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Form **990**

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.

► Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization ARIZONA DIAMONDBACKS FOUNDATION, INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
401 E JEFFERSON STREET

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85004

D Employer identification number
86-0901615

E Telephone number
602-462-6500

G Gross receipts $ 5,804,433

F Name and address of principal officer MICHAEL KENNEDY
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► ARIZONA DIAMONDBACKS MLB COM/ARI/COMMUNITY/FOUNDATION JSP

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1997 M State of legal domicile AZ

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ARIZONA DIAMONDBACKS FOUNDATION, INC RAISES FUNDS TO GRANT TO LOCAL CHARITIES FOCUSING ON HOMELESSNESS, CHILDREN'S PROGRAMS OF ALL TYPES, INCLUDING EDUCATION, HEALTH CARE FOR THE AT-RISK, FIRST RESPONDERS, VETERANS AND OTHERS IN NEED		
2	Check this box ► ☐ 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)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,964,612	3,634,341
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,033	673
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	771,363	301,367
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,740,008	3,936,381
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,276,037	3,320,805
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	390,901	431,294
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,666,938	3,752,099
19	Revenue less expenses Subtract line 18 from line 12	73,070	184,282

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,405,140	1,581,566
21	Total liabilities (Part X, line 26)	753,309	745,453
22	Net assets or fund balances Subtract line 21 from line 20	651,831	836,113

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 preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer Thomas M. Hall — Date 11/15/16

Type or print name and title THOMAS M. HALL TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL I FLEMING		11/14/2016		P00169547

Firm's name ► PRICEWATERHOUSECOOPERS LLP — Firm's EIN ► 13-4008324

Firm's address ► 1850 N CENTRAL AVE , SUITE 700 PHOENIX, AZ 85004 — Phone no 602-364-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

G49 10

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE ARIZONA DIAMONDBACKS FOUNDATION, INC. CONDUCTS FUNDRAISING EVENTS IN ORDER TO GRANT FUNDS TO LOCAL CHARITIES FOCUSING ON HOMELESSNESS, CHILDREN'S PROGRAMS OF ALL TYPES, INCLUDING EDUCATION, HEALTH CARE FOR THE AT-RISK, FIRST RESPONDERS, VETERANS AND OTHERS IN NEED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses $ 3,700,479 including grants of $ 3,320,805) (Revenue $ 735,390)

THE ARIZONA DIAMONDBACKS FOUNDATION, INC. GRANTS FUNDS TO LOCAL CHARITIES FOCUSING ON HOMELESSNESS, CHILDREN'S PROGRAMS OF ALL TYPES, INCLUDING EDUCATION, HEALTH CARE FOR THE AT-RISK, FIRST RESPONDERS, VETERANS AND OTHERS IN NEED

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 3,700,479

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	✓	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV.*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		✓
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	✓	
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	✓	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	111		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	111		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . .	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5b			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 in Schedule O. See instructions.*

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

Section 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 in Schedule O.	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	9		
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		✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	9			✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	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	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	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		✓
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ARIZONA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TOM HARRIS, 401 E JEFFERSON ST , PHOENIX, AZ 85004, (602) 462-6500

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.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN R. BOOKER, DIRECTOR	25	✓								
(2) AMY COHN, DIRECTOR AS OF 5/20/15	25	✓								
(3) ERIC GUDINO, DIRECTOR AS OF 7/22/15	25	✓								
(4) GARRY HAYS, DIRECTOR	25	✓								
(5) DR. MICHAEL HILGERS, DIRECTOR AS OF 3/11/15	25	✓								
(6) CULLEN MAXEY, DIRECTOR	25	✓								
(7) BRAD NELSON, DIRECTOR	25	✓								
(8) HOPE OZER, DIRECTOR THROUGH 5/20/15	25	✓								
(9) PATRICK J. PAUL, DIRECTOR	25	✓								
(10) JIM SCUSSEL, DIRECTOR	25	✓								
(11) ISAAC SERNA, DIRECTOR THROUGH 7/22/15	25	✓								
(12) MICHAEL YATES, DIRECTOR THROUGH 3/11/15	25	✓								
(13) MICHAEL KENNEDY, PRESIDENT	25	✓		✓						
(14) DERRICK HALL, VICE PRESIDENT	25	✓		✓						

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEBBIE CASTALDO, SECRETARY	25	✓		✓						
(16) TOM HARRIS, TREASURER	25	✓		✓						
(17) KEN KENDRICK, CHAIRMAN	25	✓		✓						
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶										

