

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

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

C Name of organization
ARIZONA TECHNOLOGY INVESTOR FORUM
% Robert DeLean
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
10645 N TATUM BLVD STE 200 347
City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85028

D Employer identification number
27-1070872
E Telephone number
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.arizonatechinvestors.com
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 117,368**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 15,000
2	Program service revenue including government fees and contracts 1,000
3	Membership dues and assessments 100,795
4	Investment income
5a	Gross amount from sale of assets other than inventory 5a
5b	Less: cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
6c	Less: direct expenses from gaming and fundraising events 6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
7a	Gross sales of inventory, less returns and allowances 7a
7b	Less: cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0
8	Other revenue (describe in Schedule O) 573
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 117,368

Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 77,000
13	Professional fees and other payments to independent contractors 7,316
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 37,818
17	Total expenses. Add lines 10 through 16 122,134

Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -4,766
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 94,401
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year. Combine lines 18 through 20 89,635

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form **990-EZ** (2024)

Part II Balance Sheets(see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	347,253	291,355

23 Land and buildings		23	
24 Other assets (describe in Schedule O)	112	24	0
25 Total assets	347,365	25	291,355
26 Total liabilities (describe in Schedule O).	252,964	26	201,720
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,401	27	89,635

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
early-stage investing in technology and biomedical companies for accredited investors

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Identifying well-qualified early-stage companies and presenting them to the membership
 (Grants \$ 0) If this amount includes foreign grants, check here

29 Educating members about early-stage investing and participatory research in early-stage companies
 (Grants \$ 0) If this amount includes foreign grants, check here

30 Connecting accredited investors to early-stage companies and facilitating investments
 (Grants \$ 0) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32**

28a	0
29a	0
30a	0
31a	
32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert DeLean Chairman Executive Director	40	77,000	0	0
Brandy Altstadter Treasurer	1	0	0	0
Michelle Tinsley Board Member	1	0	0	0
Susan Austin Board Member	1	0	0	0
Erik Probstfield Board Member	1	0	0	0
John Ferriera Board Member	1	0	0	0
Bryan Liddiard Board Member	1	0	0	0

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		

b Gross receipts, included on line 9, for public use of club facilities **39b** |

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

41 List the states with which a copy of this return is filed. ▶ _____

42a The organization's books are in care of ▶ Brandy Altstadter Telephone no. ▶ (480) 215-1148

Located at ▶ 10645 N Tatum Blvd Ste 200 347 Phoenix, AZ ZIP + 4 ▶ 85028

	Yes	No
b 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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	2025-04-01
	Robert DeLean Executive Director and Chairman Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990-EZ** (2024)

Additional Data

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Software ID: 24020569
Software Version: V2.0

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)

(Rev. January 2025)
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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ARIZONA TECHNOLOGY INVESTOR FORUM

Employer identification number
27-1070872

Return Reference	Explanation
Doing Business As Names	Arizona Tech Investors
Part I, line 8	Other Revenues:, Amount: AZZ Reimbursement Revenue, \$573
Part I, line 16	Other Expenses:, Amount: Insurance, \$1900 Dues Subscriptions and Conferences, \$7799 Marketing, \$2949 Information Technology, \$11921 Administrative Expense, \$8370 Meetings, \$3607 AZZ Reimbursement Expense, \$1272
Part II, line 24	Explanation:, BOYAmount:, EOYAmount: Other assets, \$112, \$
Part II, line 26	Explanation:, BOYAmount:, EOYAmount: Due to ATI Entities, \$48, \$0 Credit Card Payable, \$586, \$331 Escrow Account Liability, \$252330, \$201389

Additional Data

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Software ID:
Software Version: