Part IV, line 19		I .					
	h	Less: direct expenses							
		Net income or (loss) from			<b></b>				
		Gross sales of inventory, I							
		and allowances		I .					
	h	Less: cost of goods sold		I .					
		Net income or (loss) from							
-+		THE INCOME OF (1055) HOTH	oaico Ul	volitoly	Business Code				
ns	11 ^	MISC REVENUE			900099	11,292.			11,292.
e Te	ıı d د				33333	11,252.			
Miscellaneous Revenue	b								
Sce	c								
Ξ̈́	d	All other revenue				11,292.			
		Total. Add lines 11a-11d  Total revenue. See instruction			<b>&gt;</b>	2,143,568.	0.	0.	35,586.
		TOTAL LEVELINE SEE INSTRUCTION							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### Part IX | Statement of Functional Expenses

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

0001	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		L: D + IV		Г
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 66, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	28,000.	28,000.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
U	·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	740,850.	702 907	27 042	
7	Other salaries and wages	740,030.	703,807.	37,043.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	35 505	35 636	4 055	
9	Other employee benefits	37,507.	35,632.	1,875.	
10	Payroll taxes	59,186.	56,227.	2,959.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,673.		1,673.	
С	Accounting	14,356.		14,356.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	2,478.	2,354.	124.	
12	Advertising and promotion				
13	Office expenses	60,246.	10,088.	50,158.	
14	Information technology	,	,	,	
15					
16	Royalties	40,000.	40,000.		
	Occupancy	389.	20,000.	389.	
17	Travel	303.		303.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	450	450		
20	Interest	458.	458.		
21	Payments to affiliates	15 605	15 605		
22	Depreciation, depletion, and amortization	17,687.	17,687.		
23	Insurance	17,117.	16,199.	918.	
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 0.)  VETERINARY AND MEDICATI	581,549.	581,549.		
a	FUNDRAISING AND ACQUISI	222,296.	301,349.		222,296
b		,	160 050		222,290
C	OUTREACH AND PUBLICATIO	169,858.	169,858.		
d	TRANSPORTATION	48,461.	48,461.	2 410	
е	All other expenses	34,364.	30,945.	3,419.	200 000
25	Total functional expenses. Add lines 1 through 24e	2,076,475.	1,741,265.	112,914.	222,296
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202)

86-0999483

Form 990 (2020)
Part X Balance Sheet

·	I A	Check if Schedule O contains a response or	note to any	/ line in this Part X			
		Officer if ochequie o contains a response of	note to any	, inte in this ratt X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,407,312.	1	620,557.
	2	Savings and temporary cash investments			82,100.	2	1,048,665.
	3	Pledges and grants receivable, net			90,591.	3	
	4	Accounts receivable, net				4	24,113.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	-	· · ·		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			4,923.	9	30,289.
		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		535,951.			
	ь	Less: accumulated depreciation		389,267.	144,430.	10c	146,684.
	11	Investments - publicly traded securities			9,500.	11	66,044.
	12	Investments - other securities. See Part IV, lir		·	12	·	
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			1,738,856.	16	1,936,352.
	17	Accounts payable and accrued expenses			58,584.	17	73,255.
	18	Grants payable		,	18	,	
	19	Deferred revenue			19	2,090.	
	20	Tax-exempt bond liabilities		20	,		
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of t			48,143.	22	18,143.
Ë	23	Secured mortgages and notes payable to un			,	23	141,633.
	24	Unsecured notes and loans payable to unrela				24	,
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			106,727.	26	235,121.
		Organizations that follow FASB ASC 958, o	check here	X	,		,
es		and complete lines 27, 28, 32, and 33.					
J.	27				1,608,129.	27	1,686,231.
3ali	28	Net assets with donor restrictions	24,000.	28	15,000.		
٦		Organizations that do not follow FASB ASG			·		
Ξ		and complete lines 29 through 33.	o 000, 0o				
ō	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
18S	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,632,129.	32	1,701,231.
Z	33	Total liabilities and net assets/fund balances			1,738,856.	33	1,936,352.
	100	ו סנמו וומטווונוכט מוזע ווכנ מסטכנט/ועוזע שמומוזונפט			=,:30,000,	JU	=,=00,000,

Form **990** (2020)

Form	1990 (2020) THE MARY C. SCHANZ FOUNDATION	86-	-0999483		Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	L43,	568.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0		475.
3	Revenue less expenses. Subtract line 2 from line 1	3				093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6		129.
5	Net unrealized gains (losses) on investments	5			2,	009.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		1,7	701,	231.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				.,	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				v
_	Act and OMB Circular A-133?		·····	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	
			F	orm 🕏	<b>99</b> 0 (	2020)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MARY C. SCHANZ FOUNDATION

**Employer identification number** 

86-0999483 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,149,948.	1,632,817.	1,686,931.	1,890,959.	2,107,982.	8,468,637.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,149,948.	1,632,817.	1,686,931.	1,890,959.	2,107,982.	8,468,637.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						8,468,637.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,149,948.	1,632,817.	1,686,931.	1,890,959.	2,107,982.	8,468,637.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	158.	1,288.	3,631.	29,733.	24,545.	59,355.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				2,632.	11,292.	13,924.
11	<b>Total support.</b> Add lines 7 through 10						8,541,916.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —
<u></u>	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi			. (0)		T I	00 14 04
	Public support percentage for 2020 (I					14	99.14 % 99.53 %
	Public support percentage from 2019					15	,,,
108	33 1/3% support test - 2020. If the contact have The approximation available						, TT
	stop here. The organization qualifies		~				
D	33 1/3% support test - 2019. If the						
47~	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact						
J.	meets the facts-and-circumstances te	ū	•		•		
0	10% -facts-and-circumstances test	_					U70 UI
	more, and if the organization meets the		•				▶□
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	in ala not check a l		i, 100, 17a, 01 17D	, crieck triis box a	na see manuchons	

Page 3

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, ched	ck this box and st	<b>top here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
3b		
3c		
_		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10		
10a		
10b		
990 or 99	10-F7\	2020

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		11a		
b		11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	· ·		- 1	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr. Activities Test. Answer lines 2a and 2b below.	uction.	Yes	No
2			162	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
2	these activities but for the organization's involvement.  Percept of Supported Organizations. Appear lines 2a and 2b below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
1	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	 S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 THE MARY C. SCHANZ FOUNDATION	86-0999483	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Filers of:

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

THE MARY C. SCHANZ FOUNDATION

86-0999483

Organization type (check one):

Form 990 or 990-EZ

X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

Section:

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

THE MARY C. SCHANZ FOUNDATION

86-0999483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 42,500. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE MARY C. SCHANZ FOUNDATION

86-0999483

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	ganization			Employer identification number					
THE MARY	C. SCHANZ FOUNDATION			86-0999483					
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	hat total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
		(e) Transfer of	gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					
(a) Na									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
-									
		(e) Transfer of							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee					

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MARY C. SCHANZ FOUNDATION

**Employer identification number** 86 - 0999483

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		6 1/ 1/ 7/ 7
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		and Chimai Addata
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,
			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treaters.	acurae or other cimilar accets for financia	
2	the following amounts required to be reported under FASB A		ıı gairi, provide
_	Revenue included on Form 990, Part VIII, line 1	3	•
a	Accepts included in Form 990, Part V		