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

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SELECT ARTISTS ASSOCIATES, 13880 N NORTHSIGHT BLVD#101, SCOTTS, 85260	GALA ENT & PRODUCTION	406,678
PIMMEX CONTRACTING CORP, P O BOX 5024, CHANDLER, AZ 85226	FIELD CONTRACTOR	364,708
UNIVERSITY OF ARIZONA, 1303 E UNIVERSITY BLVD, TUCSON, AZ 85719-0521	STEM PROGRAM	146,833
LEVY RESTAURANTS, 401 E JEFFERSON ST , PHOENIX, AZ 85004	GALA CATERING	126,865

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 9,965				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,891,673				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,732,703				
	g	Noncash contributions included in lines 1a-1f: $ 152,292					
	h	**Total.** Add lines 1a–1f ▶		3,634,341			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		673	0	0	673
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ 1,891,673 of contributions reported on line 1c). See Part IV, line 18 a	637,565				
	b	Less. direct expenses b	1,071,588				
	c	Net income or (loss) from fundraising events ▶		(434,023)		0	(434,023)
	9a	Gross income from gaming activities. See Part IV, line 19 a	1,531,854				
	b	Less: direct expenses b	796,464				
	c	Net income or (loss) from gaming activities ▶		735,390	735,390	0	0
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions ▶		3,936,381	735,390	0	(433,350)

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).

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,320,805	3,320,805		
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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	95		95	
c	Accounting	10,000		10,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	301,731	301,731		
12	Advertising and promotion				
13	Office expenses	2,036		2,036	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TOURS	43,734	43,734		
b	DONOR STEWARDSHIP	14,532			14,532
c	FIELD BUILDING EXPENSES	10,346	10,346		
d	CREDIT CARD PROCESSING FEES	10,219		10,219	
e	All other expenses	38,601	23,863	1,446	13,292
25	**Total functional expenses.** Add lines 1 through 24e	3,752,099	3,700,479	23,796	27,824
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	114,405	1	222,337
	2	Savings and temporary cash investments	403,220	2	630,973
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	759,845	4	255,294
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,135	9	399,427
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	73,535	15	73,535
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,405,140	16	1,581,566
Liabilities	17	Accounts payable and accrued expenses	243,309	17	350,453
	18	Grants payable		18	
	19	Deferred revenue	510,000	19	395,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	753,309	26	745,453
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	651,831	32	836,113
	33	Total net assets or fund balances	651,831	33	836,113
	34	Total liabilities and net assets/fund balances	1,405,140	34	1,581,566

Part 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	3,936,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,752,099
3	Revenue less expenses. Subtract line 2 from line 1	3	184,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	651,831
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	836,113

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ARIZONA DIAMONDBACKS FOUNDATION, INC	86-0901615

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	3,744,801	2,218,130	3,115,907	2,964,612	3,634,341	15,677,791
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,744,801	2,218,130	3,115,907	2,964,612	3,634,341	15,677,791
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)						4,091,196
6 **Public support.** Subtract line 5 from line 4.						11,586,595

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,744,801	2,218,130,	3,115,907	2,964,612	3,634,341	15,677,791
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,200	7,865	604	4,033	673	18,375
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.)			231,642	163,032	(434,022)	(39,348)
11 **Total support.** Add lines 7 through 10						15,656,818
12 Gross receipts from related activities, etc (see instructions)					12	0

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	74 0 %
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	71 2 %

16a **33⅓% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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 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, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **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-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 . . .			
d	Excess from 2014 . .			
e	Excess from 2015 . .			

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

PART II, SECTION B, LINE 10 NET INCOME FROM FUNDRAISING EVENTS

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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ARIZONA DIAMONDBACKS FOUNDATION, INC	86-0901615

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ 0
(ii) Assets included in Form 990, Part X ▶ $ 73,535

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☑ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

THE ARIZONA DIAMONDBACKS FOUNDATION, INC. MAINTAINS A COLLECTION OF TWELVE PIECES OF ART DEPICTING VARIOUS ASPECTS OF THE GAME OF BASEBALL. THIS COLLECTION IS DISPLAYED PUBLICLY TO ENHANCE APPRECIATION OF BASEBALL HISTORY

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC

Employer identification number

86-0901615

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	NOT APPLICABLE						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NOT APPLICABLE

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 RACE (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,615,218	228,745	685,275	2,529,238
	2 Less: Contributions	1,130,346	187,165	574,162	1,891,673
	3 Gross income (line 1 minus line 2)	484,872	41,580	111,113	637,565
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	104,833	162	27,234	132,229
	8 Entertainment	264,902	0	500	265,402
	9 Other direct expenses	432,173	78,957	162,827	673,957
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,071,588
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(434,023)

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			1,531,854	1,531,854
Direct Expenses	2 Cash prizes			674,173	674,173
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			122,291	122,291
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				796,464
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				735,390

9 Enter the state(s) in which the organization conducts gaming activities: ARIZONA

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain.

