



Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.
3. **PRINT & PAPER FILE Copy:** CLA will not be mailing in these returns. The first page of the PDF is the filing instructions page, this includes instructions on any payment(s) that may be due. **All the remaining pages in the PDF should be printed for signature and mailing.** Any return that must be paper filed we recommend that you use certified mail with return receipt as proof of mailing.

Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents and print any PRINT & PAPER FILE documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:

Initial
SCC

[CLAconnect.com](https://claconnect.com)

CPAs | CONSULTANTS | WEALTH ADVISORS

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Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP
CLAconnect.com

ANDRE AGASSI FOUNDATION FOR EDUCATION

FORM 990-PF INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2023



CliftonLarsonAllen LLP
CLAconnect.com

October 31, 2024

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144
Attention: Shawn Cable

Dear Mr. Cable:

Enclosed are the organization's 2023 Exempt Organization returns and 2024 estimated tax payments information.

Specific filing instructions are as follows.

FORM 990-PF RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2024 the filing deadline.

Form 990-PF has a balance due of \$98,562.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

The 990-PF return includes a penalty for underpayment of estimated tax from Form 2220 of \$5,201.

Please note that the Form 990-PF return contains excess distribution carryover of \$5,508,505. This may be applied to tax year 2024 and subsequent years.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$60,000. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

ESTIMATED TAX PAYMENTS FOR FORM 990-PF:

For your reference we have listed all estimated tax payments and their original due dates below.

Installment No. 4 by 12/16/24 \$160,640

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 109 RETURN:

The California Form 109 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Your overpayment in the amount of \$600 has been applied to your California estimated tax.

FLORIDA FORM F-1120 RETURN:

The Florida Form F-1120 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

No payment is required.

GEORGIA FORM 600-T RETURN:

The Georgia Form 600-T should be mailed on or before November 15, 2024 to:

Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

No payment is required.

MASSACHUSETTS FORM M-990T RETURN:

The Massachusetts Form M-990T should be mailed on or before December 16, 2024 to:

Mass. Department of Revenue
P.O. Box 7067
Boston, MA 02204

No payment is required.

Your overpayment in the amount of \$4,000 has been applied to your Massachusetts estimated tax.

MICHIGAN FORM MI 4891 RETURN:

The Michigan Form MI 4891 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the State of Michigan. Do not mail the paper copy of the return to the State of Michigan.

No payment is required.

NEW YORK FORM CT-13 RETURN:

The New York Form CT-13 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the NYSDTF. Do not mail the paper copy of the return to the NYSDTF.

No payment is required.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

Amount Due or Refund:

Balance due of \$98,562

Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024

Please note that the Form 990-PF return contains excess distribution carryover of \$5,508,505. This may be applied to tax year 2024 and subsequent years.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

Amount Due or Refund:

Overpayment of \$60,000. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

2024 ESTIMATED TAX FILING INSTRUCTIONS
FORM 990-W

FOR THE YEAR ENDING
December 31, 2024

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

Amount of Tax:

Total Estimated Tax	\$	160,616
Less credit from prior year	\$	0
Less amount already paid on 2024 Estimate	\$	0
Balance Due	\$	160,640

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No 1	\$ 0	
No 2	\$ 0	
No 3	\$ 0	
No 4	\$ 160,640	December 16, 2024

Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

Mail Voucher and Check (if applicable) To:

Not applicable

Special Instructions:

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

ANDRE AGASSI FOUNDATION FOR EDUCATION

EIN or SSN

34-1759295

Name and title of officer or person subject to tax

SHAWN CABLE**CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>160,616.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **89169**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Shawn Cable*Date **10/15/24****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59810613127

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

TINA HENTON

Date

10/31/24**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

Form

990-W

(Worksheet)

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-PF

2024

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	160,616.
b	Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	160,616.
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	160,616.

	(a)	(b)	(c)	(d)
11 Installment due dates	11			12/16/24
12 Installments. Enter 25% of line 10c in columns (a) through (d)	12			160,640.
13 2023 Overpayment	13			
14 Payment due (Subtract line 13 from line 12)	14			160,640.

Form 990-W

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	67,255.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	55,495.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	11,760.

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

Form **8868** (Rev. 1-2024)

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

For calendar year 2023 or tax year beginning , and ending

Name of foundation ANDRE AGASSI FOUNDATION FOR EDUCATION		A Employer identification number 34-1759295
Number and street (or P.O. box number if mail is not delivered to street address) 1120 N. TOWN CENTER DRIVE	Room/suite 160	B Telephone number (702) 227-5700
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 114,467,176.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	22.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,637,859.	3,265,770.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,212,214.			
	b Gross sales price for all assets on line 6a 38,190,821.				
	7 Capital gain net income (from Part IV, line 2)		9,580,815.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold ...					
c Gross profit or (loss)					
11 Other income	4,001.	-313,587.		STATEMENT 2	
12 Total. Add lines 1 through 11	12,854,096.	12,532,998.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	379,160.	94,790.		284,370.
	14 Other employee salaries and wages	364,922.	91,231.		273,692.
	15 Pension plans, employee benefits	100,775.	25,194.		75,581.
	16a Legal fees				
	b Accounting fees STMT 3	72,330.	36,165.		36,165.
	c Other professional fees STMT 4	772,072.	614,102.		161,390.
	17 Interest	623,671.	0.		623,671.
	18 Taxes STMT 5	158,149.	49,338.		110,452.
	19 Depreciation and depletion	1,915,037.	0.		
	20 Occupancy	167,158.	0.		133,209.
	21 Travel, conferences, and meetings	3,039.	0.		5,291.
	22 Printing and publications				
	23 Other expenses STMT 6	95,370.	67,084.		133,498.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,651,683.	977,904.		1,837,319.
	25 Contributions, gifts, grants paid	6,475,876.			7,242,432.
26 Total expenses and disbursements. Add lines 24 and 25	11,127,559.	977,904.		9,079,751.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	1,726,537.				
b Net investment income (if negative, enter -0-)		11,555,094.			
c Adjusted net income (if negative, enter -0-)			N/A		

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

Form **990-PF** (2023)

Form 990-PF (2023)

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Page 2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		3,270,589.	2,127,761.	2,127,761.
	2	Savings and temporary cash investments		7,773,757.	8,105,559.	8,105,559.
	3	Accounts receivable				
		Less: allowance for doubtful accounts		83,225.		
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		8,611.	8,611.	8,611.
	10a	Investments - U.S. and state government obligations STMT 7		3,311,886.	3,320,737.	3,320,737.
	b	Investments - corporate stock STMT 8		49,931,859.	55,579,690.	55,579,690.
	c	Investments - corporate bonds STMT 9		3,847,041.	4,009,768.	4,009,768.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other STMT 10		29,737,500.	24,795,866.	24,795,866.	
14	Land, buildings, and equipment: basis 44,472,450.					
	Less: accumulated depreciation 28,088,783.		18,211,598.	16,383,667.	16,383,667.	
15	Other assets (describe ROU ASSET)		250,405.	135,517.	135,517.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		116,426,471.	114,467,176.	114,467,176.	
Liabilities	17	Accounts payable and accrued expenses		235,818.	92,920.	
	18	Grants payable		809,749.		
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		11,460,159.	10,690,159.	
	22	Other liabilities (describe STATEMENT 11)		564,391.	418,538.	
23	Total liabilities (add lines 17 through 22)		13,070,117.	11,201,617.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions		103,211,090.	103,120,295.	
	25	Net assets with donor restrictions		145,264.	145,264.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds ...				
	29	Total net assets or fund balances		103,356,354.	103,265,559.	
30	Total liabilities and net assets/fund balances		116,426,471.	114,467,176.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	103,356,354.
2	Enter amount from Part I, line 27a	2	1,726,537.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	105,082,891.
5	Decreases not included in line 2 (itemize) UNREALIZED LOSS	5	1,817,332.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	103,265,559.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P	01/01/23	12/31/23
b ALT INVESTMENT GAINS/LOSSES	P	01/01/23	12/31/23
c PARTNERSHIP K-1'S GAINS/LOSSES	P	01/01/23	12/31/23
d ADJUSTMENT TO NET INVESTMENT INCOME	P	01/01/23	12/31/23
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 38,190,821.		28,470,716.	9,720,105.
b			-507,891.
c			-139,290.
d			507,891.
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			9,720,105.
b			-507,891.
c			-139,290.
d			507,891.
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	9,580,815.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	160,616.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	160,616.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	160,616.
6 Credits/Payments:			
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a		55,495.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		11,760.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	67,255.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	5,201.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	98,562.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded		11	

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Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>OH</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>WWW.AGASSIFOUNDATION.ORG</u>		
14 The books are in care of <u>SHAWN CABLE</u> Telephone no. <u>(702) 227-5700</u> Located at <u>1120 N. TOWN CENTER DRIVE, 160, LAS VEGAS, NV</u> ZIP+4 <u>89144</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

	Yes	No
5a(1)		X

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

5a(2)		X
-------	--	---

(3) Provide a grant to an individual for travel, study, or other similar purposes?

5a(3)		X
-------	--	---

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

5a(4)	X	
-------	---	--

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

5a(5)		X
-------	--	---

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

5b	X	
----	---	--

c Organizations relying on a current notice regarding disaster assistance, check here ☐**d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

5d		X
----	--	---

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

6a		X
----	--	---

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b		X
----	--	---

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

7a		X
----	--	---

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b		
----	--	--

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

8		X
---	--	---

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		350,840.	14,160.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KEVIN MASON - 1120 N. TOWN CENTER DRIVE, LAS VEGAS, NV 89144	MAINTENANCE 40.00	91,900.	8,100.	0.
LAT MAY VAN COTT - 1120 N. TOWN CENTER DRIVE, LAS VEGAS, NV 89144	STAFF ACCOUNTANT 40.00	70,000.	0.	0.

Total number of other employees paid over \$50,000

0

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Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ACCURATE BUILDING MAINTENANCE 4435 W. SUNSET ROAD, LAS VEGAS, NV 89118	JANITORIAL SERVICES	232,863.
TRANE US INC PO BOX 98167, CHICAGO, IL 60693	HVAC SERVICES	170,238.
CFT NV DEVELOPMENTS LLC 1683 WALNUT GROVE AVE, ROSEMEAD, CA 91770	FACILITIES MANAGEMENT	151,594.
CFC 7709 ALAMOSA WAY, LAS VEGAS, NV 89128	FACILITIES MANAGEMENT	114,250.
CLIFTONLARSONALLEN LLP PO BOX 776376, CHICAGO, IL 60677	ACCOUNTING SERVICES	72,330.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B

Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	95,331,963.
b	Average of monthly cash balances	1b	2,632,478.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	97,964,441.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	97,964,441.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,469,467.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	96,494,974.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,824,749.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	4,824,749.
2a	Tax on investment income for 2023 from Part V, line 5	2a	160,616.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	160,616.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,664,133.
4	Recoveries of amounts treated as qualifying distributions	4	1,000.
5	Add lines 3 and 4	5	4,665,133.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	4,665,133.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	9,079,751.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	9,079,751.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				4,665,133.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				732,306.
e From 2022				361,581.
f Total of lines 3a through e	1,093,887.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 9,079,751.				
a Applied to 2022, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				4,665,133.
e Remaining amount distributed out of corpus	4,414,618.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	5,508,505.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	5,508,505.			
10 Analysis of line 9:				
a Excess from 2019 ...				
b Excess from 2020 ...				
c Excess from 2021 ...				732,306.
d Excess from 2022 ...				361,581.
e Excess from 2023 ...				4,414,618.

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV

Supplementary Information

(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EMERIL LAGASSE FOUNDATION 3801 CANAL ST NEW ORLEANS, LA 70119		PC	FY2023 - AARON SANCHEZ IMPACT FUND	10,000.
SOUTHERN NEVADA MUSICIAL SOCIETY 3950 SPRINGHILL AVENUE LAS VEGAS, NV 89121		NC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	200.
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY 555 WEST 5TH STREET FLOOR 55 LOS ANGELES, CA 90013		PC	FY2023 - DONATION FOR SCOPUS AWARDS GALA.	25,000.
ANIMAL FOUNDATION 655 N. MOJAVE ROAD LAS VEGAS, NV 89101		PC	FY2023 - KEEPING EVERY PERSON + PET CAMPAIGN	50,000.
ATHLETE FOR HOPE 2 BETHESDA METRO CENTER STE 1320 BETHESDA, MD 20814		PC	FY2023 - PROGRAM FOR ATHLETES FOR HOPE.	50,000.
Total SEE CONTINUATION SHEET(S)			3a	7,242,432.
b Approved for future payment				
NONE				
Total			3b	0.

Part XVI	Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations
-----------------	--

- | | | Yes | No |
|----------|--|--------------|----------|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee <i>Shawn Cable</i>		Date 10/31/2024		Title CHIEF FINANCIAL OFFICER		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	TINA HENTON		TINA HENTON		10/31/24		P00630282
	Firm's name CLIFTONLARSONALLEN LLP					Firm's EIN 41-0746749	
	Firm's address 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801					Phone no. 407-802-1200	

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BISHOP GORMAN HIGH SCHOOL 5959 S. HUALAPAI WAY LAS VEGAS, NV 89148		PC	FY2023 - COMMITMENT FOR HIGH SCHOOL STUDENT UNION AND SCHOLARSHIP PROGRAM.	250,000.
BLOOM ACADEMY 2550 S. RAINBOW BLVD. STE E-27 LAS VEGAS, NV 89146		PC	FY2023 - GENERAL DONATION FOR K-12 AFTER SCHOOL PROGRAM.	5,000.
BLOOM ACADEMY 2550 S. RAINBOW BLVD. STE E-27 LAS VEGAS, NV 89146		PC	FY2023 - COMMITMENT FOR HIGH SCHOOL STUDENT UNION AND SCHOLARSHIP PROGRAM.	5,000.
BOYS & GIRLS CLUB OF LAS VEGAS 2850 SOUTH LINDELL ROAD LAS VEGAS, NV 89146		PC	FY2023 - GRANT FOR REPAIRS TO AGASSI CLUB.	100,000.
BOYS & GIRLS CLUB OF SOUTHERN NEVADA 2850 SOUTH LINDELL ROAD LAS VEGAS, NV 89146		PC	FY2023 - SNEAKER BALL / SILVER TABLE	5,000.
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION 1 GRAND AVENUE SAN LUIS OBISPO, CA 93407		PC	FY2023 - SUPPORT SCHOLARSHIP PROGRAM.	50,000.
COLUMBUS URBAN LEAGUE 788 MT. VERNON AVENUE COLUMBUS, OH 43203		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	25,000.
CRISTO REY ST. VIATOR 2880 VAN DER MEER STREET NORTH LAS VEGAS, NV 89030		PC	FY2023 - ANNUAL SUPPORT FOR HS WORK STUDY PROGRAM.	68,000.
DEMOCRACY PREP PUBLIC SCHOOLS 1767 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10035		PC	DONATION TO FURTHER MISSION OF COLLEGE ENROLLMENT AND CAREER MOBILITY	807,752.
DEMOCRACY PREP PUBLIC SCHOOLS 1767 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10035		PC	DONATION TO FURTHER MISSION OF COLLEGE ENROLLMENT AND CAREER MOBILITY	750,000.
Total from continuation sheets				7,107,232.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ENGELSTAD FOUNDATION 11105 W. FLAMINGO ROAD LAS VEGAS, NV 89135		PF	FY2023 - BIG IDEA CHALLENGE 2023 AWARD PROGRAM.	250,000.
FAITH LUTHERAN MIDDLE & HIGH SCHOOL 2015 S. HUALAPAI WAY LAS VEGAS, NV 89117		PC	FY2023 - PROVIDE SCHOLARSHIP PROGRAMS FOR AT-NEED STUDENTS.	10,000.
FULFILLMENT FUND 8930 SPANISH RIDGE AVENUE LAS VEGAS, NV 89148		PC	FY2023 - PROVIDE RESOURCES FOR PROGRAM WORKING WITH TITLE I STUDENTS IN HS.	100,000.
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWY SUITE 110-474 LAS VEGAS, NV 89141		PC	FY2023 - SHOE DISTRIBUTION FOR EDWARDS ES	20,000.
GREEN OUR PLANET 6795 EDMOND STREET LAS VEGAS, NV 89118		PC	FY2023 - CONTINUING PROGRAM TO COMPLETE VIDEO SERIES FOR STEM K-12	362,500.
HEAL THE HERO FOUNDATION 5501 E. GREENWAY PARKWAY SCOTTSDALE, AZ 85254		PC	FY2023 - PROGRAM SUPPORT FOR MENTAL HEALTH PROGRAM.	50,000.
JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE CIRCLE EAST ST. LOUIS, IL 62204		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	50,000.
KEEP MEMORY ALIVE 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106		PC	FY2023 - DONATION FOR CLEVELAND CLINIC SUPPORT IN SOUTHERN NEVADA.	500,000.
KENNY GUINN CENTER FOR POLICY PRIORITIES 1664 N. VIRGINIA STREET M/S 0289 RENO, NV 89557		PC	FY2023 - GRANT FOR NEW EDUCATION POLICY.	25,000.
LAS VEGAS ACES FOUNDATION 1415 RAIDERS WAY HENDERSON, NV 89052		PC	FY2023 - MENTAL HEALTH SUMMIT.	50,000.
Total from continuation sheets				

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAS VEGAS NATURAL HISTORY MUSEUM 900 LAS VEGAS BLVD LAS VEGAS, NV 89101		PC	FY2023 - SUPPORT FIELD TRIPS FOR TITLE I SCHOOLS.	5,000.
LATINO EMPOWERMENT ORGANIZATION OF NEVAAD 1027 S. RAINBOW BLVD. STE 206 LAS VEGAS, NV 89145		PC	FY2023 - ANGEL TREE DIRVE FOR 75 STUDENTS.	1,000.
LEARNING ALLY INC. 20 ROSZEL ROAD PRINCETON, NJ 08540		PC	FY2023 - PROVIDE RESOURCES FOR NATIONAL K-12 PROGRAM.	2,500,000.
LINKS FOUNDATION INC. PO BOX 370952 LAS VEGAS, NV 89137		PC	FY2023 - SCHOLARHIP PROGRAM TO HELP UNDERSERVED YOUTH.	2,500.
NAVY SEAL FOUNDATION 162 WEST 56TH STREET STE 405 NEW YORK, NV 10019		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	25,000.
NEVADA SOCIETY FOR THE PREVENTTION OF CRUELTY TO ANIMALS 5375 S. PROCYON ST. STE 108 LAS VEGAS, NV 89118		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	5,000.
OPPORTUNITY 180 900 NORTH LAMB BLVD STE140 LAS VEGAS, NV 89110		PC	FY2023 - FELLOWSHIP OF SURGE INSITUTE.	200,000.
PBS RENO 1670 N. VIRGINIA STREET RENO, NV 89503		PC	FY2023 - SPOTLIGHT AWARDS.	10,000.
PERICHORESIS 40228 IVYWOOD LANE PLAYMOUTH, MI 48170		PC	FY2023 - GRANT TO SUPPORT ONLINE RESOURCE PLATFORM ORGANIZATION.	100,000.
PROJECT ALS 2585 BROADWAY STE202 NEW YORK, NY 10025		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	15,000.
Total from continuation sheets				

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROCKETSHIP CHARTER SCHOOLS 350 TWIN DOLPHIN DRIVE STE 109 REDWOOD CITY, CA 94065		PC	FY2023 - JETPACK ED DONATION.	50,000.
SOUTHERN CALIFORNIA TENNIS ASSOCIATION FOUNDATION 4490 WEST POINT LOMA BLVD SAN DIEGO, CA 92107		PC	FY2023 - SUPPORT FOR TENNIS PROGRAM IN SOUTHERN CALIFORNIA.	10,000.
TEAM LUKE HOPE FOR MINDS 10708 JUSTICE LANE LUBBOCK, TX 79424		PC	FY2023 - 7TH ANNUAL PLAY FOR TEAM LUKE	20,000.
TED'S FOUNDATION 1803 JUNO ISLES BLVD NORTH PALM BEACH, FL 33408		PC	FY2023 - SUMMER CAMP SUPPORT.	4,300.
THE CENTER FOR MIND BODY MEDICINE 5225 CONNECTICUT AVENUE NW STE 414 WASHINGTON, DC 20015		PC	FY2023 - MENTAL HEALTH PROGRAM IN SOUTHERN NEVADA.	300,000.
THE IMMIGRANT HOME FOUNDATION 2900 STEWART AVENUE LAS VEGAS, NV 89101		PC	FY2023 - IME BECAS 2023 SCHOLARSHIP PROGRAM.	2,500.
TODAY & TOMORROW EDUCATIONAL FOUNDATION 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119		PC	FY2023 - HELP FOR TODAY HOPE PROGRAM.	13,680.
TWILIGHT SPRINGS HORSE SANCTUARY 10152 KEARNEY HILLS PLACE LAS VEGAS, NV 89144		PC	FY2023 - PROGRAM SUPPORT FOR MENTAL HEALTH PROGRAM.	250,000.
UNIVERSITY OF NEVADA RENO FOUNDATION MAIL STOP 0007 RENO, NV 89557		PC	FY2023 - LITTLE BOOKS / LITTLE COOKS PROGRAM.	50,000.
UNIVERSITY OF NEVADA RENO FOUNDATION MAIL STOP 0007 RENO, NV 89557		PC	FY2023 - SUPPORT UNIVERSITY MENTAL HEALTH PROGRAM.	50,000.
Total from continuation sheets				

Part XIV	Supplementary Information
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3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
UNIVERSITY OF NEVADA WOLF PACK ATHLETICS MAIL STOP 232 RENO, NV 89557		GOV	FY2023 - VIP GOVERNOR DINNER TABLE.	5,000.
UNLV FOUNDATION 4505 S. MARYLAND PKWAY BOX 451006 LAS VEGAS, NV 89154		PC	FY2023 - GRANT TO SUPPORT UNLV TENNIS TOURNAMENT.	5,000.
Total from continuation sheets				

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

2023

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name ANDRE AGASSI FOUNDATION FOR EDUCATION	Employer identification number 34-1759295
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	160,616.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	160,616.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	67,252.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	67,252.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/23	12/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	16,813.	63,495.	40,154.	40,154.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	55,495.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		38,682.		
13 Add lines 11 and 12	13		38,682.		
14 Add amounts on lines 16 and 17 of the preceding column	14			24,813.	64,967.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	55,495.	38,682.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	24,813.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		24,813.	40,154.	40,154.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	38,682.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

FORM 990-PF

Form 2220 (2023)

ANDRE AGASSI FOUNDATION FOR EDUCATION**34-1759295**Page **2****Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024 ...	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024 ...	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			
		\$		5,201.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form 2220 (2023)

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ANDRE AGASSI FOUNDATION FOR EDUCATION					Identifying Number 34-1759295
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/23	16,813.	16,813.			
05/15/23	-55,495.	-38,682.			
06/15/23	63,495.	24,813.	92	.000191781	438.
09/15/23	40,154.	64,967.	15	.000191781	187.
09/30/23	0.	64,967.	76	.000219178	1,082.
12/15/23	40,154.	105,121.	16	.000219178	369.
12/31/23	0.	105,121.	136	.000218579	3,125.
Penalty Due (Sum of Column F).					5,201.