Par	rt III Organizations Maintaining	Collections of Ar	t, Histo	rical Tre	easures, or	Other S	Similar A	ssets	(contin	ued)	
3	, ,										
	collection items (check all that apply):										
а	Public exhibition	c	1 🔲 L	oan or exc	hange progra	ım					
b	Scholarly research	e	• 🔲 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's	collections and explain	n how the	y further th	ne organizatio	n's exemp	t purpose i	n Part XI	III.		
5	During the year, did the organization solicit	or receive donations	of art, hist	orical trea	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be r								Yes		No
Par	rt IV Escrow and Custodial Arra	ngements. Compl	ete if the o	organizatio	n answered "	Yes" on F	orm 990, P	art IV, lin	e 9, or		
	reported an amount on Form 990, P	art X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for co	ntribution	s or other ass	ets not ind	cluded				
	on Form 990, Part X?							🔲	Yes		No
b											
								A	Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on	Form 990, Part X, line	21, for es	crow or co	ustodial accou	unt liability	?		Yes		No
	If "Yes," explain the arrangement in Part XI										]
Par	rt V Endowment Funds. Complete	e if the organization ar	swered "	es" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back (c	i) Three year	s back	<b>(e)</b> Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	irrent year end balanc	e (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment	. <u></u>	%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
3а	Are there endowment funds not in the poss	session of the organiza	ation that	are held aı	nd administer	ed for the	organizatio	n	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	rt VI Land, Buildings, and Equip										
	Complete if the organization answer										
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated eciation	(	d) Bool	c value	<b>•</b>
1a	Land				81,618.					81,6	618.
b		I			110,000.		85,182	2.		24,8	818.
С					117,948.		106,890	0.		11,0	058.
d		I			226,385.		197,19	5.		29,3	190.
е	Other										
Total	al. Add lines 1a through 1e. <i>(Column (d) must</i>	equal Form 990. Part	X. column	(B), line 1	0c.)			•   <u> </u>		146,6	584.

Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
` '			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		▶
	5 000 B 1 11/11	44 44 0 5 000 5 1 1 1 1	0.5
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) Federal income taxes (2)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCILE	dule D (Form 990) 2020 The March C. Bernard Tookbrillon			00 000	7405 Page -
Pai	t XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	2,250,577
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		2,009.		
b	Donated services and use of facilities		105,000.		
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d			107 000
e	Add lines 2a through 2d			2e	107,009
3	Subtract line 2e from line 1			3	2,143,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4.	0 .
c	Add lines 4a and 4b			4c	2,143,568.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ements With F	ynenses ner F	5 Return	2,143,300
ı u			expenses per i	icturii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2,181,475
1	Total expenses and losses per audited financial statements			1	2,101,475
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا	105,000.		
a	Donated services and use of facilities		103,000.	-	
b	Prior year adjustments  Other lesses				
q	Other losses Other (Describe in Part XIII.)				
d				2e	105,000
е 3				3	2,076,475
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,0,0,1,0
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
				4c	0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,076,475
	rt XIII Supplemental Information.				, ,
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; l 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, III	ie 2; Part XI,
	FOUNDATION IS ORGANIZED AS AN ARIZONA NONPROFIT CORPORATION	N AND HAS			
BEEN	RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS EXE	MPT FROM			
FEDE	RAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVE	NUE CODE AS			
ORGZ	NIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE	CHARITABLE			
CONT	RIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VII)	I), AND HAVE			
BEEN	DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS	509(A)(1)			
AND	(3), RESPECTIVELY. THE FOUNDATION IS ANNUALLY REQUIRED TO 1	FILE A			
RETU	RN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH '	THE IRS. IN			
ADD1	TION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOM	E THAT IS			
DERI	VED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXE	МРТ			

PURPOSES. THE FOUNDATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2020 Open to Public

Inspection

Name of the organization  THE MARY C. SCH	Employer identification number 86-0999483						
Part I General Information on Grants and							
Does the organization maintain records to criteria used to award the grants or assista     Describe in Part IV the organization's proc	ance?						X Yes No
Part II Grants and Other Assistance to Do					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5  1 (a) Name and address of organization or government	6,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BETTER PIGGIES RESCUE PO BOX 6485							TO SUPPORT ORGANIZATION'S MISSION TO RESCUE AND REHABILITATE POT BELLY
SCOTTSDALE, AZ 85261	82-4877585	501(C)(3)	28,000.	0.			PIGS.
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations I	-		ne line 1 table				<u>1</u>

86-0999483

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the inform	II ation required in Part I, line	e 2; Part III, columi	l n (b); and any other ad	ditional information.	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