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in.

a The organization's facility	13a	100 %
b An outside facility	13b	0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ CHRISTOPHER JAMES

Address ▶ 401 E JEFFERSON ST , PHOENIX, AZ 85004

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ TARA TRZINSKI

Gaming manager compensation ▶ $ 27,850

Description of services provided ▶ MANAGES GAMING SYSTEM, WORKERS, RECORD KEEPING, RECONCILIATIONS

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

THE GAMING MANAGER IS AN EMPLOYEE OF AZPB, LP AND SHARES HER TIME WITH THE ARIZONA DIAMONDBACKS FOUNDATION, INC
ARIZONA DIAMONDBACKS FOUNDATION, INC. REIMBURSES AZPB, LP FOR HER TIME SPENT AS THE GAMING MANAGER

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.

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC.

Employer identification number

86-0901615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 100 CLUB OF ARIZONA 5033 N 19TH AVE STE 123 PHOENIX, AZ 85015	23-7172077	501(C)(3)	15,637				GENERAL SUPPORT
(2) AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH STREET PHOENIX, AZ 85006	86-0611935	501(C)(3)		25,596	FMV	SIBLING CAMP	GENERAL SUPPORT
(3) ALHAMBRA HIGH SCHOOL 3839 W CAMELBACK RD PHOENIX, AZ 85019	86-6000534	501(C)(3)		13,777.	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(4) AMERICAN CANCER SOCIETY 4550 E. BELL RD STE 126 PHOENIX, AZ 85032	13-1788491	501(C)(3)	8,500				GENERAL SUPPORT
(5) ARCADIA LITTLE LEAGUE 5508 E CALLE REDONDA PHOENIX, AZ 85018	68-0597448	501(C)(3)		39,528	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(6) ARIZONA CAMP SUNRISE 12818 N 28TH ST PHOENIX, AZ 85032	46-2354987	501(C)(3)	6,790				GENERAL SUPPORT
(7) ARIZONA CANCER FOUNDATION FOR CHILDREN 10115 E BELL RD STE107-278 SCOTTS,AZ 85260	46-2691606	501(C)(3)	7,500				GENERAL SUPPORT
(8) ARIZONA GIRLS SOFTBALL PO BOX 42313 PHOENIX, AZ 85080	86-0955093	501(C)(3)		10,167	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(9) BARROW NEUROLOGICAL FOUNDATION 350 W THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	10,000				GENERAL SUPPORT
(10) BASHA HIGH SCHOOL 5990 S VAL VISTA DRIVE CHANDLER, AZ 85249	86-6000515	501(C)(3)	5,090				YOUTH SPORTS
(11) BETTY H FAIRFAX HIGH SCHOOL 8225 S 59TH AVE LAVEEN, AZ 85339	86-6000534	501(C)(3)		6,763.	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(12) BIG BROTHERS BIG SISTERS OF CENTRAL ARIZONA 4745 N 7TH ST STE 210 PHOENIX, AZ 85014	86-0205254	501(C)(3)	6,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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(1) BOYS AND GIRLS CLUB OF METRO PHX 4309 E BELLEVIEW STREET PHOENIX, AZ 85008	86-0107639	501(C)(3)	4,200	18,977	FMV	HOLIDAY PARTY	GENERAL SUPPORT
(2) CACTUS FOOTHILLS NORTH LITTLE LEAGUE P O BOX 5010 CAREFREE, AZ 85377	86-0572890	501(C)(3)	1,000	11,408	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) CACTUS HIGH SCHOOL 6330 W GREENWAY ROAD GLENDALE, AZ 85306	86-6000488	501(C)(3)	6,000				SCHOOL IMPROVEMENTS
(4) CACTUS LITTLE LEAGUE 17407 N 56TH WAY SCOTTSDALE, AZ 85254	86-0646438	501(C)(3)		17,271.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(5) CACTUS WREN LITTLE LEAGUE ATTN J SOHN PO BOX 6746 GLENDALE, AZ 85312	23-7117679	501(C)(3)	2,648.	9,684	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(6) CACTUS YOUTH BASEBALL 1733 W SHERMANN STREET PHOENIX, AZ 85007	90-0617298	501(C)(3)		27,227	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(7) CAMELBACK HIGH SCHOOL 4612 N 28TH STREET PHOENIX, AZ 85016	86-6000534	501(C)(3)		13,643	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(8) CARL HAYDEN HIGH SCHOOL 3333 W ROOSEVELT ST PHOENIX, AZ 85009	86-6000534	501(C)(3)		15,803	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(9) CASA GRANDE LITTLE LEAGUE 1753 E CORTEZ DR CASA GRANDE, AZ 85122	86-0875826	501(C)(3)	1,208	17,943	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(10) CASA GRANDE YOUTH BASEBALL 1549 E JARDIN PLACE CASA GRANDE, AZ 85122	46-1481732	501(C)(3)	504	9,423	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVENUE PHOENIX, AZ 85007	86-0500753	501(C)(3)	10,000				GENERAL SUPPORT
(12) CENTRAL HIGH SCHOOL 4525 N CENTRAL AVE PHOENIX, AZ 85012	86-6000534	501(C)(3)		6,897	FMV	SPORTS EQUIPMENT	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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(1) CESAR CHAVEZ HIGH SCHOOL 3921 W BASELINE RD LAVEEN, AZ 85339	86-6000534	501(C)(3)		6,763	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(2) CHANDLER AMERICAN LITTLE LEAGUE 5165 W ROSS DRIVE CHANDLER, AZ 85226	86-0717260	501(C)(3)	1,245	12,116	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) CHANDLER YOUTH BASEBALL 852 W LOBSTER TRAP DR GILBERT, AZ 85233	86-0984718	501(C)(3)	3,885	30,246.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(4) CHECKERED FLAG RUN, LLC 4455 E CAMELBACK RD STE D280 PHX, AZ 85018	46-3395934	501(C)(3)	15,000.				GENERAL SUPPORT
(5) CHRYSALIS 2055 W. NORTHERN AVENUE PHOENIX, AZ 85021	86-0447620	501(C)(3)	12,934				GENERAL SUPPORT
(6) CITY OF PHOENIX 100 N 3RD STREET PHOENIX, AZ 85004	86-6000256	GOV	15,000	374,834	FMV	FACILITY RENOVATION	FACILITY RENOVATION
(7) CLUB TUZOS 6713 W EARLL DR PHOENIX, AZ 85033	94-2483025	501(C)(3)		75,853	FMV	UNIFORMS, FACILITY	YOUTH SPORTS
(8) COLLEGE SUCCESS ARIZONA 4040 E CAMELBACK RD #220 PHOENIX, AZ 85018	20-2366755	501(C)(3)	200,000				SCHOLARSHIPS
(9) COLORADO ROCKIES FOUNDATION COORS FIELD DENVER, CO 80205	84-1178557	501(C)(3)	15,352				GENERAL SUPPORT
(10) CONTINENTAL LITTLE LEAGUE PO BOX 3284 FLAGSTAFF, AZ 86003	94-2737094	501(C)(3)		19,796	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) CONTINENTAL RANCH LITTLE LEAGUE PO BOX 1304 CORTARO, AZ 85652	86-0808264	501(C)(3)		13,484	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) COOLIDGE LITTLE LEAGUE 191 S 16TH PLACE COOLIDGE, AZ 85128	86-0469268	501(C)(3)		10,062	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

