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Form	330

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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



AF	or the	2022 calendar year, or tax year beginning and	ending		
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address change	The diaTribe Foundation			
	Name change	Doing business as		46-243153	17
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	776 Haight St.		415 518-5	5898
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,258,882.
	Amende return	Sall Flancisco, CA 94117		H(a) Is this a group re	turn
	Applica- tion	F Name and address of principal officer: 01111 CallOIL		for subordinates	? Yes 🔀 No
	pending	216 Hartford, San Francisco, CA 94114		H(b) Are all subordinates in	cluded? Yes No
<u> </u>]	ax-exer	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	lf "No," attach a	list. See instructions
<u>J (</u>	Vebsite	U		H(c) Group exemption	
		organization: Corporation Trust Association 🔀 Other	L Year of	of formation: 2013 N	I State of legal domicile: CA
Pa		Summary	<u> </u>		
Ð		Briefly describe the organization's mission or most significant activities: \underline{The}			
anc		Foundation is to improve the lives of peo			
Activities & Governance		Check this box if the organization discontinued its operations or dispos	sed of more		
ŏ					6
ن م		Number of independent voting members of the governing body (Part VI, line 1b)			5
ies		otal number of individuals employed in calendar year 2022 (Part V, line 2a)			17
ivit		otal number of volunteers (estimate if necessary)			0
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
		Jet unrelated business taxable income from Form 990-T, Part I, line 11			Current Year
		Contributions and grants (Dort) (III line 1b)		3,765,099.	4,045,583.
an		Contributions and grants (Part VIII, line 1h)		53,469.	212,798.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		550.	501.
Re		Dther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,819,118.	4,258,882.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,699,681.	1,894,723.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b T	otal fundraising expenses (Part IX, column (D), line 25) 332,72	26.		
ŭ	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,728,313.	2,094,978.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,427,994.	3,989,701.
		Revenue less expenses. Subtract line 18 from line 12		391,124.	269,181.
or				ginning of Current Year	End of Year
Assets Balanc	20 T	otal assets (Part X, line 16)		3,268,798.	3,443,627.
tAs	21 ⊺	otal liabilities (Part X, line 26)		378,005.	283,653.
Flag		let assets or fund balances. Subtract line 21 from line 20		2,890,793.	3,159,974.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	JIM CARROLL, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	Lino D. Cambaliza	Line andriza	08/11/23 self-employed	P01257264
Preparer	Firm's name Cambaliza McGee L	LP	Firm's EIN 81-	-5185250
Use Only	Firm's address 1601 Dove St. Sui	te 294		
	Newport Beach, CA	92660	Phone no. (949	9) 484-8288
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2022)

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2022) The diaTribe Foundation	46-2431517 Page 2
Pa	rt III Statement of Program Service Accomplishments	U
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The mission of the diaTribe Foundation is to improve the	he lives of
	people affected by diabetes and pre-diabetes, and to a	dvocate for
	action.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
		thers, the total expenses, and
-	revenue, if any, for each program service reported.	1 259 992
4a	(Code:) (Expenses \$ 3,070,024. including grants of \$) (F	Revenue \$ 4,230,002 •)
	To suppport core organization and sustainablility.	
4b	(Code:) (Expenses \$ including grants of \$) (F	
чы)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,070,024.	
		Form 990 (2022)
232002	2 12-13-22	
	3	