Employer identification number

	TI	HE MARY	c. so	CHANZ FOUNDA	TION				8	6-099	9483			
Pá	art I Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), secti	ion 501(c)(4), and sec	tion 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b,	, or Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(a) Name of disqualified p	04000	(b) F	Relationship bety			ified	(c) Description of transaction				(d)	(d) Corrected?	
	(a) Name of disqualified p	erson		person and or	rganiza	ation	(0	Description of tran	Sactio	)T1		Ye	s	No
													_	
												-		
_												_	_	
2	Enter the amount of tax in	•		•	•		•	,						
•										▶ \$ ▶ \$				
3	Enter the amount of tax,	ir any, on iii	ne 2, a	above, reimburs	ea by	the org	janization			<b>&gt;</b> \$				
Pá	art II Loans to and	l/or Fron	ı Int	erested Pers	sons	_								
							, Part V, line 38a or Fe	orm 990 Part IV line	o 26. (	or if th	e organ	nizatio	n	
	reported an amou						, r art v, iirie ooa or r	omi 990, i aitiv, iiii	e 20, (	JI II UI	e organ	iizatio	''	
	(a) Name of	(b) Relation		(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due (g) In		) In	<b>(h)</b> App	Approved board or mittee?		/ritten
	interested person	with organi		of loan		m the ization?	principal amount	(1)	default? by bo		by boa			
					To	From			Yes	No	Yes	No	Yes	No
BEN	N WATKINS AND			35 FOOT	Х		11,200.	0.		Х	х		Х	
BEI	N WATKINS AND			PROPERTY	Х		41,900.	18,143.		Х	Х		Х	
_														
_								10 142						
Tot	art III   Grants or As	sistance	Ren	efiting Inter	este	d Per	<b>&gt;</b> \$	18,143.						
	Complete if the o			•										
	(a) Name of interested p			(b) Relationship			(c) Amount of	(d) Type	of		(0)	) Purp	200	f
	(a) Name of interested p	0013011	'	interested pers			assistance	assistan				assista		'
				the organiza										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 THE MARY	C. SCHANZ FOUNDATION		86-09994	83	Page 2	
Part IV Business Transactions Involv	ring Interested Persons.					
Complete if the organization answered	I "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
			+		-	
			+		+-	
					$\vdash$	
					<del>                                     </del>	
Part V Supplemental Information.						
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).				
SCHEDULE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS:					
(A) NAME OF PERSON: BEN WATKINS AND MA	DV GCHAN7					
(A) NAME OF TERSON. DEN WATRING AND MA	ICI DEIIANZ					
(C) PURPOSE OF LOAN: 35 FOOT RESIDENCE						
(A) NAME OF PERSON: BEN WATKINS AND MA	RY SCHANZ					
(2)						
(C) PURPOSE OF LOAN: PROPERTY DONATION						
-						

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

THE MARY C. SCHANZ FOUNDATION 86-0999483 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE IRONWOOD PIG SANCTUARY IS DEDICATED TO ELIMINATING THE SUFFERING OF POT-BELLIED PIGS BY PROMOTING SPAYING AND NEUTERING ASSISTING OWNERS AND OTHER SANCTUARIES, AND PROVIDING A PERMANENT HOME IN A SAFE NURTURING ENVIRONMENT FOR THOSE THAT ARE ABANDONED, ABUSED, NEGLECTED OR UNWANTED FORM 990, PART III, LINE 1 THE IRONWOOD PIG SANCTUARY IS DEDICATED TO ELIMINATING THE SUFFERING OF POT-BELLIED PIGS BY PROMOTING SPAYING AND NEUTERING, ASSISTING OWNERS AND OTHER SANCTUARIES, AND PROVIDING A PERMANENT HOME IN A SAFE NURTURING ENVIRONMENT FOR THOSE THAT ARE ABANDONED, ABUSED, NEGLECTED OR UNWANTED. FORM 990, PART VI, SECTION A, LINE 2: BEN WATKINS AND MARY SCHANZ ARE SPOUSES. PEGGY ROTH IS BEN WATKINS SISTER. FORM 990, PART VI, SECTION B, LINE 11B: AN INDEPENDENT CPA PREPARES THE FORM 990. A DRAFT OF THE FORM 990 IS AVAILABLE TO ALL DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S EXECUTIVE DIRECTOR, OFFICERS AND DIRECTORS ARE ALL

VOLUNTEERS,

Schedule O (Form 990 or 990-EZ) 2020	Page : Employer identification number
Name of the organization THE MARY C. SCHANZ FOUNDATION	86-0999483
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NM	
NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE BUSINESS	
OFFICE.	