* Date of estimated tax payment, withholding credit date or installment due date.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST/DIVIDENDS - PARTNERSHIPS	543,581.	0.	543,581.	171,492.	
INTEREST/DIVIDENDS - PUBLICLY TRADED SECURITIES	3,094,278.	0.	3,094,278.	3,094,278.	
TO PART I, LINE 4	3,637,859.	0.	3,637,859.	3,265,770.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INCOME	0.	-313,587.	
SETTLEMENT REVENUE	4,001.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	4,001.	-313,587.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	72,330.	36,165.		36,165.
TO FORM 990-PF, PG 1, LN 16B	72,330.	36,165.		36,165.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	157,969.	0.		161,390.
INVESTMENT	614,103.	614,102.		0.
TO FORM 990-PF, PG 1, LN 16C	772,072.	614,102.		161,390.

FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	47,697.	49,338.		0.
PROPERTY TAX PAID	110,452.	0.		110,452.
TO FORM 990-PF, PG 1, LN 18	158,149.	49,338.		110,452.

FORM 990-PF	OTHER EXPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	6,064.	0.		0.
ADVERTISING	399.	0.		399.
MEMBERSHIP DUES AND SUBSCRIPTIONS	557.	0.		557.
INSURANCE	85,627.	0.		85,627.
PARTNERSHIP EXPENSES	0.	67,084.		0.
MISC EXPENSES	2,723.	0.		2,723.
EVENT EXPENSES	0.	0.		44,192.
TO FORM 990-PF, PG 1, LN 23	95,370.	67,084.		133,498.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FNMA PMA4578 02 50%2052	X		777.	777.
FNMA PMA4414 02 50%2051	X		3,501.	3,501.
FHLMC SD 8161 02 50%2051	X		5,530.	5,530.
FHLMC SD 8156 02 50%2051	X		7,475.	7,475.
FNMA PMA4587 02 50%2042	X		10,959.	10,959.
FNMA PMA4564 03%2052	X		17,178.	17,178.
FNMA PMA4512 02 50%2052	X		17,989.	17,989.
FNMA PBM1257 02 50%2037	X		24,671.	24,671.
FHLMC SD 8206 03%2052	X		51,373.	51,373.
FNMA PCB3104 02 50%2052	X		52,016.	52,016.
FNMA PFS3497 03 50%2052	X		55,034.	55,034.
FNMA PMA4654 03 50%2052	X		56,281.	56,281.
FNMA PMA4599 03%2052	X		60,374.	60,374.
FHLMC SD 8129 02 50%2051	X		65,979.	65,979.
FNMA PFS1630 02 50%2051	X		69,700.	69,700.
FNMA PCB3586 03%2052	X		77,942.	77,942.
FEDERAL NATL MTG ASSOC CUSIP: 31359MGK3	X		95,672.	95,672.
FNMA PMA4784 04 50%2052	X		96,373.	96,373.
FHLMC RB 5163 03%2042	X		98,166.	98,166.
FNMA PFS0630 03%2052	X		98,508.	98,508.
U.S. TREASURY NOTE CUSIP: 91282CGJ4	X		108,702.	108,702.
FNMA PMA4548 02 50%2052	X		120,529.	120,529.
FHLMC SD 8220 03%2052	X		124,001.	124,001.
FHLMC RB 5154 02 50%2042	X		135,320.	135,320.
FNMA PMA4842 05 50%2052	X		148,243.	148,243.
FNMA PMA4785 05%2052	X		148,781.	148,781.
FNMA PCB2548 02 50%2052	X		151,920.	151,920.
FNMA PMA4600 03 50%2052	X		152,644.	152,644.
FNMA PMA4867 04 50%2053	X		165,466.	165,466.
FHLMC SD 8244 04%2052	X		197,996.	197,996.
FNMA PFS0392 02 50%2052	X		199,111.	199,111.
U.S. TREASURY BOND CUSIP: 912810SF6	X		213,368.	213,368.
U.S. TREASURY BOND CUSIP: 912810SX7	X		242,437.	242,437.
U.S. TREASURY BOND CUSIP: 912810SL3	X		246,721.	246,721.
TOTAL U.S. GOVERNMENT OBLIGATIONS			3,320,737.	3,320,737.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			3,320,737.	3,320,737.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NEXTERA ENERGY INC	5,947.	5,947.
ONESPACORLD HLDGS LTD	6,754.	6,754.
BRIGHTVIEW HLDGS INC	7,014.	7,014.
CSL LTD	8,215.	8,215.
DBS GROUP HOLDINGS LTD	8,333.	8,333.
CLEARWTR ANALYTICS HOLDINGS INC	8,473.	8,473.
HANG LUNG PROPERTIES LTD	8,633.	8,633.
ATN INTERNATIONAL INC	8,807.	8,807.
RPT RLTY SH BEN INT	8,853.	8,853.
OMNIAB INC REG SHS	8,947.	8,947.
BALCHEM CORP	9,074.	9,074.
COHERENT CORP	9,402.	9,402.
SITC INTERNATIONAL CO	9,645.	9,645.
WOODSIDE ENERGY GROUP LT	9,664.	9,664.
TEXAS ROADHOUSE INC-CL A	9,778.	9,778.
YETI HLDGS INC	9,942.	9,942.
WESTPAC BANKING CORP FN	10,141.	10,141.
SONIC AUTOMOTIVE INC A	10,286.	10,286.
OTSUKA CORP 4768	10,721.	10,721.
APELLIS PHARMACEUTICALS INC	10,895.	10,895.
TOPPAN INC 7911 FN	11,025.	11,025.
SHOCKWAVE MEDICAL INC	11,624.	11,624.
STOCKLAND	11,760.	11,760.
NIPPON YUSEN KAISHA	11,782.	11,782.
ROHM 6963	11,808.	11,808.
BARRATT DEV PLC 10P FN	11,812.	11,812.
HOYA CORP	11,877.	11,877.
SUMITOMO METAL MNG 5713	12,017.	12,017.
KAO CORP 4452	12,054.	12,054.
WILLSCOT MOBILE MINI	12,060.	12,060.
MAZDA MOTOR CORP 7261 FN	12,071.	12,071.
BASF SE NAMEN -AKT	12,213.	12,213.
BP PLC	12,479.	12,479.
OMNICELL INC	12,531.	12,531.
REPSOL SA	12,569.	12,569.
HIBBETT SPORTS INC	12,748.	12,748.
WORTHINGTON STL INC	12,898.	12,898.
GENTING SINGAPORE LTD	12,941.	12,941.
CONCH CEMENT CO LTD	13,057.	13,057.
ZENSHO HOLDINGS CO LTD	13,155.	13,155.
TRAVERE THERAPEUTICS INC	13,224.	13,224.
DEXUS	13,599.	13,599.
ASAHI GROUP HOLDINGS LTD	13,613.	13,613.
BANCO BILBAO VIZCAYA ARG	13,676.	13,676.
INDEPENDENT BK GROUP INC	13,738.	13,738.
CHUYS HLDGS INC	13,916.	13,916.
HENDERSON LAND DEVELOPMT	14,014.	14,014.
VOEST-ALPINE AG	14,134.	14,134.
SOMPO HOLDINGS INC	14,185.	14,185.
HUNTSMAN CORP	14,249.	14,249.
ARMADA HOFFFLET PPTYS INC	14,337.	14,337.
SEMTECH CORPORATION	14,351.	14,351.

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ZOZO INC 3092	14,594.	14,594.
CHART INDUSTRIES INC	14,673.	14,673.
IMAX CORP	14,690.	14,690.
ENEOS HOLDINGS INC	14,874.	14,874.
LA-Z-BOY INC MICHIGAN	14,953.	14,953.
JACK IN THE BOX INC	15,020.	15,020.
DANA INC	15,078.	15,078.
TECNOGLASS INC	15,084.	15,084.
AMPOL LTD REG SHS	15,417.	15,417.
WH GROUP LTD USD0.0001	15,531.	15,531.
SMITH & NEPHEW PLC	15,536.	15,536.
SONIC HEALTHCARE LTD	15,607.	15,607.
AGIOS PHARMACEUTICALS	15,611.	15,611.
ZIFF DAVIS INC	15,722.	15,722.
BROTHER INDUSTRIES 6448	15,756.	15,756.
ENTERPRISE FINL SVCS CRP	15,940.	15,940.
JOHNSON CONTROLS INTER	15,966.	15,966.
SONOVA HOLDING AG	15,975.	15,975.
ALLEGiant TRAVEL CO	16,109.	16,109.
ICHOR HOLDINGS LTD REG	16,243.	16,243.
CONSTRUCTION PARTNERS INC	16,320.	16,320.
RICOH CO LTD	16,370.	16,370.
KONINKLIJKE AHOLD	16,667.	16,667.
PACIRA BIOSCIENCES INC	16,701.	16,701.
PROGRESS SOFTWARE CORP	16,779.	16,779.
ARCBEST CORPORATION	16,829.	16,829.
AMERESCO CLASS A	17,007.	17,007.
KONTOOR BRANDS INC REG	17,166.	17,166.
REGIONS FINL CORP	17,268.	17,268.
ATKORE INC	17,280.	17,280.
VERINT SYSTEMS INC	17,353.	17,353.
INDEPENDENT BK CORP MASS	17,571.	17,571.
INDUSTRIA DE DISENO TEXT	17,597.	17,597.
RECKITT BENCKISER GROUP	17,688.	17,688.
KAISER ALUM CORP	17,726.	17,726.
MONDI PLC, LONDON	17,738.	17,738.
LA FRANCAISE DES JEUX SA	17,811.	17,811.
FIRST BANCORP N C COM	17,913.	17,913.
MAXLINEAR INC CL A	17,923.	17,923.
WESBANCO INC	17,944.	17,944.
HELEN OF TROY LTD	18,001.	18,001.
PACIFIC BIOSCIENCES CALIF INC	18,041.	18,041.
NEOGENOMICS INC	18,073.	18,073.
DAITO TRUST CONSTR 1878	18,324.	18,324.
ARTIVION INC	18,488.	18,488.
H AND E EQUIP SVCS INC	18,521.	18,521.
PHILLIPS EDISON AND CO	18,678.	18,678.
CME GROUP INC	18,954.	18,954.
FORTESCUE LTD	19,326.	19,326.
ATRICURE INC	19,415.	19,415.
CUSHMAN AND WAKEFIELD	19,472.	19,472.
TOSOH CORPORATION 4042	19,699.	19,699.
TESCO PLC REG SHS	19,812.	19,812.
CK HUTCHISON HOLDINGS LT	19,814.	19,814.
DELL TECHNOLOGIES INC	19,967.	19,967.
INSTRUCTURE HOLDINGS INC	19,987.	19,987.
SBI HOLDINGS INC	20,115.	20,115.
JAPAN POST HOLDINGS	20,146.	20,146.

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VONOVIA SE	20,246.	20,246.
BRINKER INTL INC	20,251.	20,251.
SINGAPORE EXCHANGE LTD	20,500.	20,500.
VALLEY NATL BANCORP N J	20,677.	20,677.
ESCO TECHNOLOGIES INC	20,714.	20,714.
SOUTHWESTERN ENERGY CO	21,189.	21,189.
SUN CTRY AIRLINES	21,440.	21,440.
OTIS WORLDWIDE CORP	21,562.	21,562.
CITY HOLDING CO CHARLSTN	21,831.	21,831.
VERALTO CORP	21,881.	21,881.
LXP INDUSTRIAL TRUST	21,903.	21,903.
FIRST FINANCIAL BANCORP	21,993.	21,993.
BOX INC	22,204.	22,204.
AZENTA INC	22,408.	22,408.
SHANGHAI FOSUN PHARMACEU	22,427.	22,427.
CANON INC 7751	22,545.	22,545.
UNITED COMMUNITY BANKS	22,647.	22,647.
LIGAND PHARMACEUTICALS	22,712.	22,712.
TOKYO ELECTRON 8035	22,751.	22,751.
NIPPON EXPRESS HOLDINGS	22,909.	22,909.
CAIXABANK	23,000.	23,000.
MALIBU BOATS INC SHS	23,024.	23,024.
WNS HOLDINGS LTD SPN ADR	23,321.	23,321.
AMGEN INC COM	23,330.	23,330.
COLUMBUS MCKINNON CP N.Y	23,685.	23,685.
PHYSICIANS RLTY TR	23,732.	23,732.
PACIFIC PREMIER BANCORP	24,161.	24,161.
ZURN ELKAY WATER	24,295.	24,295.
FOUR CORNERS PROPERTY TR	24,364.	24,364.
WORKIVA INC CL A	24,367.	24,367.
SKF AB B SHS	24,369.	24,369.
FIRST INTST BANCSYSTEM	24,385.	24,385.
EVERSOURCE ENERGY COM	24,626.	24,626.
DIAMONDROCK HOSPITALITY	24,639.	24,639.
PJT PARTNERS INC SHS	24,754.	24,754.
CNO FINL GROUP INC	25,166.	25,166.
KB HOME	25,171.	25,171.
FASTENAL COMPANY	25,390.	25,390.
WSFS FINANCIAL CORP	25,445.	25,445.
NMI HOLDINGS INC SHS	25,495.	25,495.
SUPERNUS PHARMACEUTICALS INC	25,496.	25,496.
SOCIETE GENERALE A SH	25,663.	25,663.
CHART INDS INC	25,766.	25,766.
SPROUT SOCIAL INC REG	25,928.	25,928.
WORTHINGTON INDSTRS OHIO	26,415.	26,415.
SOUTHSTATE CORP	26,517.	26,517.
DCC ORD EUR 0.25	26,517.	26,517.
SPIRE INC	26,557.	26,557.
NORTHWESTERN ENE GR INC	26,615.	26,615.
HSBC HOLDINGS PLC	26,710.	26,710.
OMV AG	27,238.	27,238.
KDDI CORPORATION 9433	27,556.	27,556.
RAPID7 ORD	27,579.	27,579.
ORANGE	27,716.	27,716.
CARRIER GLOBAL CORP REG	27,748.	27,748.
CONMED CORP	27,816.	27,816.
LANTHEUS HLDGS INC	28,024.	28,024.
NINTENDO CO LTD	28,135.	28,135.

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BOUYGUES	28,268.	28,268.
MACOM TECHNOLOGY	28,350.	28,350.
BLACK HILLS CORP	28,432.	28,432.
HALOZYME THERAPEUTICS INC	28,459.	28,459.
HUB GROUP INC	28,501.	28,501.
ABM INDUSTRIES INC	28,691.	28,691.
MAGNOLIA OIL & GAS CORP	28,742.	28,742.
KOMATSU LTD JAP 6301 FN	28,905.	28,905.
CHINA LIFE INS CO LTD	28,923.	28,923.
QUAKER HOUGHTON	29,025.	29,025.
OLD NATL BANCORP IND	29,541.	29,541.
TOTALENERGIES SE	29,600.	29,600.
SM ENERGY CO SHS	29,621.	29,621.
INDEPENDENCE RLTY TR INC	30,202.	30,202.
NESTLE SA CHAM UND VEVE	30,470.	30,470.
KINDER MORGAN INC. DEL	30,500.	30,500.
BRP GROUP INC	30,529.	30,529.
TRANSMEDICS GROUP INC	30,546.	30,546.
YELP INC CL A	30,771.	30,771.
BNP PARIBAS	30,906.	30,906.
KERING	31,293.	31,293.
ECOPETROL SA SPON ADR	31,433.	31,433.
LAND SECURITIES GROUP	31,886.	31,886.
SANOFI	31,927.	31,927.
SHORT-TERM INVEST-GR ADM	31,998.	31,998.
ANGLO AMERICAN PLC, LOND	32,105.	32,105.
COCA-COLA HBC AG NAMEN-A	32,205.	32,205.
ESSENT GROUP LTD	32,488.	32,488.
ASTELLAS PHARMA INC	32,505.	32,505.
KITE REALTY GROUP TR SHS	32,896.	32,896.
RTX CORP	32,899.	32,899.
KUEHNE & NAGEL INTL AG,	33,054.	33,054.
EXXON MOBIL CORP	33,193.	33,193.
WERNER ENTERPRISES INC	33,260.	33,260.
YAMAHA MOTOR 7272	33,314.	33,314.
CASELLA WASTE SYS INC A	33,329.	33,329.
SECOM CO LTD 9735	33,495.	33,495.
INTRA-CELLULAR THERAPIES INC	33,518.	33,518.
OVERSEAS-CHINESE BANK	33,656.	33,656.
INSMED INC	33,748.	33,748.
EXLSERVICE HLDGS INC	33,750.	33,750.
MYR GROUP INC DEL	34,133.	34,133.
AMICUS THERAPEUTICS INC	34,226.	34,226.
SELECTIVE INS GRP INC	34,520.	34,520.
MERIT MEDICAL SYS INC	34,562.	34,562.
ABBOTT LABS	34,562.	34,562.
KINGFISHER ORD	34,804.	34,804.
EVOLUTION AB	35,072.	35,072.
SILICON LABS INC	35,581.	35,581.
SPS COMM INC	35,860.	35,860.
BURBERRY GROUP PLC	36,355.	36,355.
Q2 HOLDINGS INC SHS	36,464.	36,464.
TAYLOR MORRISON HOME	36,651.	36,651.
HENKEL AG AND CO KGAA	37,048.	37,048.
WELLS FARGO & CO NEW	37,064.	37,064.
UNILEVER PLC	37,785.	37,785.
MOWI ASA	37,849.	37,849.
PETRLEO BRAS VTG SPD ADR	37,897.	37,897.

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HARGREAVES LANSDOWN PLC,	38,018.	38,018.
J & J SNACK FOODS CRP	38,108.	38,108.
KADANT INC	38,683.	38,683.
NXP SEMICONDUCTORS N.V.	39,275.	39,275.
KAJIMA CORP 1812 FN	39,431.	39,431.
IBERDROLA SA, BILBAO	39,717.	39,717.
VARONIS SYSTEMS INC SHS	39,892.	39,892.
SUNCORP GROUP LTD	40,202.	40,202.
ERICSSON LM	40,253.	40,253.
ISUZU MOTORS LTD 7202 FN	40,280.	40,280.
ASGN INC	41,449.	41,449.
TRAVELSKY TECHNOLOGY LTD	41,555.	41,555.
RTX CORP	41,565.	41,565.
COMMONWEALTH BANK OF AU	41,805.	41,805.
WEC ENERGY GROUP INC SHS	41,832.	41,832.
CORNING INC	42,386.	42,386.
BHP GROUP LTD	43,272.	43,272.
SAP SE	43,333.	43,333.
PRESTIGE CONSUMER	43,956.	43,956.
SOCIEDAD Q&M CHLE SPDADR	43,961.	43,961.
APOLLO GLOBAL MGMT INC	44,379.	44,379.
CARLSBERG AS-B	44,546.	44,546.
RANDSTAD NV	44,674.	44,674.
TOTAL BOND MKT INDEX ADM	44,723.	44,723.
HAMILTON LANE INC REG SH	45,036.	45,036.
EUROFINS SCIENTIFIC SE A	45,085.	45,085.
NOVARTIS AG REG CHF0.5	45,377.	45,377.
QUALCOMM INC	45,414.	45,414.
BLUEPRINT MEDICINES CORP	46,304.	46,304.
ACS ACTIVIDADES DE	46,670.	46,670.
SEKISUI HOUSE LTD 1928	46,676.	46,676.
PATTERSON UTI ENERGY INC	47,336.	47,336.
BYD COMPANY LTD	47,665.	47,665.
SUMMIT MATLS INC	48,844.	48,844.
STEVEN MADDEN LTD SHS	49,350.	49,350.
MINERALS TECHNOLOGIES	50,060.	50,060.
BANCO BRADESCO S A ADR	50,915.	50,915.
BAIDU INC SPON ADR	51,090.	51,090.
PAYCHEX INC	52,885.	52,885.
BOISE CASCADE CO DEL	53,037.	53,037.
JULIUS BAER GRUPPE AG NA	53,164.	53,164.
BANCOLOMBIA S.A SPDS ADR	53,509.	53,509.
MAGNA INTL INC	53,526.	53,526.
ROCHE HOLDINGS GENUSH FN	54,614.	54,614.
APPLIED INDUSTRL TECH	54,915.	54,915.
MTU AERO ENGINES AG	55,274.	55,274.
SUMITOMO MITSUI FIN 8316	56,268.	56,268.
MITSUI & CO LTD 8031	56,520.	56,520.
GSK PLC ORD GBP0	57,329.	57,329.
ENTAIN PLC	58,706.	58,706.
FEDERAL SIGNAL CORP	59,397.	59,397.
MURATA MFG CO 6981	60,059.	60,059.
STATE STREET CORP	60,186.	60,186.
NOVO NORDISK A/S BR AND	60,310.	60,310.
RIO TINTO PLC	60,473.	60,473.
AMBEV SA SHS ADR	60,801.	60,801.
LEGAL & GENERAL GROUP FN	61,717.	61,717.
INTERTEK GROUP PLC	62,031.	62,031.