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(1) DEER VALLEY LITTLE LEAGUE PO BOX 11120 GLENDALE, AZ 85318	86-0367682	501(C)(3)	814	9,715	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(2) DESERT FOOTHILLS LITTLE LEAGUE P O BOX 13043 SCOTTSDALE, AZ 85267	86-0719143	501(C)(3)		5,335.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) DESERT RIDGE LITTLE LEAGUE 11230 E ROSCOE AVE MESA, AZ 85212	20-5703051	501(C)(3)	2,660.	21,375	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(4) DIAMONDBACK LITTLE LEAGUE ATTN MATT SCHMINKE PHOENIX, AZ 85022	86-0663786	501(C)(3)	615	6,404	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(5) DYNAMITE CAL RIPKEN P O BOX 71218 PHOENIX, AZ 85050	86-1017086	501(C)(3)		56,170	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(6) EAST CAMELBACK LITTLE LEAGUE 5451 E VIRGINIA AVENUE PHOENIX, AZ 85008	94-2785375	501(C)(3)		10,082	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(7) EAST SCOTTSDALE LITTLE LEAGUE 8637 E PLAZA AVE SCOTTSDALE, AZ 85250	80-0280880	501(C)(3)		7,079	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) FLOWING WELLS CONTINENTAL LITTLE LEAGUE 3301 W CORIANDER TUCSON, AZ 85741	86-0673948	501(C)(3)		9,179	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(9) FOOD BANK OF MONTEREY COUNTY 815 W MARKET ST,#5 SALINAS, CA 93901	77-0270228	501(C)(3)	20,434				GENERAL SUPPORT
(10) FREEDOM LITTLE LEAGUE 6467 E DAVID DR TUCSON, AZ 85730	20-3703292	501(C)(3)	1,000	12,621	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) FRONTIER LITTLE LEAGUE - TUCSON 4041 N CERRO DE FALCON TUCSON, AZ 85718	52-1278800	501(C)(3)		8,320.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) GILBERT AMERICAN LITTLE LEAGUE ANGIE OCKER GILBERT, AZ 85296	95-3497947	501(C)(3)	2,470.	22,539	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