Form 990 (2022) The diaTribe Foundation
Part IV Checklist of Required Schedules

 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 				Yes	No
2 the organization engine to complete Schedule 0, Schedule of Combuters? Sea instructions 2 X 3 Dd the organization engine indirect political index pairs divides on behalf of or in opposition to candidates for public differ? If Ying, "complete Schedule C, Part I 3 X 4 Section 501(6)(3) organizations. Dut the organization engage in lobbing activities on have a section 501(6) election in estimate of the reganization as defined in Rev. Proc. 98:197 (Proc); complete Schedule C, Part I 4 X 5 In the organization in estimate of the organization index of accurate Y (Prog); complete Schedule C, Part I 5 X 6 Did the organization means in such funds of accurate Y (Prog); complete Schedule C, Part I 6 X 7 Did the organization means in such funds of accurate Y (Prog); complete Schedule C, Part I 6 X 7 X To the organization means in such funds of accurate Y (Prog); complete Schedule C, Part I 7 X 8 Did the organization means in such funds of accurate Y (Prog); complete Schedule C, Part I 8 X 9 Did the organization means in such funds or accurate Y (Prog); complete Schedule C, Part I 8 X 10 Did the organization means in such funds organization, funds accurate Y (Prog); complete Schedule C, Part Y	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Diff the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidate for public offeed if "Yes," complete Schedule C, Part I 3 X 3 Diff the organization asset on SOI(k)(0) organization. Diff the organization in again in tobbying activities, on have a section SOI(k) election in effect dim months as defined in Rev. Proc. Bill 91 / Yes," complete Schedule C, Part II 4 X 4 Diff the organization maintain any domor advised titudits or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advise on the distribution arivestment of anounts in such funds or accounts for which donors have the right to provide advise on the distribution arivestment of anounts in auch funds or accounts (a provide schedule D, Part I) 6 X 9 Did the organization maintain collections of works of at historical treasures, or other similar assets? Prives, "complete Schedule D, Part IV 7 X 9 Did the organization in the Part X, line 13, for second or castical absets in donorestricted endowments or in quasi endowments? If "ves," complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments. Fore schedule D, Part X, line 13, the tis 5% or more of its total assets reported in Part X, line 17. Wes," complete Schedule D, Part X 11 </th <td></td> <td>If "Yes," complete Schedule A</td> <td>1</td> <td></td> <td></td>		If "Yes," complete Schedule A	1		
public office? If 'Yes,' complete Schedule C, Part I a X 4 Section SO(E)(3) organization. Did the organization engage in lobbying activities, or have a section SOI(b) election in effect during the tax yea? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section SOI(c)(a), SOI(c)(b), or SOI(c)(b) organization that receives membership dues, assessments, or amilar annuaria any donor advised funds or any similar thads or accounts? If 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization entrel distribution or investment of annuurs in such funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation assement, including assemants to preserve open space, the environment, historic land reas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization metator or provide credit consensing, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V 8 X 10 Did the organization, metory to provide credit consensing, debt management, credit repair, or debt negotiation services? 9 X 11 The organization report an amount for failed organization, hold sects in donor restricted endowments or in quasi endowments? If 'Was,' complete Schedule D, Part V 10 X 12 He organization report an amount for investments - other securities in Part X, line 13, thai 15 % or more of its total assets reported in Part X, line 17	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // **es, 'complete Schedule C, Parl II	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section Stor(k), 501(k),		public office? If "Yes," complete Schedule C, Part I	3		_X_
5 Is the organization ascience 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197. If "Yes," complete Schedule C, Part II. S X D Dt the organization market any doorn advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 6 X D Dt the organization market any doorn advised in easement, including easement to provee or persevo pens pace, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization market any doorn advised or at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization, animout in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amouts not listed in Part X, or provide credit counseling, dobt maragement, credit repair, or dobt negolitation services? 8 X 9 Did the organization is any of the following questions in "Yes," then complete Schedule D, Part VI. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "Yes, "complete Schedule D, Part VI. 111 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yos," complete Schedule D, Part II 6 X 7 Did the organization receive not hold a conservation assement, funduring assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain any donor advised funds of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts on tile and X, line 21, for secrow or custodial account liability, serve as a custodian for the secret and the application assemet in any of the following questions is "Yes," them complete Schedule D, Parts VI, VII, VIII, KV, or X, as applicable. 9 X 10 Did the organization report an amount for investments - or bree securities in Part X, line 10? If "Yes," complete Schedule D, Parts VI, VII, VIII, KV, or X, as applicable. 11a X 11a Did the organization report an amount for investments - or program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 11b Did the organization report an amount for investments - or program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X <	5				
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				77
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X			17		_X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18				v
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	40		18		<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	00 -				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	21		21		x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	230		- 23
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		v	
-	"Yes," complete Schedule L, Part IV	28a	X	x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 44	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	<u> 1c</u>	X	
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Form	990 (2022) The diaTribe Foundation		46-2431	517	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the navor?	7a		x
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		irod	10		
C		as requ	lineu	7c		x
A		7d		10		
		·	·0	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the year, new premiume, directly, or indirectly, or a personal benefit certification			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Fo					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplan			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		•		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
				9a 9b		
				90		
10	Section 501(c)(7) organizations. Enter:	10a				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:	440				
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	<u>11a</u>				
b		446				
10-	amounts due or received from them.)	11b)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
Ŀ.	Note: See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	(0000)
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Form 99	0 (2022)
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· –	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
74	more members of the governing body?	.	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		74		
D		.	7b		х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		10		
8			0-	Х	
a L	The governing body?		8a 0h	X	
b	Each committee with authority to act on behalf of the governing body?	· ⊢'	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		~		v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	.	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
	Did the organization have local chapters, branches, or affiliates?	· [1	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	· –	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	_ 1	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. [1	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	_ <u> </u> 1	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	. L	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	. [1	15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	_ <u> </u> 1	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	1	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_CA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s o	nlv) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		-
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ind fi	nano	ial	
13	statements available to the public during the tax year.		nano	a	
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	TTM CARROLL 115 518-5898				

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2022.04010 THE DIATRIBE FOUNDATION

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(2) Jilie Heverly 40.00 x 161,400. 0. 16,140. Baployee x 161,400. 0. 16,140. Employee x 143,333. 0. 27,000. Michael Howerton 40.00 x 163,750. 0. 3,275. (5) Diane Scherer 40.00 x 163,750. 0. 3,275. (6) Kelly Close 2.00 x 0. 0. 0. Founder x 0. 0. 0. 0. Offector x 0. 0. 0. 0. (9) Dr. Orville Kolterman 2.00 x 0. 0. 0. Michael Howers 8.00 x 0. 0. 0. (11) Dr. Faith Foreman-Hays 2.00 x 0. 0. 0. Director x 0. 0. 0. 0. (11) Dr. Faith Foreman-Hays 2.00 0. 0. 0. 0. (11) Dr. Faith Foreman-Hays 1 1 1 1 1 1 (11)	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations related organizations related	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Week (ist any hours for related organizations below line) Inon the segment seg		· · ·	box	, unles	ss per	rson i	s both	an	· ·		
(1) Jim Carroll 40.00 x x x 223,500. 0. 27,000. Bmployee 40.00 x 161,400. 0. 16,140. C3) Julie Heverly 40.00 x 161,400. 0. 16,140. Bmployee x 161,400. 0. 16,140. 0. 16,140. C3) Julie Heverly 40.00 x 163,750. 0. 3,275. 0. 3,275. C4) Michael Howerton 40.00 x 163,750. 0. 3,275. 0. 3,275. C5) Diane Scherer 40.00 x 111,837. 0. 4,473. C6) Kelly Close 2.00 x 0. 0. 0. Pounder x 0. 0. 0. 0. C8) Jeff Halpern 2.000 x 0. 0. 0. Director x 0. 0. 0. 0. 0. C10) Dr. Alan Moses 8.000 x x 0. 0. 0. 0. Director 2.000 x 0.								.00)			
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	(11) Dr. Faith Foreman-Hays	2.00									
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			<u> </u>								
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Form 990 (2022)