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ILLINOIS TOOL WORKS INC	62,080.	62,080.
PERMIAN RES CORP	62,111.	62,111.
CARNIVAL CORP PAIRED SHS	62,424.	62,424.
HEINEKEN NV	62,460.	62,460.
UNITED PARCEL SVC CL B	62,578.	62,578.
HALMA PLC 10P	62,717.	62,717.
NOVARTIS ADR	63,308.	63,308.
EQUINOR ASA	63,347.	63,347.
DAIMLER TRUCK HLDG AG	64,093.	64,093.
AMERICAN TOWER REIT INC	64,548.	64,548.
CISCO SYSTEMS INC COM	64,565.	64,565.
EVEREST GROUP LTD	65,412.	65,412.
SAINT GOBAIN	65,978.	65,978.
HDFC BANK LTD	67,110.	67,110.
ASML HOLDING N.V. ORD SH	68,527.	68,527.
RIO TINTO PLC SPNSRD ADR	69,695.	69,695.
DIAGEO	69,831.	69,831.
DBS GROUP HOLDINGS LTD	70,411.	70,411.
KEURIG DR PEPPER INC	71,271.	71,271.
CONTINENTAL AG NPV	71,534.	71,534.
MERCK KGAA	71,575.	71,575.
AXA	71,928.	71,928.
WELLS FARGO & CO	72,304.	72,304.
PHILLIPS 66 SHS	72,961.	72,961.
BARCLAYS ORD	73,429.	73,429.
DENSO CORP 6902	73,686.	73,686.
CHECK POINT SOFTWRE TECH	75,937.	75,937.
AUTOMATIC DATA PROC	75,948.	75,948.
MICROSOFT CORP	75,960.	75,960.
ASML HOLDING N.V. ORD SH	76,057.	76,057.
NORSK HYDRO ASA (NO)	76,187.	76,187.
ICICI BANK LTD SPD ADR	76,336.	76,336.
CAPGEMINI SA	76,729.	76,729.
ENEL SPA	77,197.	77,197.
DNB BANK ASA REG SHS	77,695.	77,695.
3I GROUP	77,835.	77,835.
CANADIAN NATL RAILWAY CO	78,770.	78,770.
RELX PLC	79,094.	79,094.
ERSTE GROUP BANK AG	79,281.	79,281.
WILLIAMS COMPANIES DEL	80,875.	80,875.
TRAVELERS COS INC	82,101.	82,101.
REALTY INCM CRP MD	82,685.	82,685.
STELLANTIS NV	83,828.	83,828.
LOCKHEED MARTIN CORP	84,756.	84,756.
HITACHI CORP 6501	84,834.	84,834.
PROLOGIS INC	85,312.	85,312.
BAE SYSTEMS PLC	85,562.	85,562.
LYONDELLBASELL INDUSTRIE	85,572.	85,572.
ROCHE HOLDINGS GENUSG FN	85,698.	85,698.
PRYSMIAN S.P.A., MILANO	86,454.	86,454.
EQUINOR ASA	86,599.	86,599.
RELX PLC REG SHS	86,615.	86,615.
RESTAURANT BRANDS INTL	88,209.	88,209.
NIPPON SANSO HOLDING COR	88,949.	88,949.
SHELL PLC	89,407.	89,407.
TEXAS INSTRUMENTS	90,344.	90,344.
LEONARDO SPA	90,953.	90,953.
NORDEA BANK ABP REG SHS	91,047.	91,047.

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NEXTERA ENERGY INC SHS	92,143.	92,143.
UNITED RENTALS INC	92,321.	92,321.
AMADEUS IT GROUP SA	93,744.	93,744.
SEMPRA	95,206.	95,206.
STARBUCKS CORP	97,258.	97,258.
HOME DEPOT INC	99,460.	99,460.
ASE TECHNOLOGY	100,922.	100,922.
US BANCORP	102,011.	102,011.
MARSH & MCLENNAN COS INC	102,503.	102,503.
TAIWAN S MANUFCTRING ADR	103,480.	103,480.
TAIWAN S MANUFCTRING ADR	105,040.	105,040.
PNC FINCL SERVICES GROUP	105,608.	105,608.
POLARIS INC	107,374.	107,374.
SAFRAN SA	107,802.	107,802.
GNMA FUND ADMIRAL SHARES	109,766.	109,766.
SYSCO CORPORATION	111,596.	111,596.
GRUPO FINCIERO BANORTE O	113,127.	113,127.
ICON PLC	113,511.	113,511.
EATON CORP PLC	115,594.	115,594.
AIR PRODUCTS&CHEM	118,282.	118,282.
ORACLE CORP	119,874.	119,874.
CHEVRON CORP	121,864.	121,864.
MCDONALDS CORP	123,645.	123,645.
VISA INC CL A SHRS	123,666.	123,666.
PROCTER & GAMBLE CO	128,516.	128,516.
PEPSICO INC	134,683.	134,683.
EBAY INC	134,699.	134,699.
GENL DYNAMICS CORP COM	137,885.	137,885.
THERMO FISHER SCIENTIFIC INC	138,536.	138,536.
MONDELEZ INTERNATIONAL	150,799.	150,799.
MERCK AND CO INC SHS	152,192.	152,192.
ABBVIE INC SHS	153,110.	153,110.
WARNER BROS DISCOVERY INC	156,543.	156,543.
ELI LILLY & CO	160,886.	160,886.
DISNEY (WALT) CO COM STK	161,980.	161,980.
AIRBUS SE	163,035.	163,035.
BROADCOM INC	166,321.	166,321.
DANAHER CORP DEL COM	178,826.	178,826.
AIRBNB INC	181,066.	181,066.
TEXAS INSTRUMENTS	191,597.	191,597.
LOCKHEED MARTIN CORP	197,613.	197,613.
WORKDAY INC	197,658.	197,658.
MODERNA INC	201,585.	201,585.
UNION PACIFIC CORP	204,847.	204,847.
BROADCOM INC	215,436.	215,436.
ELEVANCE HEALTH INC	220,690.	220,690.
GILEAD SCIENCES INC COM	226,909.	226,909.
SALESFORCE INC	232,616.	232,616.
TOT INTL STOCK IX ADMIRAL	233,175.	233,175.
ANALOG DEVICES INC COM	238,868.	238,868.
NASDAQ OMX GRP INC	239,304.	239,304.
INTUIT INC	243,762.	243,762.
GOLDMAN SACHS GROUP INC	260,781.	260,781.
KLA CORP	266,235.	266,235.
LIBERTY MEDIA CORP	278,277.	278,277.
BRAZE INC	297,369.	297,369.
WALMART INC	356,447.	356,447.
CHENIERE ENERGY	392,292.	392,292.

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MORGAN STANLEY	413,657.	413,657.
CROWN CASTLE INC	419,292.	419,292.
ANHEUSER-BUSCH INBEV ADR	430,046.	430,046.
KKR & CO INC	469,180.	469,180.
MICROSOFT CORP	490,356.	490,356.
LENNAR CORP	514,933.	514,933.
DOUBLEVERIFY HOLDINGS INC	590,209.	590,209.
ALPHABET INC SHS	648,860.	648,860.
TOTAL STOCK MKT IDX ADM	702,313.	702,313.
APPLE INC	807,278.	807,278.
AMAZON COM INC COM	894,015.	894,015.
SP500 STARS ISS TD	1,086,820.	1,086,820.
WESTERN ASSET SMASH SERIES C FUND	1,091,398.	1,091,398.
INVESCO KBW BANK ETF	1,391,683.	1,391,683.
WESTERN ASSET SMASH SERIES M FUND	1,424,600.	1,424,600.
RTY PHARMA	1,848,883.	1,848,883.
SP500 STARS ISSUER BNS	2,533,460.	2,533,460.
WESTERN ASSET SMSH SERES CR PL CM FD CL SINGLE	3,073,203.	3,073,203.
SPDR S&P 500 ETF TRUST	15,095,846.	15,095,846.
TOTAL TO FORM 990-PF, PART II, LINE 10B	55,579,690.	55,579,690.

FORM 990-PFCORPORATE BONDSSTATEMENT 9

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
CREE INC	10,238.	10,238.
CONMED CORP	10,993.	10,993.
CB WAYFAIR INC	12,313.	12,313.
GUARDANT HEALTH INC	13,300.	13,300.
SHAKE SHACK INC	16,216.	16,216.
CARNIVAL CORP	16,410.	16,410.
ALTERYX INC	17,483.	17,483.
BIOMARIN PHARMACEUTICAL	17,740.	17,740.
LYFT INC	17,984.	17,984.
PINDUODUO INC	18,563.	18,563.
EQT CORP	18,581.	18,581.
TRANSOCEAN INC	18,619.	18,619.
FORD MOTOR COMPANY	18,905.	18,905.
NEUROCRINE BIOSCIENCES	18,963.	18,963.
GUIDEWIRE SOFTWARE INC	19,737.	19,737.
LIVE NATION ENTERTAINMEN	19,986.	19,986.
BRIDGEBIO PHARMA INC	21,699.	21,699.
CONFLUENT INC	22,513.	22,513.
ON SEMICONDUCTOR CORP	24,525.	24,525.
CHEGG INC	24,854.	24,854.
NATERA INC	25,650.	25,650.
FIVE9 INC	25,799.	25,799.
EXACT SCIENCES CORP	26,180.	26,180.
EURONET SERVICES INC	26,180.	26,180.
ZSCALER INC.	27,279.	27,279.
CYTOKINETICS INC	28,080.	28,080.
MAKEMYTRIP LIMITED	28,622.	28,622.
BOOKING HOLDINGS INC	30,141.	30,141.

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

ENPHASE ENERGY INC	32,018.	32,018.
SQUARE INC	32,353.	32,353.
EXPEDIA GROUP INC	34,984.	34,984.
DRAFTKINGS INC	36,869.	36,869.
LUMENTUM HLDGS INC	37,140.	37,140.
HUBSPOT INC	37,314.	37,314.
DATADOG INC	37,692.	37,692.
CYBERARK SOFTWARE LTD	38,232.	38,232.
MICROCHIP TECHNOLOGY INC	39,330.	39,330.
CLOUDFLARE INC	41,308.	41,308.
AIRBNB INC	41,313.	41,313.
INSMED INC	43,396.	43,396.
DEXCOM INC	48,024.	48,024.
ZILLOW GROUP INC	48,347.	48,347.
MONGODB INC	49,375.	49,375.
BENTLEY SYS INC	55,334.	55,334.
CB ROYAL CARIBBEAN	55,902.	55,902.
AKAMAI TECHNOLOGIES INC	57,150.	57,150.
ALTERYX INC	71,826.	71,826.
UBER TECHNOLOGIES	75,248.	75,248.
WESTERN DIGITAL CORP	81,671.	81,671.
OKTA INC	83,766.	83,766.
SHOPIFY INC	87,699.	87,699.
PALO ALTO NETWORKS	94,816.	94,816.
MORGAN STANLEY	115,620.	115,620.
AT&T INC	166,427.	166,427.
COMCAST CORP	170,737.	170,737.
CVS HEALTH CORP	171,251.	171,251.
ENTERPRISE PRODUCTS OPER	171,728.	171,728.
AMAZON.COM INC	172,160.	172,160.
CITIGROUP INC	173,251.	173,251.
VERIZON COMMUNICATIONS	173,538.	173,538.
WELLS FARGO & COMPANY	174,505.	174,505.
SHELL INTERNATIONAL FIN	178,076.	178,076.
JPMORGAN CHASE & CO	223,513.	223,513.
GOLDMAN SACHS GROUP INC	280,302.	280,302.
<hr/>		<hr/>
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,009,768.	4,009,768.
<hr/>		<hr/>

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ARES CORP OPP FUND III LP	FMV	3,843.	3,843.
MONITOR VENTURE PARTNERS	FMV	5,880.	5,880.
MREP	FMV	18,762.	18,762.
RESERVOIR STRATEGIC PARTNERS FUND	FMV	20,680.	20,680.
OMAZE	FMV	108,000.	108,000.
BENDING SPOONS (ITALY)	FMV	122,865.	122,865.
BLACKLIGHT POWER INC.	FMV	198,720.	198,720.
PALA-LING SOCIAL PURPOSE CORPORATION (WE CONNECT)	FMV	349,744.	349,744.
GENWORTH ANNUITY CONTRACT NO. R06430619	FMV	373,553.	373,553.
KKR GLOBAL SPECIAL	FMV	382,438.	382,438.
GENWORTH ANNUITY CONTRACT NO. R06415029	FMV	385,576.	385,576.
BLUEPRINT SPORTS & ENTERTAINMENT	FMV	500,000.	500,000.
BLACKSTONE ALTERNATIVES	FMV	516,867.	516,867.
THE ABLE CHANNEL	FMV	520,000.	520,000.
GENWORTH ANNUITY CONTRACT NO. R06401808	FMV	545,933.	545,933.
BLUMBERG CAPITAL II	FMV	557,092.	557,092.
CARLYLE US EQUITY	FMV	701,539.	701,539.
LS REAL ESTATE	FMV	823,516.	823,516.
NEOMA GROWTH MARKETS	FMV	1,168,575.	1,168,575.
THE CHILDREN'S	FMV	1,603,000.	1,603,000.
BLACKSTONE ALTERNATIVES	FMV	1,656,613.	1,656,613.
ARES / IVY HILL FUND	FMV	2,489,963.	2,489,963.
BLUE OWL CREDIT INCOME	FMV	3,130,886.	3,130,886.
CITADEL KENSINGTON	FMV	3,860,609.	3,860,609.
BLACKSTONE REAL ESTATE	FMV	4,751,212.	4,751,212.
TOTAL TO FORM 990-PF, PART II, LINE 13		24,795,866.	24,795,866.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
AMOUNT DUE BENEFICIARIES	40,529.	29,029.
DUE TO RELATED PARTY	42,689.	22,851.
TAXES PAYABLE	73,000.	73,000.
DEFERRED TAX LIABILITY	154,000.	154,000.
LEASE LIABILITY	254,173.	139,658.
TOTAL TO FORM 990-PF, PART II, LINE 22	564,391.	418,538.

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JULIE PIPPENGER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	COO 40.00	185,840.	14,160.	0.
SHAWN CABLE 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CFO 30.00	165,000.	0.	0.
STEPHANIE HIGHTOWER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	TRUSTEE 1.00	0.	0.	0.
ANDRE AGASSI 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CHAIRMAN & FOUNDER 1.00	0.	0.	0.
STEVE MILLER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CEO 20.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		350,840.	14,160.	0.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

ANDRE AGASSI FOUNDATION FOR EDUCATION

EIN or SSN

34-1759295

Name and title of officer or person subject to tax

SHAWN CABLE**CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **89169**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Shawn Cable*Date **10/15/24****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59810613127

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

TINA HENTON

Date

10/31/24**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 60,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ANDRE AGASSI FOUNDATION FOR EDUCATION Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160 City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144 C Book value of all assets at end of year 114,467,176.	D Employer identification number 34-1759295 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of SHAWN CABLE Telephone number (702) 227-5700			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	60,000.	
b	Current year's estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	60,000.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	60,000.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 60,000. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
523000		\$ 7.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer Shawn Cable	Date 10/31/2024	Title CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	TINA HENTON	TINA HENTON	10/31/24	P00630282
	Firm's name	CLIFTONLARSONALLEN LLP		Firm's EIN
	420 SOUTH ORANGE AVENUE, SUITE 900			41-0746749
	Firm's address	ORLANDO, FL 32801	Phone no.	407-802-1200

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ANDRE AGASSI FOUNDATION FOR EDUCATION	B Employer identification number 34-1759295
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0.		0.

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	7.	0.	7.	7.
NOL CARRYOVER AVAILABLE THIS YEAR			7.	7.

Form **4626**
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax-Corporations

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Name
ANDRE AGASSI FOUNDATION FOR EDUCATION

Employer identification number
34-1759295

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511) ...	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	6		
7 3-year average annual AFSI (see instructions)	7		

Part I

Applicable Corporation Determination (Report all amounts in U.S. dollars.) (continued)

- 8 Is line 7 more than \$1 billion?

☐ Yes. Continue to line 9.

☐ No. STOP here and attach to your tax return.
- 9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?

☐ Yes. Continue to line 10.

☐ No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15

- 16 Is line 15 \$100 million or more?

☐ Yes. Continue to Part II.

☐ No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-1,000.
2 Adjustments:		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits (see instructions)	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other (see instructions)	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-1,000.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)		3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)		3g	
4	CAMT FTC Line 4 - Reserved for future use		4	
5	CAMT FTC Line 5 - Reserved for future use		5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8		6	

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

- Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128****Part I U.S. Transferor Information** (see instructions)

Name of transferor ANDRE AGASSI FOUNDATION FOR EDUCATION	Identifying number (see instructions) 34-1759295
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
LS REAL ESTATE RECOVERY IV TRUST	38-7136002

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) LSREF IV BAILEY TOPCO LIMITED	5a Identifying number, if any
6 Address (including country) WASHINGTON MALL SUITE 304 HAMILTON, HM 11 BERMUDA	5b Reference ID number 39835
7 Country code of country of incorporation or organization BD	

- 8** Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		179,602.		

10 Was cash the only property transferred? ☒ **Yes** ☐ **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ **Yes** ☐ **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ **Yes** ☐ **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ **Yes** ☐ **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ **Yes** ☐ **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 **▶** \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? ☐ **Yes** ☐ **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)**SEE STATEMENT 14****Part IV** **Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .043 % (b) After .043 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926** (Rev. 11-2018)

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

FORM 926

SUPPLEMENTAL PART III INFORMATION
REQUIRED TO BE REPORTED

STATEMENT 14

LSREF IV BAILEY TOPCO LIMITED

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG.
SECTION 1.6038B-1T(C)

(1) NAME OF TRANSFEROR: ANDRE AGASSI FOUNDATION FOR EDUCATION

EIN: 34-1759295

ADDRESS: 1220 N TOWN CENTER DRIVE 160, LAS VEGAS, NEVADA, 89144

(2) NAME OF TRANSFEREE: LSREF IV BAILEY TOPCO LIMITED

IDENTIFYING NUMBER: 39835

ADDRESS: WASHINGTON MALL SUITE 304, HAMILTON HM 11, BERMUDA

COUNTRY OF INCORPORATION: BERMUDA

TRANSFEROR TRANSFERRED CASH OF \$179,602 USD TO TRANSFEREE IN 2023.

(3) TRANSFER INCREASED BASIS BY \$179,602 (ADDITIONAL PAID IN CAPITAL).

(4) PROVIDE A GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE
FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE
PROPERTY: N/A, ONLY CASH TRANSFERRED.(5) TRANSFEROR DID NOT TRANSFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY
DEDUCTED LOSSES.

(6) THE TRANSFER WAS NOT AN EXCHANGE DESCRIBED IN I.R.C. SECTION 361(A) OR (B).

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

LSREF IV BAILEY TOPCO LIMITED

STATEMENT PURSUANT TO TREAS. REG. 1.351-3(A) BY ANDRE AGASSI FOUNDATION FOR EDUCATION, 34-1759295, A SIGNIFICANT TRANSFEROR

1. THE NAME AND EMPLOYER IDENTIFICATION NUMBER (IF ANY) OF THE TRANSFEREE CORPORATION:

A. LSREF IV BAILEY TOPCO LIMITED

2. THE DATE(S) OF THE TRANSFER(S) OF ASSETS

A. 12/31/23

3. THE AGGREGATE FAIR MARKET VALUE AND BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF PROPERTY TRANSFERRED BY SUCH TRANSFEROR IN THE EXCHANGE:

A. FAIR MARKET VALUE: \$179,602

4. NO PRIVATE LETTER RULINGS WERE ISSUED WITH RESPECT TO THE SECTION 351 EXCHANGE.

TAX RETURN FILING INSTRUCTIONS
CALIFORNIA FORM 109

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	600
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	600

Overpayment:

Credited to your estimated tax	\$	600
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAXABLE YEAR
2023

**California Exempt Organization
Business Income Tax Return**

328961 12-26-23
FORM
109

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name
ANDRE AGASSI FOUNDATION FOR EDUCATION

California corporation number
0154801

Additional information. See instructions.

FEIN
34-1759295

Street address (suite/room no.)
1120 N. TOWN CENTER DRIVE, NO. 160

PMB no.

City (If the corporation has a foreign address, see instructions.)
LAS VEGAS

State
NV

ZIP code
89144

Foreign country name

Foreign province/state/county

Foreign postal code

A

First return filed?

☐ Yes ☒ No

B

Is this an education IRA within the meaning of R&TC Section 23712?

☐ Yes ☒ No

C

Is the organization under audit by the IRS or has the IRS audited in a prior year?

☐ Yes ☒ No

D

Final return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date (mm/dd/yyyy)

E

Amended return?

☐ Yes ☒ No

F

Accounting method used:

(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G

Nature of trade or business

SEE STATEMENT 1

H

Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?

☐ Yes ☒ No

I

Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?

☐ Yes ☒ No

J

Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?

☐ Yes ☒ No

K

Unrelated Business Activity (UBA) code

523000

L

Is this a hospital?

☐ Yes ☒ No

If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1		00
	2	Mult. In 1 by the avg. apport. pctg % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	0	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5		00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9		00
	10	Tax 8.84 % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	600	00
	16	2023 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19	600	00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	600	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	600	00
	25	Enter amount of line 24 to be applied to 2024 estimated tax	•	25	600	00

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Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Schedule D-1, Part II			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest. Attach schedule	18	00
19 Taxes. Attach schedule	19	00
20 Contributions. See instructions and attach schedule	SEE STATEMENT 3	0 00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A. See instructions	21b	00
22 Depletion. Attach schedule	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs. See instructions	23b	00
24 Other deductions. Attach schedule	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	00
29 Specific deduction. See instructions	29	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	00

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.			
	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 taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Shawn Cable	Title	CHIEF FINANCIAL OF
	Preparer's signature	TINA HENTON	Date	10/31/24
	Firm's name (or yours, if self-employed)	CLIFTONLARSONALLEN LLP	Check if self-employed	<input type="checkbox"/>
	and address	420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801	Telephone	702 227-5700
May the FTB discuss this return with the preparer shown above? See instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)		N/A	
1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Schedule B Tax Credits.

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11			4 00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.			
	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Total sales		
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.		
Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.			
	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Property factor: See instructions		
2	Payroll factor: Wages and other compensation of employees		
3	Sales factor: Gross sales and/or receipts less returns and allowances		
4	Total percentage: Add the percentages in column (c)		
5	Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions		

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

(a) Description of property		(b) Rent received or accrued	(c) Percentage of rent attributable to personal property	
			%	
			%	
			%	
(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
(I) Deductions directly connected	(II) Income includible, column (b) less column (d)(i)	(I) Gross income reportable, column (b) x column (c)	(II) Deductions directly connected with personal property (attach schedule)	(III) Net income includible, column (e)(i) less column (e)(ii)
Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6				
4				

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Schedule D Unrelated Debt-Financed Income

(a) Description of debt-financed property				(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property	
					(i) Straight-line depreciation (attach schedule)	(ii) Other deductions (attach schedule)
1	•			•	•	•
2	•			•	•	•
3	•			•	•	•
(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)		(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1	•	•	%	•	•	•
2	•	•	%	•	•	•
3	•	•	%	•	•	•
4 Total. Enter here and on Side 2, Part I, line 7						4 •

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

(a) Description	(b) Amount	(c) Deductions directly connected	(d) Net investment income, column (b) less column (c)	(e) Set-asides	(f) Balance of investment income, column (d) less column (e)
1					
2					
3 Total. Enter here and on Side 2, Part I, line 8					3
4 Enter gross income from members (dues, fees, charges, or similar amounts)					4

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1					
2					
3					
Nonexempt Controlled Organizations					
(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)	
1					
2					
3					
4 Add the amounts in columns (e) and (j)				4	
5 Add the amounts in columns (f) and (k)				5	
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				6	

Schedule G Exploited Exempt Activity Income, other than Advertising Income

(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, col. (b) less col. (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1							
2							
3							
4							
5 Total. Enter here and on Side 2, line 10							5

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1 •	•	•		•	•	
2 •	•	•		•	•	
3 •	•	•		•	•	
4 Totals 4	•	•	•	•	•	•

Part II Income from Periodicals Reported on a Separate Basis

1 •	•	•	•	•	•	•
2 •	•	•	•	•	•	•
3 •	•	•	•	•	•	•

Part III Column A - Net Advertising Income**Part III Column B - Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1 •	•	•	•
2 •	•	•	•
3 •	•	•	•
4 Enter total here and on Side 2, Part I, line 11 ...	•	5 Enter total here and on Side 2, Part II, line 27	•

Schedule I Compensation of Officers, Directors, and Trustees

(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1		%	
2		%	
3		%	
4		%	
5		%	
6 Total. Enter here and on Side 2, Part II, line 14		6	

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

(a) Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation:						
2a Buildings	2a					
2b Furniture and fixtures	2b					
2c Transportation equipment	2c					
2d Machinery and other equipment ...	2d					
2e Other (specify)	2e					
3 Other depreciation	3					
4 Total	4					
5 Amount of depreciation claimed elsewhere on return						5
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						6

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

CA 109	NATURE OF TRADE OR BUSINESS	STATEMENT 1
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PARTNERSHIP INVESTMENTS

TO FORM 109, PAGE 1

FOOTNOTES

STATEMENT 2

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME.

THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1.

THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.

CA 109 CASH & CARRYOVER CHARITABLE CONTRIBUTIONS		STATEMENT 3
DESCRIPTION	AMOUNT	
VARIOUS ORGANIZATIONS	0.	
CONTRIBUTION CARRYOVER	0.	
CONTRIBUTION CARRYOVER	0.	
CONTRIBUTION CARRYOVER	1,145,764.	
CARRYOVER FROM PRIOR YEAR(S)	1,145,764.	
LESS EXCESS CONTRIBUTIONS	-2,291,528.	
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	0.	

TAXABLE YEAR

2023

Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

ANDRE AGASSI FOUNDATION FOR EDUCATION

0154801

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☐ C corporation

☒ S corporation ☒ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

34-1759295

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number

☐ 1 0 00

2 2023 disaster loss included in line 1. Enter as a positive number

☐ 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions

☐ 3 00

4 a Enter the amount of the loss incurred by a new business included in line 3

☒ 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3

☒ 4b 00

c Add line 4a and line 4b

☐ 4c 00

5 General NOL. Subtract line 4c from line 3

☐ 5 00

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions

☐ 6 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).

(g) Available balance

☐

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2022	(f) Amount used in 2023	(g) Available balance	(h) Carryover to 2024 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2018	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	<input checked="" type="radio"/> 255	<input checked="" type="radio"/> 255	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 255
<input checked="" type="radio"/> 2019	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	<input checked="" type="radio"/> 5	<input checked="" type="radio"/> 5	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 5
<input checked="" type="radio"/> 2020	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	<input checked="" type="radio"/> 838	<input checked="" type="radio"/> 838	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 838
<input checked="" type="radio"/> 2022	<input checked="" type="radio"/>	<input checked="" type="radio"/> GEN	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 2

Current Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2022	(f) Amount used in 2023	(g) Available balance	(h) Carryover to 2024 col. (e) minus col. (f)
3 2023		DIS					col. (d) minus col. (f) See instructions.
4 2023							
2023							
2023							
2023							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2023 NOL deduction

1 Total the amounts in Part II, line 2, column (f)

☒ 1 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-

☐ 2 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7

☒ 3 00

022
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2023

**California e-file Return Authorization for
Exempt Organizations**

FORM
8453-EO

Exempt Organization name	Identifying number
ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759295

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	
3	Total expenses and disbursements (Form 199, line 9)	3	
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	600

Part II Settle Your Account Electronically for Taxable Year 2023

6	<input type="checkbox"/> Direct Deposit of refund (Form 109 only.)	7a	Amount	7b	Withdrawal date (mm/dd/yyyy)
7	<input type="checkbox"/> Electronic funds withdrawal				

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8	Amount			
9	Withdrawal Date			

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10	Routing number	
11	Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here	Signed by:			
	<i>Shawn Cable</i>	10/15/24	CHIEF FINANCIAL OFFICER	
	Signature of Officer	Date	Title	

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	TINA HENTON	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL				P00630282
						Firm's FEIN 41-0746749
						ZIP code 32801

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address				
					Firm's FEIN
					ZIP code

TAX RETURN FILING INSTRUCTIONS
FLORIDA FORM F-1120

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return

1019
F-7004
R. 01/17
Rule 12C-1.051, F.A.C.
Effective 01/17

Information for Filing Florida Form F-7004

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
Contact person for questions: SHAWN CABLE
Telephone number: (702) 227-5700
Contact Person email address: SCABLE@AGASSI.NET

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

344961
10-13-23

Florida Department of Revenue - Corporate Income Tax
Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return

1019
F-7004
R. 01/17

Name **ANDRE AGASSI FOUNDATION FOR EDUCATION**
Address **1120 N. TOWN CENTER DRIVE**
City/State/ZIP **LAS VEGAS, NV 89144**

FEIN **34-1759295**
Taxable Year End **12/31/23**
FILING STATUS Partnership ☐ S-corporation ☒
All other federal returns to be filed ☒
Tentative Tax Due \$ **0.00**

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

341759295	0	0	0
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20231231	0	0	0
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012	0	0	0
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Florida Corporate Income/Franchise Tax Return

FEIN 34-1759295
For calendar year 2023 or tax year beginning JAN 1, 2023 ending DEC 31, 2023

1019
F-1120, R. 01/24
Rule 12C-1.051
Florida Administrative Code
Effective 01/24
Page 1 of 6

843302023123100020050373334175929500008

Name **ANDRE AGASSI FOUNDATION FOR EDUCATION**
Address **1120 N. TOWN CENTER DRIVE**
City/State/ZIP **LAS VEGAS, NV 89144**

☐ Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return	Check here if negative	_____	0.00
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative	_____	
3. Additions to federal taxable income (from Schedule I)	Check here if negative	_____	
4. Total of Lines 1, 2 and 3	Check here if negative	_____	0.00
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative	_____	
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative	_____	
7. Florida portion of adjusted federal income (see instructions)	Check here if negative	_____	0.00
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative	_____	
9. Florida exemption			0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11. Tax due: 5.5% of Line 10			0.00
12. Credits against the tax (from Schedule V)			
13. Total corporate income/franchise tax due (Line 11 minus Line 12)			0.00
14. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____	Line 14 Total ▶	_____	
15. Total of Lines 13 and 14			
16. Payment credits: Estimated tax payments 16a \$ _____ Tentative tax payment 16b \$ _____			
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19			
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon			
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon			

344081 11-28-23

Payment Coupon for Florida Corporate Income Tax Return

1019
F-1120
R. 01/24

Do Not Detach YEAR ENDING 12/31/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name **ANDRE AGASSI FOUNDATION FOR E**
Address **1120 N. TOWN CENTER DRIVE**
City/State/ZIP **LAS VEGAS, NV 89144**

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.







341759295	0	0	0
20230101	0	0	0
20231231	0	0	0
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012	0	0	0
202	0	0	0
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0	0	0	0

0 8433 0 20231231 0002005037 3 3341759295 0000 8

FEIN 34-1759295

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F-1120
R. 01/24
Page 2 of 6
12/31/23

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Sign here	 Signature of officer (must be an original signature)		10/31/2024 Date	Title	CHIEF FINANCIAL OFFI	
Paid preparers only	Preparer's signature  TINA HENTON Date 10/31/24			Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN  P00630282	
	Firm's name (or yours if self-employed) and address  CLIFTONLARSONALLEN LLP 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL				FEIN  41-0746749 ZIP  32801	

<p>A. State of incorporation: <u>OHIO</u></p> <p>B. Florida Secretary of State document number: _____</p> <p>C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)</p> <p>E. Principal Business Activity Code (as pertains to Florida)</p> <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 10px auto;">523900</div> <p>F. A Florida extension of time was timely filed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>G-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.</p>	<p>G-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide:</p> <p>FEIN from federal consolidated return: _____</p> <p>Name of corporation: _____</p> <p>G-3. The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>H. Location of corporate books:</p> <p><u>1120 N. TOWN CENTER DRIVE #160</u></p> <p>City, State, ZIP: <u>LAS VEGAS, NV 89144</u></p> <p>I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>J. Enter date of latest IRS audit: _____</p> <p>a) List years examined: _____</p> <p>K. Contact person concerning this return: <u>SHAWN CABLE</u></p> <p>a) Contact person telephone number: <u>(702) 227-5700</u></p> <p>b) Contact person e-mail address: <u>SCABLE@AGASSI.NET</u></p> <p>L. Type of federal return filed <input type="checkbox"/> 1120 <input type="checkbox"/> 1120S or <u>990-T</u></p>
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Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

- ✔ **Make your check payable to the Florida Department of Revenue.**
- ✔ **Write your FEIN on your check.**
- ✔ **Sign your check and return.**
- ✔ **Attach a copy of your federal return.**
- ✔ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



NAME ANDRE AGASSI FOUNDATION FOR EDUCATION FEIN 34-1759295 TAXABLE YEAR ENDING 12/31/23

Schedule I - Additions and/or Adjustments to Federal Taxable Income		
1.	Interest excluded from federal taxable income (see instructions)	1.
2.	Undistributed net long-term capital gains (see instructions)	2.
3.	Net operating loss deduction (attach schedule)	3.
4.	Net capital loss carryover (attach schedule)	4.
5.	Excess charitable contribution carryover (attach schedule)	5.
6.	Employee benefit plan contribution carryover (attach schedule)	6.
7.	Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8.	Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9.	Guaranty association assessment(s) credit	9.
10.	Rural and/or urban high-crime area job tax credits	10.
11.	State housing tax credit	11.
12.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13.	New worlds reading initiative credit	13.
14.	Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15.	Live local program credit	15.
16.	New markets tax credit	16.
17.	Entertainment industry tax credit	17.
18.	Research and development tax credit	18.
19.	Experiential learning tax credit program	19.
20.	Credit for qualified railroad reconstruction or replacement expenditures	20.
21.	Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22.	s. 168(k), IRC, special bonus depreciation	22.
23.	Depreciation of qualified improvement property (see instructions)	23.
24.	Expenses for business meals provided by a restaurant (see instructions)	24.
25.	Film, television, and live theatrical production expenses (see instructions)	25.
26.	Other additions (attach schedule)	26.
27.	Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27.

Schedule II - Subtractions from Federal Taxable Income		
1.	Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ▶	1.
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		STMT 3
3.	Florida net operating loss carryover deduction (see instructions) STATEMENT 2	3.
4.	Florida net capital loss carryover deduction (see instructions)	4.
5.	Florida excess charitable contribution carryover (see instructions)	5.
6.	Florida employee benefit plan contribution carryover (see instructions)	6.
7.	Nonbusiness income (from Schedule R, Line 3)	7.
8.	Eligible net income of an international banking facility (see instructions)	8.
9.	s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10.	Depreciation of qualified improvement property (see instructions)	10.
11.	Film, television, and live theatrical production expenses (see instructions)	11.
12.	Other subtractions (attach schedule)	12.
13.	Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13.



NAME ANDRE AGASSI FOUNDATION FOR EDUCATION FEIN 34-1759295 TAXABLE YEAR ENDING 12/31/23

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a. _____					
b. Rented property Everywhere 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME ANDRE AGASSI FOUNDATION FOR EDUCATION FEIN 34-1759295 TAXABLE YEAR ENDING 12/31/23

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. Live local program credit (attach certificate)	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. Other credits (attach schedule)	22.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type

Amount

NON-UNITARY PARTNERSHIP INCOME ALLCATED TO FL

0.00

Total allocated to Florida

1.

(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type

State/country allocated to

Amount

NONBUSINESS INVESTMENT INCOME

VARIOUS STATES

0.00

Total allocated elsewhere

2.

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2

3.

(Enter here and on Schedule II, Line 7)

NAME ANDRE AGASSI FOUNDATION FOR EDUCATION FEIN 34-1759295 TAXABLE YEAR ENDING 12/31/23**Estimated Tax Worksheet**
For Taxable Years Beginning On or After January 1,

- | | | | |
|--|----|----|-------|
| 1. Florida income expected in taxable year | 1. | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |
-
5. Computation of installments:
- | | | |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | |
| payment amounts: | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | | |
|--|--------|----|-------|
| 1. Amended estimated tax | 1. | \$ | _____ |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. -- | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. -- | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. | \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FOOTNOTES

STATEMENT 1

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME. THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1. THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FL F-1120		NET OPERATING LOSS CARRYOVERS			STATEMENT 2
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2022	0%	0.	1.	0.	1.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					1.00

FL F-1120	NET OPERATING LOSS DEDUCTION	STATEMENT 3
1. FLORIDA TAXABLE INCOME BEFORE NOL		0.
2. PRE-2018 NOL AVAILABLE	0.	
100% OF PRE-2018 NOL DEDUCTION		0.
3. POST-2017 NOL AVAILABLE	1.	
80% OF LINE 1	0.	
POST-2017 NOL DEDUCTION		0.
(LESSER OF POST-2017 AVAILABLE OR 80% OF TAXABLE INCOME)		
4. NOL DEDUCTION (LINE 2 PLUS LINE 3)		0.



ANDRE AGASSI FOUNDATION FOR EDUCATION

1019
F-1120
R. 01/24

FEIN 34-1759295
DATA Page 1 of 2

341759295	0	0	0
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ANDRE AGASSI FOUNDATION FOR EDUCATION

1019
F-1120
R. 01/24

FEIN 34-1759295

DATA Page 2 of 2

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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

TAX RETURN FILING INSTRUCTIONS
GEORGIA FORM 600-T

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

Return Must be Mailed On or Before:

November 15, 2024

Special Instructions:

Georgia Form 600-T (Rev. 06/12/23)
Exempt Organization
Unrelated Business Income Tax Return



Mailing Address:
Georgia Department of Revenue
Processing Center
PO Box 740397
Atlanta, Georgia 30374-0397

Page 1

☐ Amended ☐ Amended due to IRS Audit ☐ Address Change ☐ UET Annualization Exception attached

For the taxable year beginning				01/01/2023		and ending		12/31/2023	
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
ANDRE AGASSI FOUNDATION F								34-1759295	
Number and Street				Number and Street					
1120 N. TOWN CENTER DRIVE									
City or Town				City or Town				NAICS Code	
LAS VEGAS								Date of current exemption letter.	
State				ZIP Code		State		IRS code section for which you are exempt.	
NV		89144						501C3	
Georgia Unrelated Business Taxable Income								SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy)								0	
2. Additions									
3. Total (add Line 1 and Line 2)									
4. Subtractions									
5. Adjusted unrelated business taxable income (Line 3 less Line 4)									
6. Income allocated everywhere									
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)									
8. Apportionment ratio (Attach Computation Schedule)								1.000000	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)								0	
10. Income allocated to Georgia (Attach Schedule)									
11. Total of Lines 9 and 10								0	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)									
13. Georgia unrelated business taxable income (Line 11 less Line 12)									



Name ANDRE AGASSI FOUNDATION F FEIN 34-1759295

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	0
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____		
Estimated Tax ► Refunded ►		

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signed by:
SHAWN CABLE *Shawn Cable*
Signature of Officer 176CAF1FC844491...

TINA HENTON
Signature of Individual or Firm Preparing Return

CFO 10/31/24
Title Date

P00630282
Employee ID or Social Security Number

Georgia Form 600-T**Page 3**

2201615035

Name **ANDRE AGASSI FOUNDATION F**FEIN **34-1759295****CREDIT USAGE AND CARRYOVER****(ROUND TO NEAREST DOLLAR)****SCHEDULE 3**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply.
Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 2, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

TAX RETURN FILING INSTRUCTIONS
MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	4,000
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	4,000

Overpayment:

Credited to your estimated tax	\$	4,000
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

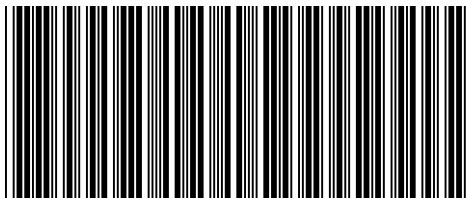
Mail Tax Return and Check (if applicable) To:

Mass. Department of Revenue
P.O. Box 7067
Boston, MA 02204

Return Must be Mailed On or Before:

December 16, 2024

Special Instructions:



2023 Form M-990T

MA23636011019

Unrelated Business Income Tax Return

Year beginning 01012023 Ending 12312023

ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295 702 227 5700
1120 N. TOWN CENTER DRIV LAS VEGAS NV 89144
SHAWN CABLE

Number of employees in Massachusetts	Number of employees worldwide	4
Check if: Initial return	Final return	Name change
Amended return due to federal change	Amended return due to federal audit	Amended return due to IRS BBA Partnership Audit
Enclosing Schedule DRE	Enclosing Schedule FCI	Enclosing Schedule TDS
S election termination or revocation	Member of lower-tier entity	
Check if (one only):	X 501(c)(3)	501
Check if:	the corporation was a subsidiary in an affiliated group or a parent-subsiidiary controlled group during the taxable year	

1. Unrelated business taxable income	1	
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3. Section 168(k) "bonus" depreciation adjustment	3	
4. Section 31I and 31K intangible expense add back adjustment	4	
5. Section 31J and 31K interest expense add back adjustment	5	
6. Federal NOL add back adjustment	6	
7. State and municipal bond interest not included in U.S. net income	7	
8. Other adjustments	8	
9. Other deductions	9	
10. Income subject to apportionment	10	
11. Income apportionment percentage	11	0.000000
12. Multiply line 10 by line 11	12	

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

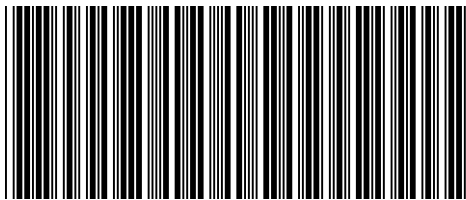
Signed by:	Date	Phone
Signature of appropriate officer		
Shawn Cable	10/31/2024	4078021200
Paid preparer's signature	Date	Paid preparer's EIN
TINA HENTON	10312024	41 0746749

Check if DOR may discuss this return with the paid preparer (see instructions)

Taxpayer's e-mail address
SCABLE@AGASSI.NET

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

10/31/2024 08:02:39



2023 Form M-990T

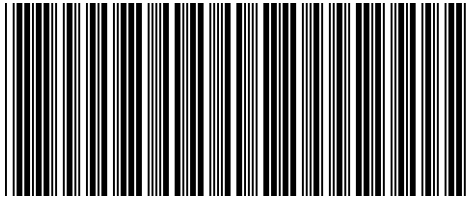
MA23636021019

Unrelated Business Income Tax Return

34 1759295

13.	Income not subject to apportionment	13	
14.	Add lines 12 and 13	14	
15.	Certified Massachusetts solar or wind power deduction	15	
16.	Taxable income before net operating loss deduction	16	
17.	Loss carryover deduction	17	
18.	Taxable income. Subtract line 17 from line 16	18	
19.	Multiply line 18 by .08	19	
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales	20	
21.	Excise due before credits. Add lines 19 and 20	21	
22.	Total credits. Enclose Schedule CMS	22	
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	0
24.	Voluntary contribution for endangered wildlife conservation	24	
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	0
26.	2022 overpayment applied to 2023 estimated tax	26	4 000
27.	2023 Massachusetts estimated tax payments (do not include amount in line 26)	27	
28.	Payment made with extension	28	
29.	Payment with original return. Use only if amending a return	29	
30.	Pass-through entity withholding. Payer ID number	30	
31.	Total refundable credits. Enclose Schedule CMS	31	
32.	Total payments. Add lines 26 through 31	32	4 000
33.	Amount overpaid. Subtract line 25 from line 32	33	4 000
34.	Amount overpaid to be credited to 2024 estimated tax	34	4 000
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	
36.	Balance due. Subtract line 32 from line 25	36	
37a.	M-2220 penalty	37a	
37b.	Other penalties	37b	
37.	Total penalty. Add lines 37a and 37b	37	
38.	Interest on unpaid balance	38	
39.	Total payment due at time of filing	39	

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME. THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1. THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.



2023 Schedule E (Form M-990T)
MA23636031019

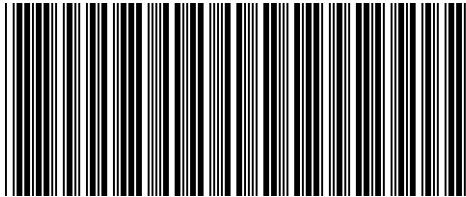
ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295

Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a.	Gross receipts or sales	1a
1b.	Less returns and allowances	1b
1c.	Balance. Subtract line 1b from line 1a	1c
2.	Cost of goods sold	2
3.	Gross profit. Subtract line 2 from line 1c	3
4a.	Capital gain net income (attach Schedule D. From U.S. Form 1120).	4a
4b.	Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797).	4b
4c.	Unused capital loss carryover	4c
4d.	Balance. Subtract line 4c from the total of lines 4a and 4b	4d
5.	Income or loss from a partnership or an S corporation (attach statement)	5
6.	Rent income	6
7.	Unrelated debt-financed income	7
8.	Interest, annuities, royalties and rents from a controlled organization	8
9.	Investment income of § 501(c)(7), (9) or (17) organizations	9
10.	Exploited exempt activity income	10
11.	Advertising income	11
12.	Other income (attach statement)	12
13.	Total income. Combine lines 3 through 12	13

Part II Deductions not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1.	Compensation of officers, directors, and trustees	1
2.	Salaries and wages	2
3.	Repairs and maintenance	3
4.	Bad debts	4
5.	Interest	5
6.	Taxes and licenses	6
7.	Depreciation	7
8.	Less depreciation	8
9.	Depletion	9
10.	Contributions to deferred compensations	10
11.	Employee benefit programs	11
12.	Excess exempt expenses	12
13.	Excess readership costs	13
14.	Other deductions	14
15.	Total deductions. Combine lines 1 through 14	15



2023 Schedule E, pg. 2
(Form M-990T)
MA23636041019

34 1759295

Unrelated Business Taxable Income Before Adjustments

16.	Unrelated business taxable income before adjustments. Subtract Part II, line 15 from Part I, line 13	16
17.	Deduction for net operating loss	17
18.	Unrelated business taxable income	18

Part III Other Adjustments

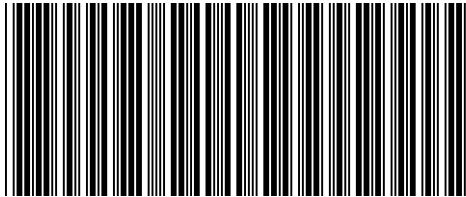
1.	Research and development	1
2.	Adjustments other than in lines 1 and 2	
	Item	Amount
2.	Total line 2 adjustments	2
3.	Total Part III adjustments. Combine total of lines 2 through 3. Enter this amount on Form M-990T, line 8	3

Part IV Other Deductions (Form M-990T, Line 9)

1.	Abandoned building and renovation deduction	1
2.	Deductions other than in line 1	
	Item	Amount
2.	Total line 2 deductions	2
3.	Total Part IV adjustments. Combine total of lines 1 and 2. Enter this amount on Form M-990T, line 9	3

Part V Adjustments (Income not subject to apportionment from Form M-990T, Line 13)

1.	List item(s) and amount(s) of income not subject to apportionment	
	Item	Amount
1.	Total Part V adjustments. Enter this amount on Form M-990T, line 13	1



2023 Schedule F
MA23066011019
Income Apportionment

ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295

- Fill in:
- Section 38 manufacturer
 - Mutual fund service corporation reporting sales of mutual funds only
 - Mutual fund service corporation reporting sales of non-mutual funds
 - ☒ Other
 - Change in method of calculating one or more factors from prior year

LOCATION	STATE	FACILITY TYPE	ACCEPTS ORDERS	REG. IN STATE	FILES IN STATE
----------	-------	---------------	-------------------	------------------	-------------------

Apportionment Factors

1. Tangible property					
a. Property owned	Massachusetts			Worldwide	
b. Property rented	Massachusetts			Worldwide	
c. Total property owned and rented	Massachusetts			Worldwide	
d. Tangible property apportionment percentage				1d	
2. Payroll					
a. Total payroll	Massachusetts			Worldwide	
b. Payroll apportionment percentage				2b	
3. Sales					
a. Tangible (destination)	Massachusetts				
b. Tangible (throw back)	Massachusetts			Worldwide	
c. Services	Massachusetts			Worldwide	
d. Rents and royalties	Massachusetts			Worldwide	
e. Other sales factors	Massachusetts			Worldwide	
f. Total sales factors	Massachusetts			Worldwide	
g. Sales apportionment percentage				3g	
4. Apportionment percentage				4	
5. Massachusetts apportionment percentage				5	0.000000

TAX RETURN FILING INSTRUCTIONS

MICHIGAN FORM MI 4891

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the State of Michigan. Do not mail the paper copy of the return to the State of Michigan.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

358201 12-28-23

----- Detach here and mail with your payment. Do not fold or staple the application. -----

Michigan Department of Treasury, Form 4 (Rev. 02-23)

Issued under the authority of Public Acts 281 of 1967, as amended and 36 of 2007.