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(1) GILBERT NATIONAL LITTLE LEAGUE 957 W TREMAINE AVE GILBERT, AZ 85233	74-2752461	501(C)(3)	3,000	24,147	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(2) GILBERT SOFTBALL LITTLE LEAGUE PO BOX 1418 GILBERT, AZ 85299	80-0147683	501(C)(3)		13,421	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) GOODYEAR LITTLE LEAGUE 3075 N LITCHFIELD ROAD GOODYEAR, AZ 85395	51-0647085	501(C)(3)	3,055	29,859	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(4) HIGH DESERT LITTLE LEAGUE 3655 W ANTHEM WAY ANTHEM, AZ 85086	86-0755932	501(C)(3)	1,655	28,543	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(5) HOLIDAY PARK LITTLE LEAGUE ATTN LISA SANCHES GLENDALE, AZ 85303	51-0188755	501(C)(3)	1,145	15,626	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(6) HOMEWARD BOUND 2302 WEST COLTER STREET PHOENIX, AZ 85015	86-0660875	501(C)(3)	7,274				GENERAL SUPPORT
(7) KEARNY LITTLE LEAGUE ATTN KARI RAMSEY KEARNY, AZ 85137	52-1288065	501(C)(3)	1,070	4,588	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) KITCHEN ON THE STREET 2650 E MOHAWK LANE PHOENIX, AZ 85050	20-5723799	501(C)(3)	20,000				GENERAL SUPPORT
(9) KIWANIS CLUB OF PRESCOTT COMMUNITY FDN P O BOX 1020 PRESCOTT, AZ 86302	86-0814086	501(C)(3)	20,000.				GENERAL SUPPORT
(10) LITCHFIELD PARK LITTLE LEAGUE PO BOX 2555 LITCHFIELD PARK, AZ 85340	86-0471430	501(C)(3)	5,950	20,267	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) LOS NINOS LITTLE LEAGUE 6789 S PIGEONBERRY PL TUCSON, AZ 85756	86-0359157	501(C)(3)	1,000	13,647	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) MADISON LITTLE LEAGUE 2236 E VISTA AVE PHOENIX, AZ 85020	86-0311621	501(C)(3)	1,100	12,865	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

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(1) MARCH OF DIMES 3550 N CENTRAL AVE PHOENIX, AZ 85012	13-1846366	501(C)(3)	7,000				GENERAL SUPPORT
(2) MARICOPA LITTLE LEAGUE 20987 N JOHN WAYNE PKWY MARICOPA, AZ 85138	20-0616188	501(C)(3)	2,345	8,903	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) MARINE CORPS SCHOLARSHIP FOUNDATION 7047 E GREENWAY PKWY STE 250 SCOTT AZ 85254	22-1905062	501(C)(3)	10,000				GENERAL SUPPORT
(4) MARYVALE HIGH SCHOOL 3415 N 59TH AVE PHOENIX, AZ 85033	86-6000534	501(C)(3)	357	17,277.	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(5) MARYVALE PREPARATORY ACADEMY 6301 W INDIAN SCHOOL RD PHOENIX, AZ 85033	27-3289377	501(C)(3)	6,000				SCHOOL IMPROVEMENTS
(6) MCCORMICK RANCH LITTLE LEAGUE P O BOX 5095 SCOTTSDALE, AZ 85258	86-0777967	501(C)(3)	1,340.	14,031	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(7) MESA NORTH CENTRAL LITTLE LEAGUE 1547 E FAIRFIELD ST MESA, AZ 85203	45-2377804	501(C)(3)	270	15,598	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) MESA SOUTHERN LITTLE LEAGUE 1442 S LAZONA DR MESA, AZ 85204	86-0695832	501(C)(3)	1,000	8,450	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(9) MILITARY ASSISTANCE MISSION 17464 N 25TH AVE, SUITE A-1 PHX, AZ 85023	45-4084403	501(C)(3)	30,000.				GENERAL SUPPORT
(10) MT GRAHAM LITTLE LEAGUE PO BOX 228 SAFFORD, AZ 85548	52-1286915	501(C)(3)		16,704.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) NORTH HIGH SCHOOL 1101 E THOMAS RD PHOENIX, AZ 85014	86-6000534	501(C)(3)		13,643.	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(12) OLD SCOTTSDALE YOUTH BASEBALL ATTN TRISH DIETZ SCOTTSDALE, AZ 85257	20-0686576	501(C)(3)		8,918	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC.

Employer identification number

86-0901615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAYSON LITTLE LEAGUE PO BOX 2851 PAYSON, AZ 85547	86-0491021	501(C)(3)	212	5,603	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(2) PHOENIX CHILDREN'S HOSPITAL 1919 E. THOMAS ROAD PHOENIX, AZ 85016	86-0422559	501(C)(3)	101,893	8,263	FMV	PATIENT EVENTS	GENERAL SUPPORT
(3) PHOENIX DREAM CENTER 3210 NW GRAND AVE PHOENIX, AZ 85017	86-1001113	501(C)(3)	5,578				GENERAL SUPPORT
(4) PHOENIX LAW ENFORCEMENT ASSOCIATION 1102 W ADAMS STREET PHOENIX, AZ 85007	51-0189787	501(C)(3)	10,000				GENERAL SUPPORT
(5) PRESCOTT VALLEY LITTLE LEAGUE 3400 N KNIGHTS WY PRES VALLEY, AZ 86314	52-1545189	501(C)(3)	298.	26,724	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(6) PRO-STATE 401 E JEFFERSON STREET PHOENIX, AZ 85004	46-1149656	501(C)(3)	35,000				GENERAL SUPPORT
(7) QUEEN CREEK LITTLE LEAGUE 20221 E AVENIDA DEL VALLE, Q CK, 85142	55-0909203	501(C)(3)	284	32,682	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) RAMMS PO BOX 33378 PHOENIX, AZ 85067	86-6053435	501(C)(3)	204	52,014	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(9) RANDOLPH LITTLE LEAGUE 1711 S WINMOR AVE TUCSON, AZ 85713	86-0538761	501(C)(3)		8,400	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(10) RIO SALADO LITTLE LEAGUE ATTN KATHRYN HAMM TEMPE, AZ 85281	86-0772006	501(C)(3)		6,985.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(11) RIO VISTA LITTLE LEAGUE ATTN DANA ADAMS GLENDALE, AZ 85302	86-0473145	501(C)(3)	650	9,309.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) ROCKSTAR RESCUE 530 E MCDOWELL ROAD PHOENIX, AZ 85004	45-3272239	501(C)(3)	15,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.**

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC.

Employer identification number

86-0901615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RONALD MCDONALD HOUSE CHARITIES OF PHOENIX PHOENIX, AZ 85004	86-0483792	501(C)(3)	10,690				GENERAL SUPPORT
(2) SALT RIVER COMMUNITY CHILDREN'S FOUNDATION 10005 E OSBORN ROAD SCOTTSDALE, AZ 85256	86-0143787	501(C)(3)	10,000				GENERAL SUPPORT
(3) SALT RIVER LITTLE LEAGUE 1880 N LONGMORE ROAD SCOTTSDALE, AZ 85256	86-0143787	501(C)(3)		14,456	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(4) SCOTTSDALE CAL RIPKEN 8175 E EVANS ROAD SCOTTSDALE, AZ 85267	45-373820	501(C)(3)	9,430				YOUTH SPORTS
(5) SCOTTSDALE HEALTH CARE FOUNDATION 10001 N 92ND ST STE 121, SCOTTS, AZ 85285	74-2355411	501(C)(3)	10,000				GENERAL SUPPORT
(6) SHADOW MOUNTAIN LITTLE LEAGUE PO BOX 22037 PHOENIX, AZ 85028	86-0890478	501(C)(3)	1,005	9,610.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(7) SHAW BUTTE LITTLE LEAGUE 112 W MOON VALLEY DRIVE PHOENIX, AZ 85023	23-7071099	501(C)(3)	1,380	9,348	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) SOCIETY OF ST VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002-3600	86-0096789	501(C)(3)	15,000				GENERAL SUPPORT
(9) SOLDIER'S BEST FRIEND 7445 W ACOMA DRIVE PEORIA, AZ 85381	27-4665797	501(C)(3)	25,000	1,150	FMV	OPERATING SUPPLIES	GENERAL SUPPORT
(10) SOUTH MOUNTAIN HIGH SCHOOL 5401 S 7TH ST PHOENIX, AZ 85040	86-6000534	501(C)(3)		14,031	FMV	SPORTS EQUIPMENT	YOUTH SPORTS
(11) SOUTH MOUNTAIN LITTLE LEAGUE 3218 S 7TH STREET PHOENIX, AZ 85044	86-0475337	501(C)(3)		15,304	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) SOUTH SCOTTSDALE LITTLE LEAGUE P O BOX 2317 SCOTTSDALE, AZ 85252	86-0509044	501(C)(3)	460	4,547	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC.

Employer identification number

86-0901615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHEAST DIAMONDBACKS LITTLE LEAGUE 4564 E CLOUDBURST DRIVE GILBERT, AZ 85297	86-1045414	501(C)(3)	2,230	20,632	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(2) SOUTHEAST VALLEY PONY LEAGUE ATTN LISA HOKANSON QUEEN CREEK, AZ 85142	27-2054694	501(C)(3)		19,146	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(3) SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER PHOENIX, AZ 85006	31-1496646	501(C)(3)	10,000				GENERAL SUPPORT
(4) SOUTHWESTERN FOOTHILL LITTLE LEAGUE 1645 W. VALENCIA ROAD TUCSON, AZ 85746	86-0810511	501(C)(3)		7,596	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(5) SPECIAL OLYMPICS ARIZONA 2100 S 75TH AVE PHOENIX, AZ 85043	86-0307564	501(C)(3)	21,000	2,015	FMV	SPORTS EQUIPMENT	GENERAL SUPPORT
(6) ST JOSEPH'S FOUNDATION 350 W THOMAS ROAD PHOENIX, AZ 85013	94-2941245	501(C)(3)	35,000				GENERAL SUPPORT
(7) ST. JOHN BOSCO CATHOLIC SCHOOL 16035 S. 48TH STREET PHOENIX, AZ 85048	35-2350484	501(C)(3)	8,500				SCHOOL IMPROVEMENTS
(8) ST MARY'S FOOD BANK 2831 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501(C)(3)	10,000				GENERAL SUPPORT
(9) ST VINCENT DE PAUL 1730 E MONROE STREET PHOENIX, AZ 85034	86-0096789	501(C)(3)	5,000	780	FMV	FOOD DONATION	GENERAL SUPPORT
(10) SUN DEVIL CLUB P O BOX 872505 TEMPE, AZ 85287-2505	23-7074610	501(C)(3)	34,471.				SCHOLARSHIPS
(11) SUPERIOR LITTLE LEAGUE PO BOX 313 SUPERIOR, AZ 85173	52-1288064	501(C)(3)	36	6,458	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(12) TEMPE GUADALUPE LITTLE LEAGUE ATTN VALERIE MOLINA GUADALUPE, AZ 85283	86-0775460	501(C)(3)	1,000	14,233	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC.

Employer identification number

86-0901615

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TEMPE SOUTH LITTLE LEAGUE P O BOX 12438 TEMPE, AZ 85284	86-1043004	501(C)(3)	2,945	21,287	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(2) TGEN FOUNDATION 445 N 5TH STREET PHOENIX, AZ 85004	33-1092191	501(C)(3)	12,500				GENERAL SUPPORT
(3) TREVOR BROWNE HIGH SCHOOL 7402 W CATALINA DRIVE PHOENIX, AZ 85033	86-6000534	501(C)(3)		13,850	FMV	SPORTS EQUIPMENT	GENERAL SUPPORT
(4) UNITED PHOENIX FIREFIGHTERS 61 E COLUMBUS AVE PHOENIX, AZ 85012	86-6053047	501(C)(3)	15,000				GENERAL SUPPORT
(5) USO ARIZONA 3800 E SKYHARBOR BLVD T4, L2 PHX, AZ 85034	13-1610451	501(C)(3)	32,200	17,162	FMV	BASEBALL EXPERIENCE	GENERAL SUPPORT
(6) WEST END LITTLE LEAGUE 508 N LUCY LANE TOLLESON, AZ 85353	86-0668078	501(C)(3)		16,008	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(7) WICKENBURG LITTLE LEAGUE PO BOX 21402 WICKENBURG, AZ 85358	86-0785575	501(C)(3)	540	9,259.	FMV	LITTLE LEAGUE JERSEY	YOUTH SPORTS
(8) ARIZONA'S CHILDREN ASSOCIATION 711 E MISSOURI PHOENIX, AZ 85014	86-0096772	501(C)(3)		22,330	FMV	BASEBALL EXPERIENCE	GENERAL SUPPORT
(9) JEWISH FAMILY AND CHILDREN'S SERVICE 4747 N 7TH STREET PHOENIX, AZ 85014	86-0096781	501(C)(3)		22,330.	FMV	BASEBALL EXPERIENCE	GENERAL SUPPORT
(10) SOUTHWEST NETWORK 2700 N CENTRAL AVE STE 1050 PHX, AZ 85004	86-0966400	501(C)(3)		22,330	FMV	BASEBALL EXPERIENCE	GENERAL SUPPORT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 118.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I. THE ARIZONA DIAMONDBACKS FOUNDATION, INC. MAINTAINS RECORDS OF THE SELECTION CRITERIA AND PROCESS OF ALL GRANTS AWARDED, INCLUDING INTENDED USE OF FUNDS. ALL GRANT RECIPIENTS SIGN A GRANT AWARD AGREEMENT AFFIRMING THAT GRANTED FUNDS WILL BE USED AS GRANTED AND THAT A SUMMARY REPORT WILL BE PROVIDED TO THE ARIZONA DIAMONDBACKS FOUNDATION, INC. DETAILING PROGRESS TOWARDS THE AWARDED GOAL AND AN ACCOUNTING OF FUNDS

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC

Employer identification number

86-0901615

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	✓	1	50,000	MARKET
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	✓	79	39,072	SELLING PRICE
19	Food inventory	✓	7	1,250	SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SCH M, PART II)	✓	85	61,970	SELLING PRICE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a		✓
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31		✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		✓
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