Form 990 (2022)														
Part VII Sect	(do box, offic	not cl unles	and (C Posit heck n ss pers d a dir	;) tion nore t son is	han o both	ne an	ompensated Employee (D) Reportable compensation from the	s (continued) (E) Reportable compensation from related organization	on d	Est am	(F) imated ount of other pensation			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	frc orga and	m the nization related nizations	
										0.	77	,888. 0.		
										0.	77	<u>,888.</u> 5		
line 1a? <i>If</i> "	anization list any former officer Yes," complete Schedule J for s	such individual	, 		· · · · · · · ·		, 					3	Yes No X	
and related 5 Did any per	ividual listed on line 1a, is the s organizations greater than \$15 rson listed on line 1a receive or the organization? <i>If</i> "Yes." con	0,000? <i>If</i> "Yes, accrue compen	" <i>coi</i> Isatio	<i>mple</i> on fr	ete S om a	c <i>he</i> any i	<i>dule</i> unre	J fe late	or such individual ed organization or individ	dual for services		4	X X	
Section B. Inde1Complete t	Section B. Independent Contractors													
(A) Name and business address Brooks Digital LLC 2113 NE 84th St., Vancouver, WA 98665									(B) Description of s Website Deve		С	ompen	(C) ompensation 194,363.	
Venable LLP P.O. Box 62727, Baltimore, MD 21264 Legal & Professional											,500.			
	er of independent contractors (f compensation from the organ	•	ot lin	nitec	l to t	hos 2		ed	above) who received mo	ore than		Form 9	90 (2022)	

Form	1 99	0 (;	2022) The diaTrib	e	Foundatio	on		46-2431	517 Page 9
Pa	rt \	/11	Statement of Revenue						
			Check if Schedule O contains a respo	nse (or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
s, G		с	Fundraising events 1c						
Gift: lar /		d	Related organizations 11						
)s, (jimi			Government grants (contributions) 1e						
itioi er S		f	All other contributions, gifts, grants, and	4					
othu					045,583.				
ont		g b	Noncash contributions included in lines 1a-1f			4,045,583.			
0 e		n	Total. Add lines 1a-1f		Business Code	<u>+,0+5,505</u>			
6	2	а	Other Revenue		900099	212,798.	212,798.		
vice	2	b		_					
Ser		c							
am eve		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			212,798.			
	3		Investment income (including dividends, in			= 0.1	= - 1		
			other similar amounts)			501.	501.		
	4		Income from investment of tax-exempt bor						
	5		Royalties		(ii) Personal				
		_			(II) Personal				
	0	a b							
		b Less: rental expenses 6b c Rental income or (loss) 6c							
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securiti		(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
enue		С	Gain or (loss)						
Re		d	Net gain or (loss)	· · · · · · ·					
Other	8	а	Gross income from fundraising events (not						
Ò			including \$ of						
			contributions reported on line 1c). See	0-					
		b	Part IV, line 18 Less: direct expenses	<u>8a</u> 8b					
			Net income or (loss) from fundraising even						
	9		Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		с	Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
				10a					
			Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	у					
sn		_			Business Code				
Jeor	11								
scellaneo Revenue		b							
Miscellaneous Revenue		с d	All other revenue		<u> </u>				
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			4,258,882.	213,299.	0.	0.
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 Form 990 (2022)
 The diaTribe Foundation

 Part IX
 Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	(<u>(0)</u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,783,045.	1,456,940.	188,013.	138,092.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	111,678.	91,253.	11,776.	8,649.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	10,044.	8,207.	1,059.	778.
14	Information technology	220,743.	205,662.	8,695.	6,386.
15	Royalties				
16	Occupancy	80,340.	65,647.	8,471.	6,222.
17	Travel	235,978.	205,261.		30,717.
18	Payments of travel or entertainment expenses	-	-		-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	26,925.		26,925.	
24	Other expenses. Itemize expenses not covered	,			
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Consulting	577,850.	440,598.	95,491.	41,761.
b	Marketing	258,285.	248,615.		9,670.
c	Professional Fees	225,872.		225,872.	
d	Donations	200,746.	200,746.		
e	All other expenses	258,195.	147,095.	20,649.	90,451.
25	Total functional expenses. Add lines 1 through 24e	3,989,701.	3,070,024.	586,951.	332,726.
26	Joint costs. Complete this line only if the organization		. , ,		,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

11000811 152332 DIATRIBE.01TAX

2,890,793.

3,268,798.

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The diaTribe Foundation

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 2,730,090. 2,453,184. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 383,100. 957,785. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 149,108. 26,158. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 6,500. 6,500. 15 Other assets. See Part IV, line 11 15 3,268,798. 3,443,627. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 225,505. 148,653. Accounts payable and accrued expenses 17 17 18 18 Grants payable 152,500. 135,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 378,005. 283,653. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,890,793. 27 3,109,974. 27 Net assets without donor restrictions Net assets with donor restrictions 50,000. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

> 3,443,627. Form **990** (2022)

> 3,159,974.

Form 990 (2022)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

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	990 (2022) The diaTribe Foundation	46-2	431517	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,258	3,8	82.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,989					
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>269</u> 2,890		81.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,159), 9'	74.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L			

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Interr	Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Nan	ne of	the organizati								r identification numbe
		D		<u>diaTribe F</u>						6-2431517
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must o	omplete t	nis part.) S	ee instructio	ns.	
The	organ				(For lines 1 through 12, c	,	,			
1	Ц	,		,	on of churches described		on 170(b)(⁻	1)(A)(i).		
2	Ц				(Attach Schedule E (Forn					
3		•	•		anization described in se			•		
4			•	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	A)(iii). Enter	the hospital's name,
		city, and stat								
5		0			ollege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
				Complete Part II.)						
6				-	mental unit described in					
7	X				antial part of its support fi	rom a gove	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		-	-	-	l in section 170(b)(1)(A)(-		-	-
		-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	f the college	eor
		university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								
10										
					ct to certain exceptions; a					-
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
44		See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 12	H	-	-	-	•	•			orn out the	purpass of and ar
12		-	-	-	sively for the benefit of, to ed in section 509(a)(1) o	-			•	
				•	of supporting organization					Sheek the box on
а		-			supervised, or controlled					aivina
					egularly appoint or elect a	•	-			
			-	complete Part IV, Se	• • • •	i majority t				apporting
b		¬ ~		-	d or controlled in connect	tion with it	s sunnorte	ed organizatio	on(s) by hay	vina
~				-	anization vested in the sa			-		-
			-	at complete Part IV,					ige the eap	
c		¬ ~		-	ng organization operated	in connec	tion with.	and functiona	Illy integrate	ed with.
			-	•	s). You must complete I				ing integrate	, a man,
d		-			porting organization oper				rted organiz	zation(s)
-			-		zation generally must sat					
			-		mplete Part IV, Sections	-		-		
е					written determination fro				II. Type III	
			-		onally integrated supporti			<i>J</i>	, ,,	
f Enter the number of supported organizations										
g	Pro	vide the follow	ing information	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	า		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

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

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

260										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2692515.	3193967.	3660439.	3819118.	4258882.	17624921.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2692515.	3193967.	3660439.	3819118.	4258882.	17624921.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						17624921.			
	ction B. Total Support	1				[
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	2692515.	3193967.	3660439.	3819118.	4258882.	17624921.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	20				F 0 1	1 000			
	and income from similar sources	39.			550.	501.	1,090.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						1700011			
	Total support. Add lines 7 through 10						17626011.			
	Gross receipts from related activities,		,							
13	First 5 years. If the Form 990 is for the	-		· · · ·						
800	organization, check this box and stor						·····			
	ction C. Computation of Public			olump (f))		14	99.99 %			
	Public support percentage for 2022 (I		-			14	00.00			
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15				
108	stop here. The organization qualifies						V			
h	33 1/3% support test - 2021. If the o		-		lino 15 is 22 1/304					
17-	and stop here. The organization qualifies as a publicly supported organization									
178	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization mosts the facts and circumstances test, check this box and stop here . Explain in Part VI how the organization									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
F	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the									
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization				• •					
				,,, c. // b	,		(Form 990) 2022			
							· ·			

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	Schedule A	Form	990) 2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
-	the organization without charge									
6	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and 3 received from disgualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support	1		1	1	1	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First 5 years. If the Form 990 is for the	•		•						
0.1	check this box and stop here					<u></u>	<u></u>			
	ction C. Computation of Publi									
	Public support percentage for 2022 (I		-			15	%			
<u>16</u>	Public support percentage from 2021					16	%			
	Section D. Computation of Investment Income Percentage									
	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 %									
18	1 33 1/3% support tests - 2022. If the			on line 14 and line			lina 17 is not			
198	more than 33 1/3%, check this box ar	-								
٢							 ′3%. and			
	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20										
	23 12-09-22		<i>i</i>				dule A (Form 990) 2022			
			1 4	-			-			



1

Yes No

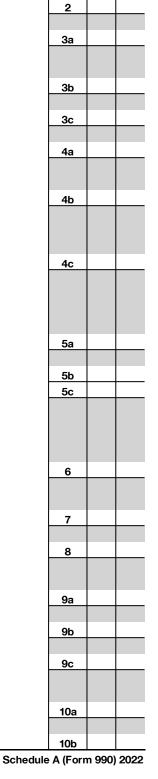
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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2022.04010 THE DIATRIBE FOUNDATION

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	(Form 990) 202		diaTri
Part IV	Supporting	g Organizations	(continued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervis	sed, or controlled the supporting organization.	
Section C.	Type II Supporting Organizations	

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

Section D.	All Type I	I Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a	a governmental entity (see instruction <u>s).</u>
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

2022.04010 THE DIATRIBE FOUNDATION

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus				
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

e Excess from 2022

20

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

1_	Amounts paid to supported organizations to accomplish exempt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				

DIATRIB1

Current Year

Section D - Distributions

Schedule A	Form 990) 2022 The	diaTribe Foundation	46-2431517 Page
Part VI	Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	n. Provide the explanations required by Part II, line 10; F 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, 9 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa Part V, Section E, lines 2, 5, and 6. Also complete this pa	Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V,
32028 12-09-2	2	21	Schedule A (Form 990) 202

11000811 152332 DIATRIBE.01TAX

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

46-2431517

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

The diaTribe Foundation

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

General Rule

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

Special Rules

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

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

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

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

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

SCI	HEDULE D		al Financial Statements		OMB No. 1545-0047	—
(Form	1 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022		
	nent of the Treasury Revenue Service	Α	ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection	
	e of the organizati			Emr	loyer identification numb	 er
	or the organization	The diaTribe Founda	ation		46-2431517	
Par	t I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	coun	ts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds (b) Fun	ds and other accounts	
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised fund	S		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		🗌 Yes 📃 N	١o
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used or	nly		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng		
_	impermissible priv					١o
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.		
1		servation easements held by the organization				
		of land for public use (for example, recreat		-	•	
		f natural habitat	Preservation of a certi	ied his	storic structure	
		of open space				
2			ied conservation contribution in the form of a cor	Iservat		
	day of the tax year			_	Held at the End of the Tax Ye	ar
а				2a		
b	-			2b		
			ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
•				2d		
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the organiz	zation	during the tax	
	year	where property subject to concernation and	ement is leasted			
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the per				
6	,	orcement of the conservation easements it	holds? handling of violations, and enforcing conservatio			١o
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	narioning of violations, and enforcing conservation	nease	ments during the year	
7	Amount of ovnono		lling of violations, and enforcing conservation eas	omont	a during the year	
'	Amount of expens	es incurred in monitoring, inspecting, nario	and enforcing conservation eas	emeni	s during the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
•	and section 170(h)				Yes N	No
9			on easements in its revenue and expense statem			
-			ote to the organization's financial statements that			
		ounting for conservation easements.	Ũ			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imila	r Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sh	leet works	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ce of p	public	
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of	
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherance	of put	olic service,	
	provide the followi	ng amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
					\$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, p	orovide		

b	Assets included in Form 990, Part X	\$				
а	Revenue included on Form 990, Part VIII, line 1	\$				
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
~	in the organization received of held works of art, historical treasures, of other similar assets for infancial gain, provid	C				

LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
232051	09-01-22			27				
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DIATRIB1

Sche		Tribe Found						46-24			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checl	k any of the	following that	t make sigr	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	istorical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other ass	sets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		
Par											
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
° C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
	and programs										
	Administrative expenses										
g	End of year balance		(line 1								
2	Provide the estimated percentage of the curr	•		g, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
За	Are there endowment funds not in the posse	ssion of the organiza	ition the	at are held ar	nd administer	red for the			ſ	Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere			/ line 11e C		Dout V lin	a 10				
			,	,		, ,		.	() =		
	Description of property	(a) Cost or o			t or other	. ,	umulate	ed	(d) Bool	< valu	е
		basis (investn	nent)	Dasis	(other)	depr	eciation				
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, colur	<u>mn (B). line 1</u>	0c.)						0.
								Schedule	D (Form	n 990)	2022

232052 09-01-22

Part VII Inve				
Schedule D (Form	990) 2022	The	diaTribe	Foundation

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
(r) iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(W) DOOR VAIUE		or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ves"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
			(b) Book value
(a) Decemination of lightlike			· · ·
(a) Decemination of lightlift.			
(a) Description of liability (1) Federal income taxes			
(a) Description of liability (1) Federal income taxes (2)			
(a) Description of liability (1) Federal income taxes (2) (3)			
(a) Description of liability (1) Federal income taxes (2) (3) (4)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	05.)		
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,		

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	Schedule D (Form 990) 2022 The diaTribe Foundation			2431517 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		
1	Total revenue, gains, and other support per audited financial statements		1	4,258,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,258,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,258,882.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total expenses and losses per audited financial statements		1	3,989,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	. 2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,989,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,989,701.
Pa	rt XIII Supplemental Information.			