Application for Extension of Time to File Michigan Tax Returns

Make check payable to "State of Michigan." Print "Michigan Extension" and last four digits of filer's Social Security number or full account number on the check.

Mail to: Michigan Department of Treasury, PO Box 30774, Lansing, MI 48909

1. Extension request is for the following tax Check ONLY ONE <div><input type="checkbox"/> Income Tax (excludes Home Heating Credit)</div> <div><input type="checkbox"/> Fiduciary Tax (includes Composite Filers)</div> <div><input type="checkbox"/> Michigan Business Tax</div> <div><input checked="" type="checkbox"/> Corporate Income Tax</div>		2. Month and Year Your Tax Year Ends (MM-YYYY) 12-2023	3. Full Federal Employer Identification or TR No. 34-1759295	
		4. <input checked="" type="checkbox"/> Check if extension is requested for good cause (see instructions).	5. Filer's Full Social Security No. (9 digits)	
		6. <input type="checkbox"/> Check if an extension was granted for filer's federal tax return.	7. Spouse's Full Social Security No. (if filing jointly)	
8. Business or Trust Name ANDRE AGASSI FOUNDATION FOR EDUCATION			9. Tentative Annual Tax 0	
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name			11. Total Payments Made to Date	
12. Mailing Address (Address, City, State and ZIP Code) 1120 N. TOWN CENTER DRIVE, 160, LAS VEGAS, NV 89144			13. Payment Amount	0.00

DO NOT WRITE IN THIS SPACE

2023 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

		MM-DD-YYYY			MM-DD-YYYY
1. Return is for calendar year 2023 or for tax year beginning:		01-01-2023	and ending:		12-31-2023
2. Taxpayer Name (print or type) ANDRE AGASSI FOUNDATION FOR EDUCATION			3. Federal Employer Identification Number (FEIN) 34-1759295		
4. Street Address 1120 N. TOWN CENTER DRIVE					
City LAS VEGAS			State NV	ZIP/Postal Code 89144	Country Code
5. NAICS (North American Industry Classification System) Code 523000		6. If a Final Return, Enter Effective End Date		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)			

Important: If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax. Short period filers, see instructions.

9. Apportionment Calculation - If any amount in line 9a through 9e is zero, enter zero. **All lines must be completed.**

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero) ...	9a.	0	00
b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900)	9b.		00
c. Michigan sales. Add lines 9a and 9b	9c.	0	00
d. Total sales of the corporation/UBG	9d.	0	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.		00
f. Total sales. Add lines 9d and 9e	9f.	0	00
g. Apportionment percentage. Divide line 9c by line 9f	9g.	.0000	%

10. a. Gross receipts from corporate activities (see instructions) 10a.

	00
--	----

10. b. Apportioned gross receipts from FTEs 10b.

	00
--	----

11. **REQUIRED:** Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b 11.

	00
--	----

PART 1: CORPORATE INCOME TAX

Unitary Business Groups: Amounts reported for all members on Form 4897 must be summed and carried to the corresponding line on Form 4891.

12. Federal taxable income. (Amount includes agricultural activities. See instructions.)	12.		00
13. Miscellaneous (see instructions)	13.		00
14. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment	14a.		00
b. Gain/loss adjustment on sale of eligible depreciable asset(s) ...	14b.		00
c. Add lines 14a and 14b. If negative, enter as negative	14c.		00
15. Add lines 12, 13 and 14c. If negative, enter as negative	15.		00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero ...	16.	0	00
17. Business Income. Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative ...	17.		00

Additions to Business Income

18. Interest income and dividends derived from obligations or securities of states other than Michigan	18.		00
19. Taxes on or measured by net income including tax imposed under CIT	19.		00
20. Any carryback or carryover of a federal net operating loss (enter as a positive number)	20.		00
21. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer	21.		00
22. Expenses from the production of oil and gas, and/or minerals (see instructions)	22.		00
23. Miscellaneous (see instructions)	23.		00
24. Total Additions to Income. Add lines 18 through 23	24.		00
25. Corporate Income Tax Base After Additions. Add lines 17 and 24. If negative, enter as negative	25.		00

PART 1: CORPORATE INCOME TAX (Continued)
Subtractions from Business Income

26.	Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions)	26.		00
27.	Dividends and royalties received from persons other than U.S. persons and foreign operating entities	27.		00
28.	Interest income derived from United States obligations	28.		00
29.	Income from the production of oil and gas, and/or minerals (see instructions)	29.		00
30.	Miscellaneous (see instructions)	30.		00
31.	Total Subtractions from Income. Add lines 26 through 30	31.		00
32.	Corporate Income Tax Base. Subtract line 31 from line 25. If negative, enter as negative	32.		00
33.	Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g	33.		00
34.	Apportioned Income from non-unitary FTEs from Form 4898 (see instructions)	34.		00
35.	Total apportioned Corporate Income Tax Base. Add line 33 and line 34	35.		00
36a.	Available CIT business loss carryforward (see instructions). Enter as positive	36a.	11	00
36b.	<input type="checkbox"/> Check if any loss on line 36a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
37.	Subtract line 36a from line 35. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions)	37.	-11	00
38.	Corporate Income Tax Before Credit. Multiply line 37 by 6% (0.06). If less than zero, enter zero	38.	0	00

PART 2: TOTAL CORPORATE INCOME TAX

39.	Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies	39.		00
40.	Tax Liability after SBAC. Subtract line 39 from line 38	40.	0	00
41.	Tax Liability after CIT Historic Preservation Credit from Form 5793, line 11. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instr.)	41.		00
42.	Total Recapture of Certain Business Tax Credits from Form 4902	42.		00
43.	Total Tax Liability. Add lines 41 and 42	43.	0	00

PART 3: PAYMENTS AND TAX DUE

UBGs include on lines 44 through 47 payments from all members as reported on Form 4897.

44.	Overpayment credited from prior period return (MBT or CIT)	44.		00
45.	Estimated tax payments	45.		00
46.	Tax paid with request for extension	46.		00
47.	Michigan tax withheld or Flow-Through Entity credit (see instructions)	47.		00
48.	Payment total. Add lines 44 through 47	48.		00
49.	TAX DUE. Subtract line 48 from line 43. If less than zero, leave blank	49.		00
50.	Underpaid estimate penalty and interest from Form 4899, line 38	50.		00
51.	Annual Return Penalty (see instructions)	51.		00
52.	Annual Return Interest (see instructions)	52.		00
53.	PAYMENT DUE. If line 49 is blank, go to line 54. Otherwise, add lines 49 through 52	53.		00

PART 4: REFUND OR CREDIT FORWARD

54.	Overpayment. Subtract lines 43, 50, 51 and 52 from line 48. If less than zero, leave blank (see instructions)	54.		00
55.	CREDIT FORWARD. Amount on line 54 to be credited forward and used as an estimate for next CIT tax year	55.		00
56.	REFUND. Subtract line 55 from line 54	56.		00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P00630282	
Authorized Signer's Name (print or type) <i>Shawn Cable</i>		Preparer's Business Name (print or type) CLIFTONLARSONALLEN LLP	
Authorized Signer's Name (print or type) SHAWN CABLE		Preparer's Business Address and Telephone Number (print or type) 420 SOUTH ORANGE AVENUE, SUITE 9 ORLANDO, FL 32801 407-802-1200	
Title CHIEF FINANCIAL OFFICER	Telephone Number 702 227-5700		

Return is due April 30 or on or before the last day of the 4th month after the close of the tax year.

WITHOUT PAYMENT. Mail return to:
Michigan Department of Treasury,
PO Box 30803, Lansing MI 48909

WITH PAYMENT. Pay amount on line 53. Mail check and return to: Michigan Department of Treasury,
PO Box 30804, Lansing MI 48909. Make check payable to "State of Michigan." Print taxpayer's FEIN, the
tax year, and "CIT" on the front of the check. Do not staple the check to the return.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FOOTNOTES

STATEMENT 1

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME. THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1. THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	250
Less: payments and credits	\$	250
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the NYSDTF. Do not mail the paper copy of the return to the NYSDTF.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

**CT-200-V**

Department of Taxation and Finance

Payment Voucher for E-Filed Corporation Tax Returns and Extensions

Employer identification number 34-1759295	Primary return type CT13	Tax period beginning (mm-dd-yyyy) 01-01-2023	Tax period ending (mm-dd-yyyy) 12-31-2023	Amount(s) due NYS amount 250.00 MTA amount .00
Legal name of corporation ANDRE AGASSI FOUNDATION FOR EDUCATION				
Mailing name (if different from legal name) c/o				
Number and street or PO Box 1120 N. TOWN CENTER DRIVE, NO. 160				
City LAS VEGAS	State NV	ZIP code 89144	Business telephone number (702) 227-570	

Make your check or money order payable in U.S. funds to: <i>New York State Corporation Tax.</i> Do not staple or clip your check or money order. Detach all check stubs. Enter payment enclosed ...	250.00
---	---------------

File this entire page with your payment

Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE
CORP - V
PO BOX 15163
ALBANY NY 12212-5163**

1019

384141
10-10-23

538001231019





Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-23** ending **12-31-23**

Employer identification number (EIN) 34-1759295	File number MM6	Business telephone number 702-227-5700	
Legal name of corporation ANDRE AGASSI FOUNDATION FOR EDUCATION		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation OHIO	
Number and street or PO box 1120 N. TOWN CENTER DRIVE, 160		Date of incorporation	Foreign corporations: date began business in NYS
City LAS VEGAS, NV	U.S. state/Canadian province 89144	ZIP/Postal code	Country (if not United States)
For office use only			
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: <i>New York State Corporation Tax</i>		Payment enclosed
← Attach your payment here. Detach all check stubs. (See <i>instructions for details</i> .)	A.	250.

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see *Corporations filing a combined franchise tax return only in the instructions*).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box **C** ☐

D. If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D** ☐

Computation of estimated franchise tax

1 Franchise tax from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	1	250.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	250.

Computation of estimated MTA surcharge

6 MTA surcharge from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	6	
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11 Total balance due (see <i>instructions</i>)	11	250.

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

MTA surcharge on line 9. See instructions.		Date paid	A. Franchise tax	B. MTA surcharge
12	Mandatory first installment from Form CT-300 ...	12		
13a	Second installment from Form CT-400	13a		
13b	Third installment from Form CT-400	13b		
13c	Fourth installment from Form CT-400	13c		
14	Overpayment credited from prior years	14		
15	Overpayment credited from Form CT- <div>Period</div>	15		
16	Total prepayments (total all entries in column A and column B)	16		

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	CLIFTONLARSONALLEN LLP	41-0746749	P00630282
	Signature of individual preparing this document	State	ZIP code
	TINA HENTON	FL	32801
	420 SOUTH ORANGE AVE ORLANDO		
	Email address of individual preparing this document	Excl. code	Date
	TINA.HENTON@CLACONNECT.COM	03	10-31-24

RETURN MUST BE E-FILED.
This form cannot be paper filed - this copy is for informational purposes only.

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary
**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation

1. **ANDRE AGASSI FOUNDATION FOR EDUCATION**Payment
enclosed

2.

3 Return type

3. **CT13**

4 Employer ID number (EIN)

4. **34-1759295**

5 File number (FCC)

5. **MM6**

6 Period beginning date (mm-dd-yy)

6. **01-01-23**

7 Period ending date (mm-dd-yy)

7. **12-31-23**

8 Amended (Y=1; N=0)

8. **0**

9 Final (Y=1; N=0)

9.

10 NAICS code

10. **523000**

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y = 1; N = 0)

13.

14 Tax due/MTA surcharge

14. **250.00**

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. **-**

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. **41-0746749**

28 Preparer's NYTPRIN

28.

29 Excl. code

29. **03**

541001231019

384951
09-01-23**1019**

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.		
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.		
32	Total excise tax on telecommunication services	32.		
33	Tax on gross income - NYS	33.		
34	MTA surcharge related to telecommunication services	34.		
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.		
36	Total MTA surcharge related to telecommunication services	36.		
37	MTA surcharge on gross income	37.		
38	Balance due - NYS	38.		
39	Balance due - MTA	39.		
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.		
42	Overpayment credited to next year's tax - NYS	42.		
43	Overpayment credited to next year's tax - MTA	43.		
44	Refund of overpayment - NYS	44.		
45	Refund of overpayment - MTA	45.		
46	Refund of unused tax credits - NYS	46.		
47	Refund of unused tax credits - MTA	47.		
48	Refundable tax credits to be credited to next year's tax - NYS	48.		
49	Refundable tax credits to be credited to next year's tax - MTA	49.		





Department of Taxation and Finance

388021 09-01-23

New York State E-File Authorization for Tax Year 2023**TR-579-CT**

(9/23)

For Certain Corporation Tax Returns and Estimated Tax Payments for CorporationsElectronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.Legal name of corporation **ANDRE AGASSI FOUNDATION FOR EDUCATION**

Return type (mark an X for all that apply): CT-3 ☐ CT-3-A ☐ CT-3-M ☐ CT-3-S ☐ CT-13 ☒ CT-33 ☐
 CT-33-A ☐ CT-33-C ☐ CT-33-M ☐ CT-33-NL ☐ CT-183 ☐ CT-183-M ☐ CT-184 ☐ CT-184-M ☐
 CT-186-E ☐ CT-300 ☐ CT-400 ☐

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2023 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit
 2 Financial institution routing number
 3 Financial institution account number

1	
2	
3	

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2023 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2023 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2023 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signed by: Signature of authorized officer of the corporation <i>Shawn Cable</i>	Print your name and title SHAWN CABLE, CHIEF FINANCIAL OFFICER	Date 10-15-24
--	--	-------------------------

176CAF1FC844491...

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2023 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2023 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature TINA HENTON	Print name TINA HENTON	Date 10-31-24
Paid preparer's signature TINA HENTON	Print name TINA HENTON	Date 10-31-24

**CT-13**

Department of Taxation and Finance

**Unrelated Business Income
Tax Return**

All filers enter tax period:

beginning **01-01-23** ending **12-31-23**

Employer identification number (EIN) 34-1759295		File number MM6	Business telephone number 702-227-5700	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation ANDRE AGASSI FOUNDATION FOR EDUCATION			Trade name/DBA	
Mailing address Care of (c/o) Number and street or PO Box 1120 N. TOWN CENTER DRIVE, 160			State or country of incorporation OHIO	
City LAS VEGAS, NV			U.S. state/Canadian province 89144	ZIP/Postal code
Country (if not United States)			For office use only	
NAICS business code number (from federal return) 523000		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) PARTNERSHIP INVESTMENTS				

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-ProfitOrganization - Have you filed this New York State application for exemption? (see instructions) Yes ☐ No ☒Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return ☐(see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i>	A	Payment enclosed
◀ Attach your payment here. Detach all check stubs. (See instructions for details.)		

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	0.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions)	5	
6 Add lines 1 through 5	6	
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	0.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	0.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

400001231019



Have you been audited by the Internal Revenue Service in the past 5 years?

Yes☐

No☒ If Yes, list years: _____

Federal return was filed on: 990-T☒ Other: ☐ Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions)	26		
27 Gross rents (attach list; see instructions)	27		
28 Inventories owned	28		
29 Other tangible personal property owned (see instructions)	29		
30 Total (add lines 26 through 29)	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31		%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32		
33 All sales of tangible personal property	33		
34 Services performed	34		
35 Rentals of property	35		
36 Other business receipts	36		
37 Total (add lines 32 through 36).....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40		%
41 Total of New York State percentages (add lines 31, 38, and 40)	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42		%

Composition of prepayments claimed on line 18*	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43 05-15-24	250.
44a Second installment from Form CT-400	44a	
44b Third installment from Form CT-400	44b	
44c Fourth installment from Form CT-400	44c	
45 Amount of overpayment credited from prior years	45	
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46	250.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination • ☐ If marked, enter date of determination: • _____

Capital loss carryback • ☐ Federal return filed _____ Form 1139 • ☐

Amended Form 990-T • ☐

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number	
	Designee's email address			PIN
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.				
Authorized person	Printed name of authorized person SHAWN CABLE	Signed by: Signature of authorized person <i>Shawn Cable</i>	Official title CFO	
	Email address of authorized person SCABLE@AGASSI.NET	176CAF1FC844491...	Telephone number (702)227-570	Date 10-15-24
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) CLIFTONLARSONALLEN LLP		Firm's EIN 41-0746749	Preparer's PTIN or SSN P00630282
	Signature of individual preparing this return TINA HENTON	Address City State ZIP code 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801		
	Email address of individual preparing this return TINA.HENTON@CLACONNECT.COM	Preparer's NYTPRIN or Excl. code 03	Date 10-31-24	

See instructions for where to file.

400003231019



FOOTNOTES

STATEMENT 1

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME. THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1. THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	67,255.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	55,495.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	11,760.

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

Form **8868** (Rev. 1-2024)

** PUBLIC INSPECTION COPY **

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

For calendar year 2023 or tax year beginning , and ending

Name of foundation ANDRE AGASSI FOUNDATION FOR EDUCATION		A Employer identification number 34-1759295						
Number and street (or P.O. box number if mail is not delivered to street address) 1120 N. TOWN CENTER DRIVE	Room/suite 160	B Telephone number (702) 227-5700						
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144		C If exemption application is pending, check here ...						
G Check all that apply: <table border="0"> <tr> <td>Initial return</td> <td>Initial return of a former public charity</td> </tr> <tr> <td>Final return</td> <td>Amended return</td> </tr> <tr> <td>Address change</td> <td>Name change</td> </tr> </table>		Initial return	Initial return of a former public charity	Final return	Amended return	Address change	Name change	D 1. Foreign organizations, check here
Initial return	Initial return of a former public charity							
Final return	Amended return							
Address change	Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation		2. Foreign organizations meeting the 85% test, check here and attach computation						
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 114,467,176.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ (Part I, column (d), must be on cash basis.)	E If private foundation status was terminated under section 507(b)(1)(A), check here ...						
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...						

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	22.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,637,859.	3,265,770.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,212,214.			
	b Gross sales price for all assets on line 6a 38,190,821.				
	7 Capital gain net income (from Part IV, line 2)		9,580,815.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold ...					
c Gross profit or (loss)					
11 Other income	4,001.	-313,587.		STATEMENT 2	
12 Total. Add lines 1 through 11	12,854,096.	12,532,998.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	379,160.	94,790.		284,370.
	14 Other employee salaries and wages	364,922.	91,231.		273,692.
	15 Pension plans, employee benefits	100,775.	25,194.		75,581.
	16a Legal fees				
	b Accounting fees STMT 3	72,330.	36,165.		36,165.
	c Other professional fees STMT 4	772,072.	614,102.		161,390.
	17 Interest	623,671.	0.		623,671.
	18 Taxes STMT 5	158,149.	49,338.		110,452.
	19 Depreciation and depletion	1,915,037.	0.		
	20 Occupancy	167,158.	0.		133,209.
	21 Travel, conferences, and meetings	3,039.	0.		5,291.
	22 Printing and publications				
	23 Other expenses STMT 6	95,370.	67,084.		133,498.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,651,683.	977,904.		1,837,319.
	25 Contributions, gifts, grants paid	6,475,876.			7,242,432.
26 Total expenses and disbursements. Add lines 24 and 25	11,127,559.	977,904.		9,079,751.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	1,726,537.				
b Net investment income (if negative, enter -0-)		11,555,094.			
c Adjusted net income (if negative, enter -0-)			N/A		

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

Form **990-PF** (2023)

Form 990-PF (2023)

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	3,270,589.	2,127,761.	2,127,761.
	2 Savings and temporary cash investments	7,773,757.	8,105,559.	8,105,559.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	83,225.		
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	8,611.	8,611.	8,611.
	10a Investments - U.S. and state government obligations STMT 7	3,311,886.	3,320,737.	3,320,737.
	b Investments - corporate stock STMT 8	49,931,859.	55,579,690.	55,579,690.
	c Investments - corporate bonds STMT 9	3,847,041.	4,009,768.	4,009,768.
Liabilities	11 Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	29,737,500.	24,795,866.	24,795,866.
	14 Land, buildings, and equipment: basis 44,472,450.			
	Less: accumulated depreciation 28,088,783.	18,211,598.	16,383,667.	16,383,667.
	15 Other assets (describe ROU ASSET)	250,405.	135,517.	135,517.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	116,426,471.	114,467,176.	114,467,176.
	17 Accounts payable and accrued expenses	235,818.	92,920.	
	18 Grants payable	809,749.		
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	11,460,159.	10,690,159.	
	22 Other liabilities (describe STATEMENT 11)	564,391.	418,538.	
	23 Total liabilities (add lines 17 through 22)	13,070,117.	11,201,617.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	103,211,090.	103,120,295.	
	25 Net assets with donor restrictions	145,264.	145,264.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds ...			
	29 Total net assets or fund balances	103,356,354.	103,265,559.	
	30 Total liabilities and net assets/fund balances	116,426,471.	114,467,176.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	103,356,354.
2 Enter amount from Part I, line 27a	2	1,726,537.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	105,082,891.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSS	5	1,817,332.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	103,265,559.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P	01/01/23	12/31/23
b ALT INVESTMENT GAINS/LOSSES	P	01/01/23	12/31/23
c PARTNERSHIP K-1'S GAINS/LOSSES	P	01/01/23	12/31/23
d ADJUSTMENT TO NET INVESTMENT INCOME	P	01/01/23	12/31/23
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 38,190,821.		28,470,716.	9,720,105.
b			-507,891.
c			-139,290.
d			507,891.
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			9,720,105.
b			-507,891.
c			-139,290.
d			507,891.
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	9,580,815.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	160,616.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	160,616.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	160,616.
6 Credits/Payments:			
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a		55,495.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		11,760.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	67,255.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	5,201.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	98,562.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded		11	

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Part VI-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1a			X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. OH		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.AGASSIFOUNDATION.ORG	X	
14	The books are in care of SHAWN CABLE Telephone no. (702) 227-5700 Located at 1120 N. TOWN CENTER DRIVE, 160, LAS VEGAS, NV ZIP+4 89144		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	Yes	No
16			X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

1a(1) Yes No X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

1a(2) Yes No X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

1a(3) Yes No X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

1a(4) X Yes No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?