25

BASEBALL EXPERIENCES, 7 CONTRIBUTIONS, $5,575, SELLING PRICE

COSMETICS, 1 CONTRIBUTION, $40, SELLING PRICE

GOLF FOURESOMES, 5 CONTRIBUTIONS, $1,330, SELLING PRICE

JEWELRY, 6 CONTRIBUTIONS, $11,305, SELLING PRICE

NON-BASEBALL EXPERIENCES, 23 CONTRIBUTIONS, $6,510, SELLING PRICE

RESORT VACATIONS, 15 CONTRIBUTIONS, $14,430, SELLING PRICE

TICKETS/LUXURY SUITES, 28 CONTRIBUTIONS, $22,780, SELLING PRICE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC

Employer identification number

86-0901615

CORE FORM, PART VI, SECTION A, QUESTION 2 AS A RESULT OF EMPLOYMENT WITH AZPB, LIMITED PARTNERSHIP FOUR OFFICERS AND ONE DIRECTOR HAVE A BUSINESS RELATIONSHIP

CORE FORM, PART VI, SECTION A, QUESTION 4 IN 2015 THE BOARD APPROVED AN AMENDMENT TO THE ARTICLES OF INCORPORATION THIS AMENDMENT EXPANDED THE FOUNDATION'S TAX-EXEMPT CHARITABLE AND EDUCATIONAL PURPOSES TO INCLUDE SUPPORTING LAW ENFORCEMENT, VETERANS, AND OTHER CHARITABLE AND EDUCATIONAL ORGANIZATIONS THAT ARE TAX EXEMPT UNDER SECTION 501(c)(3)

CORE FORM, PART VI, SECTION A, QUESTION 4, IN 2015 THE BOARD APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE FOUNDATION, NOTABLY TO UPDATE THE PURPOSE OF THE FOUNDATION TO BE CONSISTENT WITH THE AMENDED ARTICLES OF INCORPORATION

CORE FORM, PART VI, SECTION B, QUESTION 11B FORM 990 IS PREPARED BY THE DIRECTOR, ACCOUNTING FOR THE ARIZONA DIAMONDBACKS THE FORM IS THEN REVIEWED BY THE TREASURER OF THE FOUNDATION AND AN EXTERNAL ACCOUNTING FIRM A COPY OF THE FORM IS PROVIDED TO EACH MEMBER OF THE GOVERNING BOARD PRIOR TO FILING

CORE FORM, PARTY VI, SECTION B, QUESTION 12C ALL BOARD MEMBERS ARE ASKED TO COMPLETE AND SIGN DOCUMENTATION DETAILING ANY CONFLICTS OF INTEREST ANNUALLY BOARD MEMBERS WITH CONFLICTS OF INTEREST REFRAIN FROM VOTING ON MATTERS THAT PRESENT A CONFLICT OF INTEREST

CORE FORM, PART VI, SECTION C, QUESTION 19 THE ARIZONA DIAMONDBACKS FOUNDATION, INC MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Name of the organization	Employer identification number
ARIZONA DIAMONDBACKS FOUNDATION, INC	86-0901615

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ARIZONA DIAMONDBACKS FOUNDATION, INC

Employer identification number

86-0901615

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NOT APPLICABLE					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NOT APPLICABLE							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AZPB, LP, 401 E. JEFFERSON PHOENIX, AZ 85004, 86-0761521	PROFESSIONAL SPORTS	AZ	N/A	N/A	N/A	N/A		✓	N/A		✓	N/A
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) NOT APPLICABLE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✓
b Gift, grant, or capital contribution to related organization(s)	1b		✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓	
d Loans or loan guarantees to or for related organization(s)	1d		✓
e Loans or loan guarantees by related organization(s)	1e		✓
f Dividends from related organization(s)	1f		✓
g Sale of assets to related organization(s)	1g		✓
h Purchase of assets from related organization(s)	1h		✓
i Exchange of assets with related organization(s)	1i		✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓	
o Sharing of paid employees with related organization(s)	1o	✓	
p Reimbursement paid to related organization(s) for expenses	1p	✓	
q Reimbursement paid by related organization(s) for expenses	1q	✓	
r Other transfer of cash or property to related organization(s)	1r		✓
s Other transfer of cash or property from related organization(s)	1s		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) AZPB LIMITED PARTNERSHIP	c	295,476	FMV
(2) AZPB LIMITED PARTNERSHIP	m	1,036,685	FMV
(3) AZPB LIMITED PARTNERSHIP	n	114,000	FMV
(4) AZPB LIMITED PARTNERSHIP	o	411,068	FMV
(5) AZPB LIMITED PARTNERSHIP	p	122,941	FMV
(6) AZPB LIMITED PARTNERSHIP	q	80	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) NOT APPLICABLE													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R (see instructions).