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

232054 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2022		
		Compensated Employees		ZU	22	-	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organization			identificatio		mber	
_		The diaTribe Foundation	46-2	243151	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments \fbox Health or social club dues or initiation fee	s				
	Discretionary :	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X	
_							
3	,	ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior						
		ompensation consultant					
	X Form 990 of o	ther organizations Approval by the board or compensation of	ommittee				
4	During the year dia	any person listed on Form 000. Dart VII. Section A line 1s, with respect to the filing					
4	organization or a re	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
а	-			4a		x	
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				X	
		eive payment from an equity-based compensation arrangement?				x	
Ū	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
а	•			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the r	et earnings of:					
а	The organization?			<u>6a</u>		X	
		ation?				X	
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2022	

232111 10-18-22

46-2431517

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jim Carroll	(i)	223,500.	0.	0.	27,000.	0.	250,500.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Julie Heverly	(i)	161,400.	0.	0.	16,140.	0.	177,540.	0.
Employee	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Thomas C Cirillo	(i)	143,333.	0.	0.	27,000.	0.	170,333.	0.
Employee	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Michael Howerton	(i)	163,750.	0.	0.	3,275.	0.	167,025.	0.
Employee	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							ļ
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L

(Form 990)

Part I

Part II

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

Open To Public

Inspection

Department of the Treasury	
Internal Revenue Service	

Name of	f the	organization
---------	-------	--------------

lame of the organization		Employer identification number								
The d	liaTribe F	oundation			46-2431517					
Part I Excess Benefit Tra	insactions (sect	tion 501(c)(3), sec	tion 501(c)(4), and se	ection 501(c)(29) organ	izations onl	y).				
Complete if the organiza										
1,	(b) Relationshi	p between disqua	lified ,			(d) C	orrected?			
(a) Name of disqualified person	person a	and organization	(c) Description of trans	Yes	s No				
2 Enter the amount of tax incurred	by the organization	n managers or dis	qualified persons du	ring the year under						
section 4958					\$					
3 Enter the amount of tax, if any, o	n line 2, above, reir	mbursed by the o	ganization		\$					
Part II Loans to and/or Fr	om Interested	Persons.								
Complete if the organiza	tion answered "Yes	s" on Form 990-E2	, Part V, line 38a or I	Form 990, Part IV, line	e 26; or if the	e organization				
reported an amount on F	orm 990, Part X, lir	ne 5, 6, or 22.								
	ationship (c) Purp	from the		(f) Balance due	(9)	I DV DOARD OF	(i) Written			
interested person with or	ganization of loa	organization?	principal amount		default?	committee?	igreement?			
		To From	n l		Yes No	Yes No Y	Yes No			

Total Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

\$

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

Schedule L (Form 990) 2022

232131 11-01-22

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (d) Description of (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No Q&A Market Research Board Member is a 47,750.Services S Pr х Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Q&A Market Research

(b) Relationship Between Interested Person and Organization:

Board Member is a Shareholder

(d) Description of Transaction: Services Provided

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



The diaTribe Foundation

Form 990, Part I, Line 1, Description of Organization Mission:

and pre-diabetes, and to advocate for action.

Form 990, Part VI, Section B, line 11b:

Line 11b Explanation - The form 990 is reviewed by Board of Directors.

Form 990, Part VI, Section B, Line 12c:

Every year each director and the CEO review the Conflict of Interest

Policy, and state their receipt, understanding, and agreement to comply

with it. If there is a potential conflict of interest, the person facing it

should report it to the board, for the board to review and take any

appropriate action.

Form 990, Part VI, Section C, Line 19:

The organization governing documents, conflict of interest policy and

financial statements are made available upon request.

Form 990, Part XII, Line 2c:

No changes from prior year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

202	2 Annual Information Return				199	
Calendar Yea	^r 2022 or fiscal year beginning (mm/dd/yyyy) , an	d ending (mm/dd/yyyy)				
Corporation/Org	anization name	Californ	nia corpor	ation nu	Imber	
דר היי	ATRIBE FOUNDATION	3	5332	995		
	nation. See instructions.	FEIN	5552	195		
		4	6-24	315	517	
Street address (suite or room)	P	MB no.			
-	IGHT ST.					
City	NGT GO			,		
Foreign country	ANCISCO		4117 oreign po		e	
r or orgin oouna y			oroigii po		•	
A First retu	rn Yes 🚺 No I Did the organi	zation have any changes	s to its g	uidelin	es	
B Amendeo	I return Yes 🔀 No 🛛 not reported to	the FTB? See instruction	ons		• Yes X	No
C IRC Sect	ion 4947(a)(1) trust Yes 🚺 No J If exempt under	er R&TC Section 23701				
D Final info		litical activities? See ins				
					01g? ● Yes X	No
		the gross receipts from			• Yes X	
		zation file Form 100 or F				NU
	Other 990 series report taxable				• Yes X	No
		ation under audit by the				
	ganization in a group exemption Yes 🚺 No 🛛 IRS audited in	a prior year?			• Yes X	
If "Yes," \		n 1023/1024 pending?			Yes X	No
	Date filed with	IRS				
Part I (Complete Part I unless not required to file this form. See General Information B and C.					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	213,299	1 00
				2		00
	3 Gross contributions, gifts, grants, and similar amounts received			3	4,045,583	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
and	This line must be completed. If the result is less than \$50,000, see General Infor	mation B		4	4,258,882	00
Revenues	5 Cost of goods sold • 5 6 Cost or other basis, and sales expenses of assets sold • 6		00			
			_	7		00
	 8 Total gross income. Subtract line 7 from line 4 			8	4,258,882	
	Table - T			9	3,989,701	
Expenses			··· _ [10	269,181	- 00
	11 Total payments		•	11		00
	12 Use tax. See General Information K		•	12		00
			•	13		00
Filing Fee	 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 Penalties and interest. See General Information J 		··· • -	14		00
				15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury. I declare that I have examined this return, including accompanying schedules a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information c	and statements, and to the b	est of my owledge.	knowled	dge and belief,	100
Sign Here	l Title	Date	5	I	Telephone	
	Signature of officer CEO				115-518-5898	}
	Preparer's I. All	Check if				
	Preparer's jne andrize 08/	11/23 self-emplo	oyed		● 01257264 ● Firm's FEIN	
Paid Proparar'a	Firm's name				81-5185250	
Preparer's Use Only	if self- employed) 1601 DOVE ST. SUITE 294				• Telephone	
ose only	and address NEWPORT BEACH, CA 92660			((949) 484-82	288
	May the FTB discuss this return with the preparer shown above? See instructions		•X	Yes	No	