1a(5) Yes No X

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)

1a(6) Yes No X

b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

1b Yes No X

c Organizations relying on a current notice regarding disaster assistance, check here ☐**d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?

1d Yes No X

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?

2a Yes No X

If "Yes," list the years _____, _____, _____, _____

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.)

N/A

2b Yes No

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. _____, _____, _____, _____**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

3a Yes No X

b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)

N/A

3b Yes No

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

4a Yes No X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?

4b Yes No X

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Part VI-B

Statements Regarding Activities for Which Form 4720 May Be Required

(continued)

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)	X	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	X	
c	Organizations relying on a current notice regarding disaster assistance, check here			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d		X
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8		X

Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		350,840.	14,160.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KEVIN MASON - 1120 N. TOWN CENTER DRIVE, LAS VEGAS, NV 89144	MAINTENANCE 40.00	91,900.	8,100.	0.
LAT MAY VAN COTT - 1120 N. TOWN CENTER DRIVE, LAS VEGAS, NV 89144	STAFF ACCOUNTANT 40.00	70,000.	0.	0.

Total number of other employees paid over \$50,000

0

Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ACCURATE BUILDING MAINTENANCE 4435 W. SUNSET ROAD, LAS VEGAS, NY 89118	JANITORIAL SERVICES	232,863.
TRANE US INC PO BOX 98167, CHICAGO, IL 60693	HVAC SERVICES	170,238.
CFT NV DEVELOPMENTS LLC 1683 WALNUT GROVE AVE, ROSEMEAD, CA 91770	FACILITIES MANAGEMENT	151,594.
CFC 7709 ALAMOSA WAY, LAS VEGAS, NV 89128	FACILITIES MANAGEMENT	114,250.
CLIFTONLARSONALLEN LLP PO BOX 776376, CHICAGO, IL 60677	ACCOUNTING SERVICES	72,330.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B

Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	95,331,963.
b	Average of monthly cash balances	1b	2,632,478.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	97,964,441.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	97,964,441.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,469,467.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	96,494,974.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,824,749.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	4,824,749.
2a	Tax on investment income for 2023 from Part V, line 5	2a	160,616.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	160,616.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,664,133.
4	Recoveries of amounts treated as qualifying distributions	4	1,000.
5	Add lines 3 and 4	5	4,665,133.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	4,665,133.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	9,079,751.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	9,079,751.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				4,665,133.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				732,306.
e From 2022				361,581.
f Total of lines 3a through e	1,093,887.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 9,079,751.				
a Applied to 2022, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				4,665,133.
e Remaining amount distributed out of corpus	4,414,618.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	5,508,505.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	5,508,505.			
10 Analysis of line 9:				
a Excess from 2019 ...				
b Excess from 2020 ...				
c Excess from 2021 ...				732,306.
d Excess from 2022 ...				361,581.
e Excess from 2023 ...				4,414,618.

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EMERIL LAGASSE FOUNDATION 3801 CANAL ST NEW ORLEANS, LA 70119		PC	FY2023 - AARON SANCHEZ IMPACT FUND	10,000.
SOUTHERN NEVADA MUSICIAL SOCIETY 3950 SPRINGHILL AVENUE LAS VEGAS, NV 89121		NC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	200.
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY 555 WEST 5TH STREET FLOOR 55 LOS ANGELES, CA 90013		PC	FY2023 - DONATION FOR SCOPUS AWARDS GALA.	25,000.
ANIMAL FOUNDATION 655 N. MOJAVE ROAD LAS VEGAS, NV 89101		PC	FY2023 - KEEPING EVERY PERSON + PET CAMPAIGN	50,000.
ATHLETE FOR HOPE 2 BETHESDA METRO CENTER STE 1320 BETHESDA, MD 20814		PC	FY2023 - PROGRAM FOR ATHLETES FOR HOPE.	50,000.
Total	SEE CONTINUATION SHEET(S)			3a 7,242,432.
b Approved for future payment				
NONE				
Total				3b 0.

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BISHOP GORMAN HIGH SCHOOL 5959 S. HUALAPAI WAY LAS VEGAS, NV 89148		PC	FY2023 - COMMITMENT FOR HIGH SCHOOL STUDENT UNION AND SCHOLARSHIP PROGRAM.	250,000.
BLOOM ACADEMY 2550 S. RAINBOW BLVD. STE E-27 LAS VEGAS, NV 89146		PC	FY2023 - GENERAL DONATION FOR K-12 AFTER SCHOOL PROGRAM.	5,000.
BLOOM ACADEMY 2550 S. RAINBOW BLVD. STE E-27 LAS VEGAS, NV 89146		PC	FY2023 - COMMITMENT FOR HIGH SCHOOL STUDENT UNION AND SCHOLARSHIP PROGRAM.	5,000.
BOYS & GIRLS CLUB OF LAS VEGAS 2850 SOUTH LINDELL ROAD LAS VEGAS, NV 89146		PC	FY2023 - GRANT FOR REPAIRS TO AGASSI CLUB.	100,000.
BOYS & GIRLS CLUB OF SOUTHERN NEVADA 2850 SOUTH LINDELL ROAD LAS VEGAS, NV 89146		PC	FY2023 - SNEAKER BALL / SILVER TABLE	5,000.
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION 1 GRAND AVENUE SAN LUIS OBISPO, CA 93407		PC	FY2023 - SUPPORT SCHOLARSHIP PROGRAM.	50,000.
COLUMBUS URBAN LEAGUE 788 MT. VERNON AVENUE COLUMBUS, OH 43203		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	25,000.
CRISTO REY ST. VIATOR 2880 VAN DER MEER STREET NORTH LAS VEGAS, NV 89030		PC	FY2023 - ANNUAL SUPPORT FOR HS WORK STUDY PROGRAM.	68,000.
DEMOCRACY PREP PUBLIC SCHOOLS 1767 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10035		PC	DONATION TO FURTHER MISSION OF COLLEGE ENROLLMENT AND CAREER MOBILITY	807,752.
DEMOCRACY PREP PUBLIC SCHOOLS 1767 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10035		PC	DONATION TO FURTHER MISSION OF COLLEGE ENROLLMENT AND CAREER MOBILITY	750,000.
Total from continuation sheets				7,107,232.

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ENGELSTAD FOUNDATION 11105 W. FLAMINGO ROAD LAS VEGAS, NV 89135		PF	FY2023 - BIG IDEA CHALLENGE 2023 AWARD PROGRAM.	250,000.
FAITH LUTHERAN MIDDLE & HIGH SCHOOL 2015 S. HUALAPAI WAY LAS VEGAS, NV 89117		PC	FY2023 - PROVIDE SCHOLARSHIP PROGRAMS FOR AT-NEED STUDENTS.	10,000.
FULFILLMENT FUND 8930 SPANISH RIDGE AVENUE LAS VEGAS, NV 89148		PC	FY2023 - PROVIDE RESOURCES FOR PROGRAM WORKING WITH TITLE I STUDENTS IN HS.	100,000.
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWY SUITE 110-474 LAS VEGAS, NV 89141		PC	FY2023 - SHOE DISTRIBUTION FOR EDWARDS ES	20,000.
GREEN OUR PLANET 6795 EDMOND STREET LAS VEGAS, NV 89118		PC	FY2023 - CONTINUING PROGRAM TO COMPLETE VIDEO SERIES FOR STEM K-12	362,500.
HEAL THE HERO FOUNDATION 5501 E. GREENWAY PARKWAY SCOTTSDALE, AZ 85254		PC	FY2023 - PROGRAM SUPPORT FOR MENTAL HEALTH PROGRAM.	50,000.
JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE CIRCLE EAST ST. LOUIS, IL 62204		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	50,000.
KEEP MEMORY ALIVE 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106		PC	FY2023 - DONATION FOR CLEVELAND CLINIC SUPPORT IN SOUTHERN NEVADA.	500,000.
KENNY GUINN CENTER FOR POLICY PRIORITIES 1664 N. VIRGINIA STREET M/S 0289 RENO, NV 89557		PC	FY2023 - GRANT FOR NEW EDUCATION POLICY.	25,000.
LAS VEGAS ACES FOUNDATION 1415 RAIDERS WAY HENDERSON, NV 89052		PC	FY2023 - MENTAL HEALTH SUMMIT.	50,000.
Total from continuation sheets				

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAS VEGAS NATURAL HISTORY MUSEUM 900 LAS VEGAS BLVD LAS VEGAS, NV 89101		PC	FY2023 - SUPPORT FIELD TRIPS FOR TITLE I SCHOOLS.	5,000.
LATINO EMPOWERMENT ORGANIZATION OF NEVAAD 1027 S. RAINBOW BLVD. STE 206 LAS VEGAS, NV 89145		PC	FY2023 - ANGEL TREE DIRVE FOR 75 STUDENTS.	1,000.
LEARNING ALLY INC. 20 ROSZEL ROAD PRINCETON, NJ 08540		PC	FY2023 - PROVIDE RESOURCES FOR NATIONAL K-12 PROGRAM.	2,500,000.
LINKS FOUNDATION INC. PO BOX 370952 LAS VEGAS, NV 89137		PC	FY2023 - SCHOLARHIP PROGRAM TO HELP UNDERSERVED YOUTH.	2,500.
NAVY SEAL FOUNDATION 162 WEST 56TH STREET STE 405 NEW YORK, NV 10019		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	25,000.
NEVADA SOCIETY FOR THE PREVENTTION OF CRUELTY TO ANIMALS 5375 S. PROCYON ST. STE 108 LAS VEGAS, NV 89118		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	5,000.
OPPORTUNITY 180 900 NORTH LAMB BLVD STE140 LAS VEGAS, NV 89110		PC	FY2023 - FELLOWSHIP OF SURGE INSITUTE.	200,000.
PBS RENO 1670 N. VIRGINIA STREET RENO, NV 89503		PC	FY2023 - SPOTLIGHT AWARDS.	10,000.
PERICHORESIS 40228 IVYWOOD LANE PLAYMOUTH, MI 48170		PC	FY2023 - GRANT TO SUPPORT ONLINE RESOURCE PLATFORM ORGANIZATION.	100,000.
PROJECT ALS 2585 BROADWAY STE202 NEW YORK, NY 10025		PC	FY2023 - GENERAL DONATION TO LOCAL PROGRAM.	15,000.
Total from continuation sheets				

ANDRE AGASSI FOUNDATION FOR EDUCATION

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Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROCKETSHIP CHARTER SCHOOLS 350 TWIN DOLPHIN DRIVE STE 109 REDWOOD CITY, CA 94065		PC	FY2023 - JETPACK ED DONATION.	50,000.
SOUTHERN CALIFORNIA TENNIS ASSOCIATION FOUNDATION 4490 WEST POINT LOMA BLVD SAN DIEGO, CA 92107		PC	FY2023 - SUPPORT FOR TENNIS PROGRAM IN SOUTHERN CALIFORNIA.	10,000.
TEAM LUKE HOPE FOR MINDS 10708 JUSTICE LANE LUBBOCK, TX 79424		PC	FY2023 - 7TH ANNUAL PLAY FOR TEAM LUKE	20,000.
TED'S FOUNDATION 1803 JUNO ISLES BLVD NORTH PALM BEACH, FL 33408		PC	FY2023 - SUMMER CAMP SUPPORT.	4,300.
THE CENTER FOR MIND BODY MEDICINE 5225 CONNECTICUT AVENUE NW STE 414 WASHINGTON, DC 20015		PC	FY2023 - MENTAL HEALTH PROGRAM IN SOUTHERN NEVADA.	300,000.
THE IMMIGRANT HOME FOUNDATION 2900 STEWART AVENUE LAS VEGAS, NV 89101		PC	FY2023 - IME BECAS 2023 SCHOLARSHIP PROGRAM.	2,500.
TODAY & TOMORROW EDUCATIONAL FOUNDATION 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119		PC	FY2023 - HELP FOR TODAY HOPE PROGRAM.	13,680.
TWILIGHT SPRINGS HORSE SANCTUARY 10152 KEARNEY HILLS PLACE LAS VEGAS, NV 89144		PC	FY2023 - PROGRAM SUPPORT FOR MENTAL HEALTH PROGRAM.	250,000.
UNIVERSITY OF NEVADA RENO FOUNDATION MAIL STOP 0007 RENO, NV 89557		PC	FY2023 - LITTLE BOOKS / LITTLE COOKS PROGRAM.	50,000.
UNIVERSITY OF NEVADA RENO FOUNDATION MAIL STOP 0007 RENO, NV 89557		PC	FY2023 - SUPPORT UNIVERSITY MENTAL HEALTH PROGRAM.	50,000.
Total from continuation sheets				

Part XIV	Supplementary Information
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3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
UNIVERSITY OF NEVADA WOLF PACK ATHLETICS MAIL STOP 232 RENO, NV 89557		GOV	FY2023 - VIP GOVERNOR DINNER TABLE.	5,000.
UNLV FOUNDATION 4505 S. MARYLAND PKWAY BOX 451006 LAS VEGAS, NV 89154		PC	FY2023 - GRANT TO SUPPORT UNLV TENNIS TOURNAMENT.	5,000.
Total from continuation sheets				

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

2023

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name ANDRE AGASSI FOUNDATION FOR EDUCATION	Employer identification number 34-1759295
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	160,616.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	160,616.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	67,252.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	67,252.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/23	12/15/23
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	16,813.	63,495.	40,154.	40,154.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	55,495.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		38,682.		
13 Add lines 11 and 12	13		38,682.		
14 Add amounts on lines 16 and 17 of the preceding column	14			24,813.	64,967.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	55,495.	38,682.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	24,813.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		24,813.	40,154.	40,154.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	38,682.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

FORM 990-PF

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$ 5,201.		

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ANDRE AGASSI FOUNDATION FOR EDUCATION					Identifying Number 34-1759295
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/23	16,813.	16,813.			
05/15/23	-55,495.	-38,682.			
06/15/23	63,495.	24,813.	92	.000191781	438.
09/15/23	40,154.	64,967.	15	.000191781	187.
09/30/23	0.	64,967.	76	.000219178	1,082.
12/15/23	40,154.	105,121.	16	.000219178	369.
12/31/23	0.	105,121.	136	.000218579	3,125.
Penalty Due (Sum of Column F).					5,201.

* Date of estimated tax payment, withholding credit date or installment due date.

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST/DIVIDENDS - PARTNERSHIPS	543,581.	0.	543,581.	171,492.	
INTEREST/DIVIDENDS - PUBLICLY TRADED SECURITIES	3,094,278.	0.	3,094,278.	3,094,278.	
TO PART I, LINE 4	3,637,859.	0.	3,637,859.	3,265,770.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INCOME	0.	-313,587.	
SETTLEMENT REVENUE	4,001.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	4,001.	-313,587.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	72,330.	36,165.		36,165.
TO FORM 990-PF, PG 1, LN 16B	72,330.	36,165.		36,165.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	157,969.	0.		161,390.
INVESTMENT	614,103.	614,102.		0.
TO FORM 990-PF, PG 1, LN 16C	772,072.	614,102.		161,390.

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FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	47,697.	49,338.		0.
PROPERTY TAX PAID	110,452.	0.		110,452.
TO FORM 990-PF, PG 1, LN 18	158,149.	49,338.		110,452.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	6,064.	0.		0.
ADVERTISING	399.	0.		399.
MEMBERSHIP DUES AND SUBSCRIPTIONS	557.	0.		557.
INSURANCE	85,627.	0.		85,627.
PARTNERSHIP EXPENSES	0.	67,084.		0.
MISC EXPENSES	2,723.	0.		2,723.
EVENT EXPENSES	0.	0.		44,192.
TO FORM 990-PF, PG 1, LN 23	95,370.	67,084.		133,498.

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FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FNMA PMA4578 02 50%2052	X		777.	777.
FNMA PMA4414 02 50%2051	X		3,501.	3,501.
FHLMC SD 8161 02 50%2051	X		5,530.	5,530.
FHLMC SD 8156 02 50%2051	X		7,475.	7,475.
FNMA PMA4587 02 50%2042	X		10,959.	10,959.
FNMA PMA4564 03%2052	X		17,178.	17,178.
FNMA PMA4512 02 50%2052	X		17,989.	17,989.
FNMA PBM1257 02 50%2037	X		24,671.	24,671.
FHLMC SD 8206 03%2052	X		51,373.	51,373.
FNMA PCB3104 02 50%2052	X		52,016.	52,016.
FNMA PFS3497 03 50%2052	X		55,034.	55,034.
FNMA PMA4654 03 50%2052	X		56,281.	56,281.
FNMA PMA4599 03%2052	X		60,374.	60,374.
FHLMC SD 8129 02 50%2051	X		65,979.	65,979.
FNMA PFS1630 02 50%2051	X		69,700.	69,700.
FNMA PCB3586 03%2052	X		77,942.	77,942.
FEDERAL NATL MTG ASSOC CUSIP: 31359MGK3	X		95,672.	95,672.
FNMA PMA4784 04 50%2052	X		96,373.	96,373.
FHLMC RB 5163 03%2042	X		98,166.	98,166.
FNMA PFS0630 03%2052	X		98,508.	98,508.
U.S. TREASURY NOTE CUSIP: 91282CGJ4	X		108,702.	108,702.
FNMA PMA4548 02 50%2052	X		120,529.	120,529.
FHLMC SD 8220 03%2052	X		124,001.	124,001.
FHLMC RB 5154 02 50%2042	X		135,320.	135,320.
FNMA PMA4842 05 50%2052	X		148,243.	148,243.
FNMA PMA4785 05%2052	X		148,781.	148,781.
FNMA PCB2548 02 50%2052	X		151,920.	151,920.
FNMA PMA4600 03 50%2052	X		152,644.	152,644.
FNMA PMA4867 04 50%2053	X		165,466.	165,466.
FHLMC SD 8244 04%2052	X		197,996.	197,996.
FNMA PFS0392 02 50%2052	X		199,111.	199,111.
U.S. TREASURY BOND CUSIP: 912810SF6	X		213,368.	213,368.
U.S. TREASURY BOND CUSIP: 912810SX7	X		242,437.	242,437.
U.S. TREASURY BOND CUSIP: 912810SL3	X		246,721.	246,721.
TOTAL U.S. GOVERNMENT OBLIGATIONS			3,320,737.	3,320,737.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			3,320,737.	3,320,737.

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FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NEXTERA ENERGY INC	5,947.	5,947.
ONESPACORLD HLDGS LTD	6,754.	6,754.
BRIGHTVIEW HLDGS INC	7,014.	7,014.
CSL LTD	8,215.	8,215.
DBS GROUP HOLDINGS LTD	8,333.	8,333.
CLEARWTR ANALYTICS HOLDINGS INC	8,473.	8,473.
HANG LUNG PROPERTIES LTD	8,633.	8,633.
ATN INTERNATIONAL INC	8,807.	8,807.
RPT RLTY SH BEN INT	8,853.	8,853.
OMNIAB INC REG SHS	8,947.	8,947.
BALCHEM CORP	9,074.	9,074.
COHERENT CORP	9,402.	9,402.
SITC INTERNATIONAL CO	9,645.	9,645.
WOODSIDE ENERGY GROUP LT	9,664.	9,664.
TEXAS ROADHOUSE INC-CL A	9,778.	9,778.
YETI HLDGS INC	9,942.	9,942.
WESTPAC BANKING CORP FN	10,141.	10,141.
SONIC AUTOMOTIVE INC A	10,286.	10,286.
OTSUKA CORP 4768	10,721.	10,721.
APELLIS PHARMACEUTICALS INC	10,895.	10,895.
TOPPAN INC 7911 FN	11,025.	11,025.
SHOCKWAVE MEDICAL INC	11,624.	11,624.
STOCKLAND	11,760.	11,760.
NIPPON YUSEN KAISHA	11,782.	11,782.
ROHM 6963	11,808.	11,808.
BARRATT DEV PLC 10P FN	11,812.	11,812.
HOYA CORP	11,877.	11,877.
SUMITOMO METAL MNG 5713	12,017.	12,017.
KAO CORP 4452	12,054.	12,054.
WILLSCOT MOBILE MINI	12,060.	12,060.
MAZDA MOTOR CORP 7261 FN	12,071.	12,071.
BASF SE NAMEN -AKT	12,213.	12,213.
BP PLC	12,479.	12,479.
OMNICELL INC	12,531.	12,531.
REPSOL SA	12,569.	12,569.
HIBBETT SPORTS INC	12,748.	12,748.
WORTHINGTON STL INC	12,898.	12,898.
GENTING SINGAPORE LTD	12,941.	12,941.
CONCH CEMENT CO LTD	13,057.	13,057.
ZENSHO HOLDINGS CO LTD	13,155.	13,155.
TRAVERE THERAPEUTICS INC	13,224.	13,224.
DEXUS	13,599.	13,599.
ASAHI GROUP HOLDINGS LTD	13,613.	13,613.
BANCO BILBAO VIZCAYA ARG	13,676.	13,676.
INDEPENDENT BK GROUP INC	13,738.	13,738.
CHUYS HLDGS INC	13,916.	13,916.
HENDERSON LAND DEVELOPMT	14,014.	14,014.
VOEST-ALPINE AG	14,134.	14,134.
SOMPO HOLDINGS INC	14,185.	14,185.
HUNTSMAN CORP	14,249.	14,249.
ARMADA HOFFFLET PPTYS INC	14,337.	14,337.
SEMTECH CORPORATION	14,351.	14,351.

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ZOZO INC 3092	14,594.	14,594.
CHART INDUSTRIES INC	14,673.	14,673.
IMAX CORP	14,690.	14,690.
ENEOS HOLDINGS INC	14,874.	14,874.
LA-Z-BOY INC MICHIGAN	14,953.	14,953.
JACK IN THE BOX INC	15,020.	15,020.
DANA INC	15,078.	15,078.
TECNOGLASS INC	15,084.	15,084.
AMPOL LTD REG SHS	15,417.	15,417.
WH GROUP LTD USD0.0001	15,531.	15,531.
SMITH & NEPHEW PLC	15,536.	15,536.
SONIC HEALTHCARE LTD	15,607.	15,607.
AGIOS PHARMACEUTICALS	15,611.	15,611.
ZIFF DAVIS INC	15,722.	15,722.
BROTHER INDUSTRIES 6448	15,756.	15,756.
ENTERPRISE FINL SVCS CRP	15,940.	15,940.
JOHNSON CONTROLS INTER	15,966.	15,966.
SONOVA HOLDING AG	15,975.	15,975.
ALLEGiant TRAVEL CO	16,109.	16,109.
ICHOH HOLDINGS LTD REG	16,243.	16,243.
CONSTRUCTION PARTNERS INC	16,320.	16,320.
RICOH CO LTD	16,370.	16,370.
KONINKLIJKE AHOLD	16,667.	16,667.
PACIRA BIOSCIENCES INC	16,701.	16,701.
PROGRESS SOFTWARE CORP	16,779.	16,779.
ARCBEST CORPORATION	16,829.	16,829.
AMERESCO CLASS A	17,007.	17,007.
KONTOOR BRANDS INC REG	17,166.	17,166.
REGIONS FINL CORP	17,268.	17,268.
ATKORE INC	17,280.	17,280.
VERINT SYSTEMS INC	17,353.	17,353.
INDEPENDENT BK CORP MASS	17,571.	17,571.
INDUSTRIA DE DISENO TEXT	17,597.	17,597.
RECKITT BENCKISER GROUP	17,688.	17,688.
KAISER ALUM CORP	17,726.	17,726.
MONDI PLC, LONDON	17,738.	17,738.
LA FRANCAISE DES JEUX SA	17,811.	17,811.
FIRST BANCORP N C COM	17,913.	17,913.
MAXLINEAR INC CL A	17,923.	17,923.
WESBANCO INC	17,944.	17,944.
HELEN OF TROY LTD	18,001.	18,001.
PACIFIC BIOSCIENCES CALIF INC	18,041.	18,041.
NEOGENOMICS INC	18,073.	18,073.
DAITO TRUST CONSTR 1878	18,324.	18,324.
ARTIVION INC	18,488.	18,488.
H AND E EQUIP SVCS INC	18,521.	18,521.
PHILLIPS EDISON AND CO	18,678.	18,678.
CME GROUP INC	18,954.	18,954.
FORTESCUE LTD	19,326.	19,326.
ATRICURE INC	19,415.	19,415.
CUSHMAN AND WAKEFIELD	19,472.	19,472.
TOSOH CORPORATION 4042	19,699.	19,699.
TESCO PLC REG SHS	19,812.	19,812.
CK HUTCHISON HOLDINGS LT	19,814.	19,814.
DELL TECHNOLOGIES INC	19,967.	19,967.
INSTRUCTURE HOLDINGS INC	19,987.	19,987.
SBI HOLDINGS INC	20,115.	20,115.
JAPAN POST HOLDINGS	20,146.	20,146.

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VONOVIA SE	20,246.	20,246.
BRINKER INTL INC	20,251.	20,251.
SINGAPORE EXCHANGE LTD	20,500.	20,500.
VALLEY NATL BANCORP N J	20,677.	20,677.
ESCO TECHNOLOGIES INC	20,714.	20,714.
SOUTHWESTERN ENERGY CO	21,189.	21,189.
SUN CTRY AIRLINES	21,440.	21,440.
OTIS WORLDWIDE CORP	21,562.	21,562.
CITY HOLDING CO CHARLSTN	21,831.	21,831.
VERALTO CORP	21,881.	21,881.
LXP INDUSTRIAL TRUST	21,903.	21,903.
FIRST FINANCIAL BANCORP	21,993.	21,993.
BOX INC	22,204.	22,204.
AZENTA INC	22,408.	22,408.
SHANGHAI FOSUN PHARMACEU	22,427.	22,427.
CANON INC 7751	22,545.	22,545.
UNITED COMMUNITY BANKS	22,647.	22,647.
LIGAND PHARMACEUTICALS	22,712.	22,712.
TOKYO ELECTRON 8035	22,751.	22,751.
NIPPON EXPRESS HOLDINGS	22,909.	22,909.
CAIXABANK	23,000.	23,000.
MALIBU BOATS INC SHS	23,024.	23,024.
WNS HOLDINGS LTD SPN ADR	23,321.	23,321.
AMGEN INC COM	23,330.	23,330.
COLUMBUS MCKINNON CP N.Y	23,685.	23,685.
PHYSICIANS RLTY TR	23,732.	23,732.
PACIFIC PREMIER BANCORP	24,161.	24,161.
ZURN ELKAY WATER	24,295.	24,295.
FOUR CORNERS PROPERTY TR	24,364.	24,364.
WORKIVA INC CL A	24,367.	24,367.
SKF AB B SHS	24,369.	24,369.
FIRST INTST BANCSYSTEM	24,385.	24,385.
EVERSOURCE ENERGY COM	24,626.	24,626.
DIAMONDROCK HOSPITALITY	24,639.	24,639.
PJT PARTNERS INC SHS	24,754.	24,754.
CNO FINL GROUP INC	25,166.	25,166.
KB HOME	25,171.	25,171.
FASTENAL COMPANY	25,390.	25,390.
WSFS FINANCIAL CORP	25,445.	25,445.
NMI HOLDINGS INC SHS	25,495.	25,495.
SUPERNUS PHARMACEUTICALS INC	25,496.	25,496.
SOCIETE GENERALE A SH	25,663.	25,663.
CHART INDS INC	25,766.	25,766.
SPROUT SOCIAL INC REG	25,928.	25,928.
WORTHINGTON INDSTRS OHIO	26,415.	26,415.
SOUTHSTATE CORP	26,517.	26,517.
DCC ORD EUR 0.25	26,517.	26,517.
SPIRE INC	26,557.	26,557.
NORTHWESTERN ENE GR INC	26,615.	26,615.
HSBC HOLDINGS PLC	26,710.	26,710.
OMV AG	27,238.	27,238.
KDDI CORPORATION 9433	27,556.	27,556.
RAPID7 ORD	27,579.	27,579.
ORANGE	27,716.	27,716.
CARRIER GLOBAL CORP REG	27,748.	27,748.
CONMED CORP	27,816.	27,816.
LANTHEUS HLDGS INC	28,024.	28,024.
NINTENDO CO LTD	28,135.	28,135.

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BOUYGUES	28,268.	28,268.
MACOM TECHNOLOGY	28,350.	28,350.
BLACK HILLS CORP	28,432.	28,432.
HALOZYME THERAPEUTICS INC	28,459.	28,459.
HUB GROUP INC	28,501.	28,501.
ABM INDUSTRIES INC	28,691.	28,691.
MAGNOLIA OIL & GAS CORP	28,742.	28,742.
KOMATSU LTD JAP 6301 FN	28,905.	28,905.
CHINA LIFE INS CO LTD	28,923.	28,923.
QUAKER HOUGHTON	29,025.	29,025.
OLD NATL BANCORP IND	29,541.	29,541.
TOTALENERGIES SE	29,600.	29,600.
SM ENERGY CO SHS	29,621.	29,621.
INDEPENDENCE RLTY TR INC	30,202.	30,202.
NESTLE SA CHAM UND VEVE	30,470.	30,470.
KINDER MORGAN INC. DEL	30,500.	30,500.
BRP GROUP INC	30,529.	30,529.
TRANSMEDICS GROUP INC	30,546.	30,546.
YELP INC CL A	30,771.	30,771.
BNP PARIBAS	30,906.	30,906.
KERING	31,293.	31,293.
ECOPETROL SA SPON ADR	31,433.	31,433.
LAND SECURITIES GROUP	31,886.	31,886.
SANOFI	31,927.	31,927.
SHORT-TERM INVEST-GR ADM	31,998.	31,998.
ANGLO AMERICAN PLC, LOND	32,105.	32,105.
COCA-COLA HBC AG NAMEN-A	32,205.	32,205.
ESSENT GROUP LTD	32,488.	32,488.
ASTELLAS PHARMA INC	32,505.	32,505.
KITE REALTY GROUP TR SHS	32,896.	32,896.
RTX CORP	32,899.	32,899.
KUEHNE & NAGEL INTL AG,	33,054.	33,054.
EXXON MOBIL CORP	33,193.	33,193.
WERNER ENTERPRISES INC	33,260.	33,260.
YAMAHA MOTOR 7272	33,314.	33,314.
CASELLA WASTE SYS INC A	33,329.	33,329.
SECOM CO LTD 9735	33,495.	33,495.
INTRA-CELLULAR THERAPIES INC	33,518.	33,518.
OVERSEAS-CHINESE BANK	33,656.	33,656.
INSMED INC	33,748.	33,748.
EXLSERVICE HLDGS INC	33,750.	33,750.
MYR GROUP INC DEL	34,133.	34,133.
AMICUS THERAPEUTICS INC	34,226.	34,226.
SELECTIVE INS GRP INC	34,520.	34,520.
MERIT MEDICAL SYS INC	34,562.	34,562.
ABBOTT LABS	34,562.	34,562.
KINGFISHER ORD	34,804.	34,804.
EVOLUTION AB	35,072.	35,072.
SILICON LABS INC	35,581.	35,581.
SPS COMM INC	35,860.	35,860.
BURBERRY GROUP PLC	36,355.	36,355.
Q2 HOLDINGS INC SHS	36,464.	36,464.
TAYLOR MORRISON HOME	36,651.	36,651.
HENKEL AG AND CO KGAA	37,048.	37,048.
WELLS FARGO & CO NEW	37,064.	37,064.
UNILEVER PLC	37,785.	37,785.
MOWI ASA	37,849.	37,849.
PETRLEO BRAS VTG SPD ADR	37,897.	37,897.

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HARGREAVES LANSDOWN PLC,	38,018.	38,018.
J & J SNACK FOODS CRP	38,108.	38,108.
KADANT INC	38,683.	38,683.
NXP SEMICONDUCTORS N.V.	39,275.	39,275.
KAJIMA CORP 1812 FN	39,431.	39,431.
IBERDROLA SA, BILBAO	39,717.	39,717.
VARONIS SYSTEMS INC SHS	39,892.	39,892.
SUNCORP GROUP LTD	40,202.	40,202.
ERICSSON LM	40,253.	40,253.
ISUZU MOTORS LTD 7202 FN	40,280.	40,280.
ASGN INC	41,449.	41,449.
TRAVELSKY TECHNOLOGY LTD	41,555.	41,555.
RTX CORP	41,565.	41,565.
COMMONWEALTH BANK OF AU	41,805.	41,805.
WEC ENERGY GROUP INC SHS	41,832.	41,832.
CORNING INC	42,386.	42,386.
BHP GROUP LTD	43,272.	43,272.
SAP SE	43,333.	43,333.
PRESTIGE CONSUMER	43,956.	43,956.
SOCIEDAD Q&M CHLE SPDADR	43,961.	43,961.
APOLLO GLOBAL MGMT INC	44,379.	44,379.
CARLSBERG AS-B	44,546.	44,546.
RANDSTAD NV	44,674.	44,674.
TOTAL BOND MKT INDEX ADM	44,723.	44,723.
HAMILTON LANE INC REG SH	45,036.	45,036.
EUROFINS SCIENTIFIC SE A	45,085.	45,085.
NOVARTIS AG REG CHF0.5	45,377.	45,377.
QUALCOMM INC	45,414.	45,414.
BLUEPRINT MEDICINES CORP	46,304.	46,304.
ACS ACTIVIDADES DE	46,670.	46,670.
SEKISUI HOUSE LTD 1928	46,676.	46,676.
PATTERSON UTI ENERGY INC	47,336.	47,336.
BYD COMPANY LTD	47,665.	47,665.
SUMMIT MATLS INC	48,844.	48,844.
STEVEN MADDEN LTD SHS	49,350.	49,350.
MINERALS TECHNOLOGIES	50,060.	50,060.
BANCO BRADESCO S A ADR	50,915.	50,915.
BAIDU INC SPON ADR	51,090.	51,090.
PAYCHEX INC	52,885.	52,885.
BOISE CASCADE CO DEL	53,037.	53,037.
JULIUS BAER GRUPPE AG NA	53,164.	53,164.
BANCOLOMBIA S.A SPDS ADR	53,509.	53,509.
MAGNA INTL INC	53,526.	53,526.
ROCHE HOLDINGS GENUSH FN	54,614.	54,614.
APPLIED INDUSTRL TECH	54,915.	54,915.
MTU AERO ENGINES AG	55,274.	55,274.
SUMITOMO MITSUI FIN 8316	56,268.	56,268.
MITSUI & CO LTD 8031	56,520.	56,520.
GSK PLC ORD GBP0	57,329.	57,329.
ENTAIN PLC	58,706.	58,706.
FEDERAL SIGNAL CORP	59,397.	59,397.
MURATA MFG CO 6981	60,059.	60,059.
STATE STREET CORP	60,186.	60,186.
NOVO NORDISK A/S BR AND	60,310.	60,310.
RIO TINTO PLC	60,473.	60,473.
AMBEV SA SHS ADR	60,801.	60,801.
LEGAL & GENERAL GROUP FN	61,717.	61,717.
INTERTEK GROUP PLC	62,031.	62,031.

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ILLINOIS TOOL WORKS INC	62,080.	62,080.
PERMIAN RES CORP	62,111.	62,111.
CARNIVAL CORP PAIRED SHS	62,424.	62,424.
HEINEKEN NV	62,460.	62,460.
UNITED PARCEL SVC CL B	62,578.	62,578.
HALMA PLC 10P	62,717.	62,717.
NOVARTIS ADR	63,308.	63,308.
EQUINOR ASA	63,347.	63,347.
DAIMLER TRUCK HLDG AG	64,093.	64,093.
AMERICAN TOWER REIT INC	64,548.	64,548.
CISCO SYSTEMS INC COM	64,565.	64,565.
EVEREST GROUP LTD	65,412.	65,412.
SAINT GOBAIN	65,978.	65,978.
HDFC BANK LTD	67,110.	67,110.
ASML HOLDING N.V. ORD SH	68,527.	68,527.
RIO TINTO PLC SPNSRD ADR	69,695.	69,695.
DIAGEO	69,831.	69,831.
DBS GROUP HOLDINGS LTD	70,411.	70,411.
KEURIG DR PEPPER INC	71,271.	71,271.
CONTINENTAL AG NPV	71,534.	71,534.
MERCK KGAA	71,575.	71,575.
AXA	71,928.	71,928.
WELLS FARGO & CO	72,304.	72,304.
PHILLIPS 66 SHS	72,961.	72,961.
BARCLAYS ORD	73,429.	73,429.
DENSO CORP 6902	73,686.	73,686.
CHECK POINT SOFTWRE TECH	75,937.	75,937.
AUTOMATIC DATA PROC	75,948.	75,948.
MICROSOFT CORP	75,960.	75,960.
ASML HOLDING N.V. ORD SH	76,057.	76,057.
NORSK HYDRO ASA (NO)	76,187.	76,187.
ICICI BANK LTD SPD ADR	76,336.	76,336.
CAPGEMINI SA	76,729.	76,729.
ENEL SPA	77,197.	77,197.
DNB BANK ASA REG SHS	77,695.	77,695.
3I GROUP	77,835.	77,835.
CANADIAN NATL RAILWAY CO	78,770.	78,770.
RELX PLC	79,094.	79,094.
ERSTE GROUP BANK AG	79,281.	79,281.
WILLIAMS COMPANIES DEL	80,875.	80,875.
TRAVELERS COS INC	82,101.	82,101.
REALTY INCM CRP MD	82,685.	82,685.
STELLANTIS NV	83,828.	83,828.
LOCKHEED MARTIN CORP	84,756.	84,756.
HITACHI CORP 6501	84,834.	84,834.
PROLOGIS INC	85,312.	85,312.
BAE SYSTEMS PLC	85,562.	85,562.
LYONDELLBASELL INDUSTRIE	85,572.	85,572.
ROCHE HOLDINGS GENUSG FN	85,698.	85,698.
PRYSMIAN S.P.A., MILANO	86,454.	86,454.
EQUINOR ASA	86,599.	86,599.
RELX PLC REG SHS	86,615.	86,615.
RESTAURANT BRANDS INTL	88,209.	88,209.
NIPPON SANSO HOLDING COR	88,949.	88,949.
SHELL PLC	89,407.	89,407.
TEXAS INSTRUMENTS	90,344.	90,344.
LEONARDO SPA	90,953.	90,953.
NORDEA BANK ABP REG SHS	91,047.	91,047.

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

NEXTERA ENERGY INC SHS	92,143.	92,143.
UNITED RENTALS INC	92,321.	92,321.
AMADEUS IT GROUP SA	93,744.	93,744.
SEMPRA	95,206.	95,206.
STARBUCKS CORP	97,258.	97,258.
HOME DEPOT INC	99,460.	99,460.
ASE TECHNOLOGY	100,922.	100,922.
US BANCORP	102,011.	102,011.
MARSH & MCLENNAN COS INC	102,503.	102,503.
TAIWAN S MANUFCTRING ADR	103,480.	103,480.
TAIWAN S MANUFCTRING ADR	105,040.	105,040.
PNC FINCL SERVICES GROUP	105,608.	105,608.
POLARIS INC	107,374.	107,374.
SAFRAN SA	107,802.	107,802.
GNMA FUND ADMIRAL SHARES	109,766.	109,766.
SYSCO CORPORATION	111,596.	111,596.
GRUPO FINCIERO BANORTE O	113,127.	113,127.
ICON PLC	113,511.	113,511.
EATON CORP PLC	115,594.	115,594.
AIR PRODUCTS&CHEM	118,282.	118,282.
ORACLE CORP	119,874.	119,874.
CHEVRON CORP	121,864.	121,864.
MCDONALDS CORP	123,645.	123,645.
VISA INC CL A SHRS	123,666.	123,666.
PROCTER & GAMBLE CO	128,516.	128,516.
PEPSICO INC	134,683.	134,683.
EBAY INC	134,699.	134,699.
GENL DYNAMICS CORP COM	137,885.	137,885.
THERMO FISHER SCIENTIFIC INC	138,536.	138,536.
MONDELEZ INTERNATIONAL	150,799.	150,799.
MERCK AND CO INC SHS	152,192.	152,192.
ABBVIE INC SHS	153,110.	153,110.
WARNER BROS DISCOVERY INC	156,543.	156,543.
ELI LILLY & CO	160,886.	160,886.
DISNEY (WALT) CO COM STK	161,980.	161,980.
AIRBUS SE	163,035.	163,035.
BROADCOM INC	166,321.	166,321.
DANAHER CORP DEL COM	178,826.	178,826.
AIRBNB INC	181,066.	181,066.
TEXAS INSTRUMENTS	191,597.	191,597.
LOCKHEED MARTIN CORP	197,613.	197,613.
WORKDAY INC	197,658.	197,658.
MODERNA INC	201,585.	201,585.
UNION PACIFIC CORP	204,847.	204,847.
BROADCOM INC	215,436.	215,436.
ELEVANCE HEALTH INC	220,690.	220,690.
GILEAD SCIENCES INC COM	226,909.	226,909.
SALESFORCE INC	232,616.	232,616.
TOT INTL STOCK IX ADMIRAL	233,175.	233,175.
ANALOG DEVICES INC COM	238,868.	238,868.
NASDAQ OMX GRP INC	239,304.	239,304.
INTUIT INC	243,762.	243,762.
GOLDMAN SACHS GROUP INC	260,781.	260,781.
KLA CORP	266,235.	266,235.
LIBERTY MEDIA CORP	278,277.	278,277.
BRAZE INC	297,369.	297,369.
WALMART INC	356,447.	356,447.
CHENIERE ENERGY	392,292.	392,292.

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MORGAN STANLEY	413,657.	413,657.
CROWN CASTLE INC	419,292.	419,292.
ANHEUSER-BUSCH INBEV ADR	430,046.	430,046.
KKR & CO INC	469,180.	469,180.
MICROSOFT CORP	490,356.	490,356.
LENNAR CORP	514,933.	514,933.
DOUBLEVERIFY HOLDINGS INC	590,209.	590,209.
ALPHABET INC SHS	648,860.	648,860.
TOTAL STOCK MKT IDX ADM	702,313.	702,313.
APPLE INC	807,278.	807,278.
AMAZON COM INC COM	894,015.	894,015.
SP500 STARS ISS TD	1,086,820.	1,086,820.
WESTERN ASSET SMASH SERIES C FUND	1,091,398.	1,091,398.
INVESCO KBW BANK ETF	1,391,683.	1,391,683.
WESTERN ASSET SMASH SERIES M FUND	1,424,600.	1,424,600.
RTY PHARMA	1,848,883.	1,848,883.
SP500 STARS ISSUER BNS	2,533,460.	2,533,460.
WESTERN ASSET SMSH SERES CR PL CM FD CL SINGLE	3,073,203.	3,073,203.
SPDR S&P 500 ETF TRUST	15,095,846.	15,095,846.
TOTAL TO FORM 990-PF, PART II, LINE 10B		
	55,579,690.	55,579,690.

FORM 990-PFCORPORATE BONDSSTATEMENT 9

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
CREE INC	10,238.	10,238.
CONMED CORP	10,993.	10,993.
CB WAYFAIR INC	12,313.	12,313.
GUARDANT HEALTH INC	13,300.	13,300.
SHAKE SHACK INC	16,216.	16,216.
CARNIVAL CORP	16,410.	16,410.
ALTERYX INC	17,483.	17,483.
BIOMARIN PHARMACEUTICAL	17,740.	17,740.
LYFT INC	17,984.	17,984.
PINDUODUO INC	18,563.	18,563.
EQT CORP	18,581.	18,581.
TRANSOCEAN INC	18,619.	18,619.
FORD MOTOR COMPANY	18,905.	18,905.
NEUROCRINE BIOSCIENCES	18,963.	18,963.
GUIDEWIRE SOFTWARE INC	19,737.	19,737.
LIVE NATION ENTERTAINMEN	19,986.	19,986.
BRIDGEBIO PHARMA INC	21,699.	21,699.
CONFLUENT INC	22,513.	22,513.
ON SEMICONDUCTOR CORP	24,525.	24,525.
CHEGG INC	24,854.	24,854.
NATERA INC	25,650.	25,650.
FIVE9 INC	25,799.	25,799.
EXACT SCIENCES CORP	26,180.	26,180.
EURONET SERVICES INC	26,180.	26,180.
ZSCALER INC.	27,279.	27,279.
CYTOKINETICS INC	28,080.	28,080.
MAKEMYTRIP LIMITED	28,622.	28,622.
BOOKING HOLDINGS INC	30,141.	30,141.