022

THE DIATRIBE FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

		1 Gross sales or receipts from all	business activities. See instri	uctions		•	1	00
		2 Interest					2	501 00
		• D' ' I					3	00
Receip	ots	4 Gross rents				•	4	00
from		5 Gross royalties					5	00
Other		6 Gross amount received from sale	e of assets (See instructions)		•	6	00
Source	es	7 Other income		/	SEE STA	TEMENT 2 •	7	212,798 00
		8 Total gross sales or receipts fro	m other sources. Add line 1	throuah	line 7. Enter here and o	n Side 1. Part I. line 1	8	213,299 00
		9 Contributions, gifts, grants, and		•			9	00
		Disbursements to or for member					10	00
		1 Compensation of officers, direct	ors. and trustees		TEMENT 3 •	11	0 00	
		2 Other salaries and wages					12	1,783,045 00
Expens		3 Interest					13	00
and		4 Taxes					14	111,678 00
Disbur		5 Rents					15	80,340 00
ments		6 Depreciation and depletion (See	instructions)			•	16	00
monto		7 Other expenses and disburseme	nte		SEE STA	TEMENT 4 •	17	2,014,638 00
		 18 Total expenses and disbursement 					18	3,989,701 00
Sche	dule		Beginning o				l of taxabl	
Assets			(a)		(b)	(C)		(d)
1 Ca			(u)		2,730,090	(0)	•	2,453,184
		unto ropoivablo			2,150,050			2,455,104
		nts receivable						
		receivable						
		S						
		nd state government obligations						
		nts in other bonds					-	
		nts in stock					•	
	ortgage						•	
9 01	Depres	estments		-				
IU a	Deprec	iable assets	1	1		1		
		ccumulated depreciation		/				
11 La	ano	стит Б			538,708		•	990,443
12 00	iner ass	ets STMT 5			3,268,798		•	3,443,627
		ets			5,200,790		_	5,445,027
		I net worth			225,505		•	148,653
14 AC	COUNTS	payable			223,303		-	140,000
		ons, gifts, or grants payable					•	
		d notes payable					•	
1/ M	ortgage	s payable			152,500		•	125 000
18 Ot	iner liab	ilities STMT 6			102,500		-	135,000
		ock or principal fund					•	
		apital surplus. Attach reconciliation			2 000 702		•	2 160 074
		earnings or income fund			2,890,793		•	3,159,974
		ilities and net worth			3,268,798			3,443,627
SCUE	edule		per books with income per r dule if the amount on Schedı		a 12 ooluma (d) io loo	a than \$50,000		
		•			. ().			
		ne per books	-	,181				
		come tax				is return. Attach schedu	e 🗖)
		capital losses over capital gains			8 Deductions in this	-		
		ot recorded on books this year.			against book inco	•		
		hedule						,
		recorded on books this year not		9 Total. Add line 7 and line 8			L	
		in this return. Attach schedule		4	10 Net income per re			
6 To	otal. Add	l line 1 through line 5	269 , 181 Subtract line 9 from line 6					269,181

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CA 199	Compensation of Officers	, Directors and Trustees	Statement 3
Name and A	Address	Title and Average Hrs Worked/Wk	Compensation
Kelly Clos 776 Haight San Franci		Founder 2.00	0.
Marjorie S 776 Haight San Franci		Director 2.00	0.
Jeff Halpe 776 Haight San Franci		Director 2.00	0.
776 Haight	le Kolterman t Street isco, CA 94117	Director 2.00	0.
Dr. Alan M 776 Haight San Franci		Chair 8.00	0.
776 Haight	Foreman-Hays t Street isco, CA 94117	Director 2.00	0.
Total to H	Form 199, Part II, line 11		0.

11000811 152332 DIATRIBE.01TAX

46-2431517

135,000.

135,000.

CA 199	Other Expenses	Statement 4
Description		Amount
Consulting Marketing		577,850. 258,285.
Professional Fees Donations Office expenses		225,872. 200,746. 10,044.
Information technology Travel		220,743. 235,978.
Insurance All other expenses		26,925. 258,195.
Total to Form 199, Part II, line	17	2,014,638.

CA 199	Other Assets		Statement 5
Description		Beg. of Year	End of Year
Pledges and Grants Receivable Prepaid Expenses and Deferred Deposit		383,100. 149,108. 6,500.	957,785. 26,158. 6,500.
Total to Form 199, Schedule L	, line 12	538,708.	990,443.
CA 199	Other Liabilitie	S	Statement 6
Description		Beg. of Year	End of Year

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Deferred Revenue

Total to Form 199, Schedule L, line 18

152,500.