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

ENPHASE ENERGY INC	32,018.	32,018.
SQUARE INC	32,353.	32,353.
EXPEDIA GROUP INC	34,984.	34,984.
DRAFTKINGS INC	36,869.	36,869.
LUMENTUM HLDGS INC	37,140.	37,140.
HUBSPOT INC	37,314.	37,314.
DATADOG INC	37,692.	37,692.
CYBERARK SOFTWARE LTD	38,232.	38,232.
MICROCHIP TECHNOLOGY INC	39,330.	39,330.
CLOUDFLARE INC	41,308.	41,308.
AIRBNB INC	41,313.	41,313.
INSMED INC	43,396.	43,396.
DEXCOM INC	48,024.	48,024.
ZILLOW GROUP INC	48,347.	48,347.
MONGODB INC	49,375.	49,375.
BENTLEY SYS INC	55,334.	55,334.
CB ROYAL CARIBBEAN	55,902.	55,902.
AKAMAI TECHNOLOGIES INC	57,150.	57,150.
ALTERYX INC	71,826.	71,826.
UBER TECHNOLOGIES	75,248.	75,248.
WESTERN DIGITAL CORP	81,671.	81,671.
OKTA INC	83,766.	83,766.
SHOPIFY INC	87,699.	87,699.
PALO ALTO NETWORKS	94,816.	94,816.
MORGAN STANLEY	115,620.	115,620.
AT&T INC	166,427.	166,427.
COMCAST CORP	170,737.	170,737.
CVS HEALTH CORP	171,251.	171,251.
ENTERPRISE PRODUCTS OPER	171,728.	171,728.
AMAZON.COM INC	172,160.	172,160.
CITIGROUP INC	173,251.	173,251.
VERIZON COMMUNICATIONS	173,538.	173,538.
WELLS FARGO & COMPANY	174,505.	174,505.
SHELL INTERNATIONAL FIN	178,076.	178,076.
JPMORGAN CHASE & CO	223,513.	223,513.
GOLDMAN SACHS GROUP INC	280,302.	280,302.
<hr/>		<hr/>
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,009,768.	4,009,768.
<hr/>		<hr/>

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ARES CORP OPP FUND III LP	FMV	3,843.	3,843.
MONITOR VENTURE PARTNERS	FMV	5,880.	5,880.
MREP	FMV	18,762.	18,762.
RESERVOIR STRATEGIC PARTNERS FUND	FMV	20,680.	20,680.
OMAZE	FMV	108,000.	108,000.
BENDING SPOONS (ITALY)	FMV	122,865.	122,865.
BLACKLIGHT POWER INC.	FMV	198,720.	198,720.
PALA-LING SOCIAL PURPOSE CORPORATION (WE CONNECT)	FMV	349,744.	349,744.
GENWORTH ANNUITY CONTRACT NO. R06430619	FMV	373,553.	373,553.
KKR GLOBAL SPECIAL	FMV	382,438.	382,438.
GENWORTH ANNUITY CONTRACT NO. R06415029	FMV	385,576.	385,576.
BLUEPRINT SPORTS & ENTERTAINMENT	FMV	500,000.	500,000.
BLACKSTONE ALTERNATIVES	FMV	516,867.	516,867.
THE ABLE CHANNEL	FMV	520,000.	520,000.
GENWORTH ANNUITY CONTRACT NO. R06401808	FMV	545,933.	545,933.
BLUMBERG CAPITAL II	FMV	557,092.	557,092.
CARLYLE US EQUITY	FMV	701,539.	701,539.
LS REAL ESTATE	FMV	823,516.	823,516.
NEOMA GROWTH MARKETS	FMV	1,168,575.	1,168,575.
THE CHILDREN'S	FMV	1,603,000.	1,603,000.
BLACKSTONE ALTERNATIVES	FMV	1,656,613.	1,656,613.
ARES / IVY HILL FUND	FMV	2,489,963.	2,489,963.
BLUE OWL CREDIT INCOME	FMV	3,130,886.	3,130,886.
CITADEL KENSINGTON	FMV	3,860,609.	3,860,609.
BLACKSTONE REAL ESTATE	FMV	4,751,212.	4,751,212.
TOTAL TO FORM 990-PF, PART II, LINE 13		24,795,866.	24,795,866.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
AMOUNT DUE BENEFICIARIES	40,529.	29,029.
DUE TO RELATED PARTY	42,689.	22,851.
TAXES PAYABLE	73,000.	73,000.
DEFERRED TAX LIABILITY	154,000.	154,000.
LEASE LIABILITY	254,173.	139,658.
TOTAL TO FORM 990-PF, PART II, LINE 22	564,391.	418,538.

ANDRE AGASSI FOUNDATION FOR EDUCATION34-1759295

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JULIE PIPPENGER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	COO 40.00	185,840.	14,160.	0.
SHAWN CABLE 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CFO 30.00	165,000.	0.	0.
STEPHANIE HIGHTOWER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	TRUSTEE 1.00	0.	0.	0.
ANDRE AGASSI 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CHAIRMAN & FOUNDER 1.00	0.	0.	0.
STEVE MILLER 1120 N. TOWN CENTER DRIVE LAS VEGAS, NV 89144	CEO 20.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		350,840.	14,160.	0.

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: <input checked="" type="checkbox"/> calendar year 20 23 or <input type="checkbox"/> tax year beginning _____, 20 _____, and ending _____, 20 _____		
2	If the tax year entered in line 1 is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period		
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 60,000.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

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

Form **8868** (Rev. 1-2024)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529A		ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759295
		Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144	F Check box if an amended return.
C Book value of all assets at end of year		114,467,176.	

G Check organization type <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
6417(d)(1)(A) Applicable entity
H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
J Enter the number of attached Schedules A (Form 990-T) 1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of SHAWN CABLE Telephone number (702) 227-5700

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	0.
3a Amount due from Form 4255	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	60,000.	
b	Current year's estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	60,000.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	60,000.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 60,000. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
523000		\$ 7.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer Shawn Calle	Date 10/31/2024	Title CHIEF FINANCIAL OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TINA HENTON	TINA HENTON	10/31/24		P00630282
	Firm's name	Firm's EIN		41-0746749	
Firm's address			Phone no.		
CLIFTONLARSONALLEN LLP 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801			407-802-1200		

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ANDRE AGASSI FOUNDATION FOR EDUCATION	B Employer identification number 34-1759295
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

B ☐

C ☐D ☐D ☐

A	B	C	D

2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

3	Direct advertising costs by periodical				
----------	--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
---	--	--	--	--	--

5	Readership costs				
---	------------------	--	--	--	--

6	Circulation income				
---	--------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
---	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 0.

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

[illegible]

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	7.	0.	7.	7.
NOL CARRYOVER AVAILABLE THIS YEAR			7.	7.

TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

Return Must be Mailed On or Before:

November 15, 2024

Special Instructions:

Georgia Form 600-T (Rev. 06/12/23)
Exempt Organization
Unrelated Business Income Tax Return



Mailing Address:
Georgia Department of Revenue
Processing Center
PO Box 740397
Atlanta, Georgia 30374-0397

Page 1

☐ Amended ☐ Amended due to IRS Audit ☐ Address Change ☐ UET Annualization Exception attached

For the taxable year beginning				01/01/2023		and ending		12/31/2023	
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
ANDRE AGASSI FOUNDATION F								34-1759295	
Number and Street				Number and Street					
1120 N. TOWN CENTER DRIVE									
City or Town				City or Town				NAICS Code	
LAS VEGAS								Date of current exemption letter.	
State				ZIP Code		State		IRS code section for which you are exempt.	
NV		89144						501C3	
Georgia Unrelated Business Taxable Income								SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy)								0	
2. Additions									
3. Total (add Line 1 and Line 2)									
4. Subtractions									
5. Adjusted unrelated business taxable income (Line 3 less Line 4)									
6. Income allocated everywhere									
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)									
8. Apportionment ratio (Attach Computation Schedule)								1.000000	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)								0	
10. Income allocated to Georgia (Attach Schedule)									
11. Total of Lines 9 and 10								0	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)									
13. Georgia unrelated business taxable income (Line 11 less Line 12)									



Name ANDRE AGASSI FOUNDATION F FEIN 34-1759295

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	0
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest and penalties due with return	10.	
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____		
Estimated Tax ► Refunded ►		

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

SHAWN CABLE
Signature of Officer

TINA HENTON
Signature of Individual or Firm Preparing Return

CFO
Title

10/31/24
Date

P00630282
Employee ID or Social Security Number

Georgia Form 600-T**Page 3**

2201615035

Name **ANDRE AGASSI FOUNDATION F**FEIN **34-1759295****CREDIT USAGE AND CARRYOVER****(ROUND TO NEAREST DOLLAR)****SCHEDULE 3**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply.
Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #		Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year (enter here and on Line 2, Schedule 2)		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	60,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529A		ANDRE AGASSI FOUNDATION FOR EDUCATION	E Group exemption number (see instructions)
		Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144	
		C Book value of all assets at end of year	F Check box if an amended return.
		114,467,176.	

G Check organization type <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
6417(d)(1)(A) Applicable entity
H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
J Enter the number of attached Schedules A (Form 990-T) 1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of SHAWN CABLE Telephone number (702) 227-5700

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	0.
3a Amount due from Form 4255	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	60,000.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	60,000.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	60,000.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 60,000. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
523000		\$ 7.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TINA HENTON	TINA HENTON	10/31/24		P00630282
	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
	420 SOUTH ORANGE AVENUE, SUITE 900			41-0746749	
	Firm's address	ORLANDO, FL 32801	Phone no. 407-802-1200		

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ANDRE AGASSI FOUNDATION FOR EDUCATION	B Employer identification number 34-1759295
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

B ☐

C ☐D ☐D ☐

A	B	C	D

2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a

3	Direct advertising costs by periodical				
----------	--	--	--	--	--

a

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 0.

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

[illegible]

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	7.	0.	7.	7.
NOL CARRYOVER AVAILABLE THIS YEAR			7.	7.

TAX RETURN FILING INSTRUCTIONS
MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING
December 31, 2023

Prepared For:

Andre Agassi Foundation for Education
1120 N. Town Center Drive 160
Las Vegas, NV 89144

Prepared By:

CliftonLarsonAllen LLP
420 South Orange Avenue, Suite 900
Orlando, FL 32801

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	4,000
Plus: other amount		0
Plus: interest and penalties	\$	0
Overpayment	\$	4,000

Overpayment:

Credited to your estimated tax	\$	4,000
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

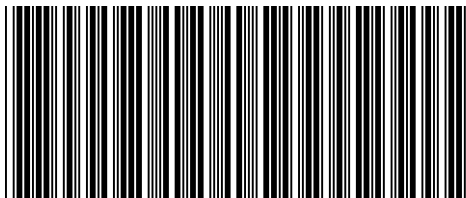
Mail Tax Return and Check (if applicable) To:

Mass. Department of Revenue
P.O. Box 7067
Boston, MA 02204

Return Must be Mailed On or Before:

December 16, 2024

Special Instructions:



2023 Form M-990T

MA23636011019

Unrelated Business Income Tax Return

Year beginning 01012023 Ending 12312023

ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295 702 227 5700
1120 N. TOWN CENTER DRIV LAS VEGAS NV 89144
SHAWN CABLE

Number of employees in Massachusetts		Number of employees worldwide		4	
Check if:	Initial return	Final return	Name change	Address change	Amended return
	Amended return due to federal change		Amended return due to federal audit		Amended return due to IRS BBA Partnership Audit
	Enclosing Schedule DRE		Enclosing Schedule FCI		Enclosing Schedule TDS
	S election termination or revocation		Member of lower-tier entity		
Check if (one only):	<input checked="" type="checkbox"/> 501(c)(3)	501			
Check if:	the corporation was a subsidiary in an affiliated group or a parent-subsidary controlled group during the taxable year				

1.	Unrelated business taxable income	1	
2.	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3.	Section 168(k) "bonus" depreciation adjustment	3	
4.	Section 31I and 31K intangible expense add back adjustment	4	
5.	Section 31J and 31K interest expense add back adjustment	5	
6.	Federal NOL add back adjustment	6	
7.	State and municipal bond interest not included in U.S. net income	7	
8.	Other adjustments	8	
9.	Other deductions	9	
10.	Income subject to apportionment	10	
11.	Income apportionment percentage	11	0.000000
12.	Multiply line 10 by line 11	12	

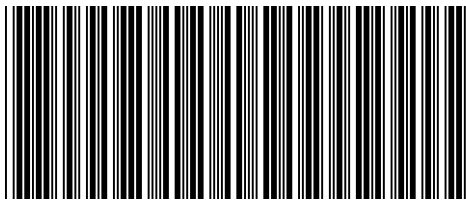
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate officer	Date	Phone
		4078021200
Paid preparer's signature	Date	Paid preparer's EIN
TINA HENTON	10312024	41 0746749

Check if DOR may discuss this return with the paid preparer (see instructions)

Taxpayer's e-mail address
SCABLE@AGASSI.NET

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2023 Form M-990T

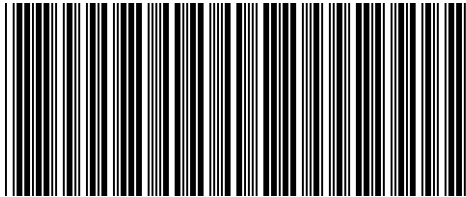
MA23636021019

Unrelated Business Income Tax Return

34 1759295

13.	Income not subject to apportionment	13	
14.	Add lines 12 and 13	14	
15.	Certified Massachusetts solar or wind power deduction	15	
16.	Taxable income before net operating loss deduction	16	
17.	Loss carryover deduction	17	
18.	Taxable income. Subtract line 17 from line 16	18	
19.	Multiply line 18 by .08	19	
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales	20	
21.	Excise due before credits. Add lines 19 and 20	21	
22.	Total credits. Enclose Schedule CMS	22	
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	0
24.	Voluntary contribution for endangered wildlife conservation	24	
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	0
26.	2022 overpayment applied to 2023 estimated tax	26	4 000
27.	2023 Massachusetts estimated tax payments (do not include amount in line 26)	27	
28.	Payment made with extension	28	
29.	Payment with original return. Use only if amending a return	29	
30.	Pass-through entity withholding. Payer ID number	30	
31.	Total refundable credits. Enclose Schedule CMS	31	
32.	Total payments. Add lines 26 through 31	32	4 000
33.	Amount overpaid. Subtract line 25 from line 32	33	4 000
34.	Amount overpaid to be credited to 2024 estimated tax	34	4 000
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	
36.	Balance due. Subtract line 32 from line 25	36	
37a.	M-2220 penalty	37a	
37b.	Other penalties	37b	
37.	Total penalty. Add lines 37a and 37b	37	
38.	Interest on unpaid balance	38	
39.	Total payment due at time of filing	39	

ANDRE AGASSI FOUNDATION FOR EDUCATION IS A 501(C)(3) PRIVATE FOUNDATION LOCATED IN LAS VEGAS, NEVADA. THE FOUNDATION IS A NON-UNITARY LIMITED PARTNER IN VARIOUS PARTNERSHIPS. THE PARTNERSHIP ACTIVITY HAS BEEN APPORTIONED BY THE RESPECTIVE THROUGH ENTITIES. THE FOUNDATION IS A PASSIVE INVESTOR AND THE ACTIVITY APPORTIONED TO THE STATE BY EACH INVESTMENT PARTNERSHIP IS BEING DIRECTLY ALLOCATED BY THE FOUNDATION TO YOUR STATE AS NON-BUSINESS INCOME. THE FOLLOWING ARE THE PARTNERSHIPS THAT AAFE INVESTED IN, AS WELL AS THE UNRELATED TRADE OR BUSINESS INCOME ALLOCATED TO YOUR STATE BY THAT PARTNERSHIP IN THE STATEMENTS ATTACHED TO ITS RESPECTIVE K-1. THERE WAS NO NON-UNITARY PARTNERSHIP INCOME IN TAX YEAR 2023.



2023 Schedule E (Form M-990T)
MA23636031019

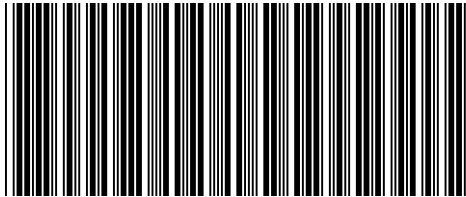
ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295

Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a.	Gross receipts or sales	1a
1b.	Less returns and allowances	1b
1c.	Balance. Subtract line 1b from line 1a	1c
2.	Cost of goods sold	2
3.	Gross profit. Subtract line 2 from line 1c	3
4a.	Capital gain net income (attach Schedule D. From U.S. Form 1120).	4a
4b.	Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797).	4b
4c.	Unused capital loss carryover	4c
4d.	Balance. Subtract line 4c from the total of lines 4a and 4b	4d
5.	Income or loss from a partnership or an S corporation (attach statement)	5
6.	Rent income	6
7.	Unrelated debt-financed income	7
8.	Interest, annuities, royalties and rents from a controlled organization	8
9.	Investment income of § 501(c)(7), (9) or (17) organizations	9
10.	Exploited exempt activity income	10
11.	Advertising income	11
12.	Other income (attach statement)	12
13.	Total income. Combine lines 3 through 12	13

Part II Deductions not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1.	Compensation of officers, directors, and trustees	1
2.	Salaries and wages	2
3.	Repairs and maintenance	3
4.	Bad debts	4
5.	Interest	5
6.	Taxes and licenses	6
7.	Depreciation	7
8.	Less depreciation	8
9.	Depletion	9
10.	Contributions to deferred compensations	10
11.	Employee benefit programs	11
12.	Excess exempt expenses	12
13.	Excess readership costs	13
14.	Other deductions	14
15.	Total deductions. Combine lines 1 through 14	15



2023 Schedule E, pg. 2
(Form M-990T)
MA23636041019

34 1759295

Unrelated Business Taxable Income Before Adjustments

16.	Unrelated business taxable income before adjustments. Subtract Part II, line 15 from Part I, line 13	16
17.	Deduction for net operating loss	17
18.	Unrelated business taxable income	18

Part III Other Adjustments

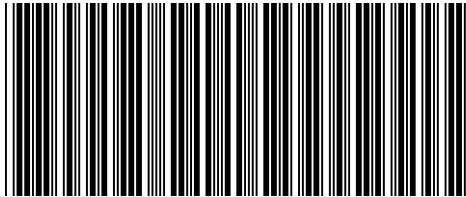
1.	Research and development	1
2.	Adjustments other than in lines 1 and 2	
	Item	Amount
2.	Total line 2 adjustments	2
3.	Total Part III adjustments. Combine total of lines 2 through 3. Enter this amount on Form M-990T, line 8	3

Part IV Other Deductions (Form M-990T, Line 9)

1.	Abandoned building and renovation deduction	1
2.	Deductions other than in line 1	
	Item	Amount
2.	Total line 2 deductions	2
3.	Total Part IV adjustments. Combine total of lines 1 and 2. Enter this amount on Form M-990T, line 9	3

Part V Adjustments (Income not subject to apportionment from Form M-990T, Line 13)

1.	List item(s) and amount(s) of income not subject to apportionment	
	Item	Amount
1.	Total Part V adjustments. Enter this amount on Form M-990T, line 13	1



2023 Schedule F
MA23066011019
Income Apportionment

ANDRE AGASSI FOUNDATION FOR EDUC 34 1759295

- Fill in:
- Section 38 manufacturer
 - Mutual fund service corporation reporting sales of mutual funds only
 - Mutual fund service corporation reporting sales of non-mutual funds
 - ☒ Other
 - Change in method of calculating one or more factors from prior year

LOCATION	STATE	FACILITY TYPE	ACCEPTS ORDERS	REG. IN STATE	FILES IN STATE
----------	-------	---------------	-------------------	------------------	-------------------

Apportionment Factors

1. Tangible property					
a. Property owned	Massachusetts			Worldwide	
b. Property rented	Massachusetts			Worldwide	
c. Total property owned and rented	Massachusetts			Worldwide	
d. Tangible property apportionment percentage				1d	
2. Payroll					
a. Total payroll	Massachusetts			Worldwide	
b. Payroll apportionment percentage				2b	
3. Sales					
a. Tangible (destination)	Massachusetts				
b. Tangible (throw back)	Massachusetts			Worldwide	
c. Services	Massachusetts			Worldwide	
d. Rents and royalties	Massachusetts			Worldwide	
e. Other sales factors	Massachusetts			Worldwide	
f. Total sales factors	Massachusetts			Worldwide	
g. Sales apportionment percentage				3g	
4. Apportionment percentage				4	
5. Massachusetts apportionment percentage				5	0.000000

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. ANDRE AGASSI FOUNDATION FOR EDUCATION	Taxpayer identification number (TIN) 34-1759295
	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89144	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHAWN CABLE**
1120 N. TOWN CENTER DRIVE, 160 - LAS VEGAS, NV 89144

Telephone No. **(702) 227-5700** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	60,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed.	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a) 529A		ANDRE AGASSI FOUNDATION FOR EDUCATION	34-1759295
		Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. TOWN CENTER DRIVE, 160	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89144	F Check box if an amended return.
C Book value of all assets at end of year		114,467,176.	

G Check organization type <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
6417(d)(1)(A) Applicable entity
H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
J Enter the number of attached Schedules A (Form 990-T) 1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of SHAWN CABLE Telephone number (702) 227-5700

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	0.
3a Amount due from Form 4255	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	60,000.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	60,000.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	60,000.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 60,000. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
523000		\$ 7.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TINA HENTON	TINA HENTON	10/31/24		P00630282
	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
	420 SOUTH ORANGE AVENUE, SUITE 900			41-0746749	
	Firm's address	ORLANDO, FL 32801	Phone no. 407-802-1200		

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ANDRE AGASSI FOUNDATION FOR EDUCATION	B Employer identification number 34-1759295
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 0.		

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

ANDRE AGASSI FOUNDATION FOR EDUCATION

34-1759295

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22	7.	0.	7.	7.
NOL CARRYOVER AVAILABLE THIS YEAR			7.	7.

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