152,500.

TAXABLE YE 2022	AR Cali	fornia e-file Re	eturn Author	rizati	on fe	or				FORM 8453-EO
2022	Exe	mpt Organizat	ions							0+30-20
Exempt Organiza	tion name								Identit	fying number
										0401515
	ATRIBE FOU								46	-2431517
		formation (whole dollars								1 4,258,882
•	oss receipts (Form oss income (Form	, , , , , , , , , , , , , , , , , , , ,								1 <u>4,258,882</u> 2 4,258,882
•		rsements (Form 199, line 9								3,989,701
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Part II Se	ttle Your Accoun	t Electronically for Taxab	le Year 2022							
4 Ele	ectronic funds with	drawal 4a Amount			4b Wi	thdrawal c	date (mr	n/dd/yy	уу)	
	0	n (Have you verified the ex	empt organization's b	anking ii	nformati	on?)				
5 Routing				- -					Г	
6 Account Part IV De	numper claration of Offic	or		<i>(</i>)	pe of a	ccount: [] Cn	ecking		Savings
			signated in Part II If I ch	eck Part I	hox 4	Lauthorize	an electro	onic fun	iw ah	thdrawal for the amount listed
on line 4a.	oxompt of gamzation				,,	1 441101120		onio run	uo wi	
transmitter, or California elect a balance due organization w statements be	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 2022 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 fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's 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.									
Sign				CEO						
Here	Signature of officer		Date	Title						
		ronic Return Originator (
am only an intr accurately refle provided the o 1345, 2022 Ha the exempt org I declare that I	ermediate service pro ects the data on the r rganization officer w Indbook for Authoriz ganization return is fi have examined the a	ovider, I understand that I am eturn.) I have obtained the or ith a copy of all forms and info ed e-file Providers. I will keep	not responsible for revie ganization officer's signa prmation that I will file wi form FTB 8453-EO on fil vill make a copy available eturn and accompanying	wing the ture on fo ith the FTI e for fou to the FT schedule	exempt o rm FTB & 3, and I h r years fi B upon r s and sta	rganization 3453-EO be have followe rom the due equest. If I	's return. fore trans ed all othe e date of am also	. I declar smitting er requir the retui the paid	e, ho this emer rn or prep	nts described in FTB Pub. four years from the date arer, under penalties of perjury,
ERO'				Date		Check if		Check		ERO's PTIN
	. A	ALIZA MCGEE LI	ΓP			also paid preparer	X	if self- employe	ed [P01257264
	s name (or yours	CAMBALIZA MCC	GEE LLP			•			Firm	's FEIN 81-5185250
	f-employed) address	1601 DOVE ST								
		NEWPORT BEACH								code 92660
		e that I have examined the abo Id complete. I make this decla						ements,	and	to the best of my knowledge
Paid Preparer	Paid preparer's signature				Date		Check if self- employe	ed 🗌		Paid preparer's PTIN
Must	Firm's name (or yours if self-employed)								Firm	's FEIN
Sign	and address								ZIP	code
									•	
										FTB 8453-EO 2022

229021 11-10-22

STATE OF CALIFORNIA DEPARTMENT RRF-1 Rev. 02/2021) ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry Use Only) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Only) STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. U							ISTICE GE 1 of 5
THE DIATRIBE FOUN Name of Organization List all DBAs and names the organization use		N		ange of address nended report			
776 HAIGHT ST. Address (Number and Street)			State Ch	arity Registration Nur	nber ст<u>3533295</u>		
SAN FRANCISCO, CA 94117 Corporation or Organization No. 3533295 City or Town, State, and ZIP Code JIM.CARROLL@DIATRIBE.OR 415 518-5898 G Telephone Number E-mail Address							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	Fee \$25 \$50 \$75	<u>Total Revenue</u> Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio			001 and \$100 million),001 and \$500 millior 1 million		
PART A - ACTIVITIES							
Total Revenue (including noncash contributions) \$ 4	,258,	period (beginning $01/01/20$ 882 Noncash Contributions \$ 3,070,024		ding <u>12/31/2</u> <u>0</u> Total Asse penses \$ <u>3</u>		3,6	<u>27</u>
PART B - STATEMENTS REGAR	DING OR	GANIZATION DURING THE PERIOD (of this re	EPORT			
		you answer "yes" to any of the ques ils for each "yes" response. Please re				Yes	No
		any contracts, loans, leases or other fi oof, either directly or with an entity in w					x
2. During this reporting period, or funds?	was there a	any theft, embezzlement, diversion or n	nisuse of th	ne organization's char	itable property		x
3. During this reporting period,	were any o	organization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period, commercial coventurer used		ervices of a commercial fundraiser, fund	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period,	did the org	anization receive any governmental fur	nding?				x
6. During this reporting period,	did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization condu	ct a vehicle	e donation program?					x
8. Did the organization conduct generally accepted accounting		ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance wit	th	x	
9. At the end of this reporting p	eriod, did t	he organization hold restricted net ass	ets, while r	eporting negative unre	estricted net assets?		x
	-	ve examined this report, including ac complete, and I am authorized to sig		ng documents, and t	to the best of my know	wledg	
Signature of Authorized Agent		M CARROLL		CEO	Date		
Signature of Authorized Ayelli	P11		'	140	Date		