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## Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Ford	alen	dar year 2011 or tax year be	gınning		, and ending		
		foundation				A Employer identification	number
		Carl and Mab		Foundation			
		Sidney Lex F				86-0761758	
		nd street (or PO box number if ma			Room/su	b reiephone nameer	
_ 7	44	0 N. Oracle R	d., Buildi	ng 2		520-742-04	40
		own, state, and ZIP code				C If exemption application is p	ending, check here
$\underline{\mathbf{T}}$	uC	son, AZ 8570	4				
G C	heck	all that apply	ıtıal return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Fir	nal return	Amended return		F	
		Ad	ldress change	Name change	<del></del>	2. Foreign organizations me	ening the 85% test, pmputation
H C	heck	type of organization X	Section 501(c) <u>(3)</u> ex	kempt private foundation		E If private foundation sta	tus was terminated
<u> </u>	Se	ction 4947(a)(1) nonexempt of	charitable trust 🔲	Other taxable private found	ation	under section 507(b)(1)	)(A), check here
I Fa	ır ma	irket value of all assets at end	of year   J Accounting	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om l	Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1)	)(B), check here 🕨 📖
	,	<del>,</del>		mn (d) must be on cash	basis)		
Pa	rt l	Analysis of Revenue and E (The total of amounts in columns	xpenses	(a) Revenue and	(b) Net investmen		(d) Disbursements for charitable purposes
		necessarily equal the amounts in	column (a) )	expenses per books	income	Income	(cash basis only)
	1	Contributions, gifts, grants, e		0.		N/A	
	2	Check X if the foundation is r				<u> </u>	
	3	Interest on savings and temporary cash investments	У				
	4	Dividends and interest from	securities	8,896.	8,89	96.	Statement 1
	5a	Gross rents			<u> </u>		
	b	Net rental income or (loss)					,
ø	6a	Net gain or (loss) from sale of asse	ets not on line 10	2,949.			
Š	b	Gross sales price for all assets on line 6a	11,600.				
Revenue	7	Capital gain net income (from Part	t IV, line 2)		2,94	19.	
<b>a</b>	8	Net short-term capital gain					
	9	Income modifications			<u> </u>	RECEIVED	
	10a	Gross sales less returns and allowances				MECEIVED	<u> </u>
	b	Less Cost of goods sold			199		<b>1</b>
	C	Gross profit or (loss)			\$	MAY 1 8 2012 C	<del>                                     </del>
	11	Other income			⟨~	U	
	12	Total. Add lines 1 through 1	1	11,845.	11,84		
	13	Compensation of officers, directo	rs, trustees, etc	0.		WGDEN, UI	0.
	14	Other employee salaries and	-				
s	15	Pension plans, employee bei					
	16a	Legal fees	Stmt 2	3,975.	1,98	3/•	1,988.
pen		Accounting fees					
X	C	Other professional fees					
্র Administrative Expense	17	Interest					
trat	18	Taxes	Stmt 3	131.	13	31.	0.
nis(	19	Depreciation and depletion					
Ë	20	Occupancy		ļ			ļ
ভ ৩ ৫০।∠ erating and Ac	21	Travel, conferences, and me	etings				
and and	22	Printing and publications					
ֻ פַּ	23	Other expenses	Stmt 4	10.	]	10.	0.
<b>a</b>	24	Total operating and admini	strative				
ा ्य । Operating		expenses. Add lines 13 thro	-	4,116.	2,12	28.	1,988.
	25	Contributions, gifts, grants p		13,250.			13,250.
	26	Total expenses and disburs	sements.				
		Add lines 24 and 25		17,366.	2,12	28.	15,238.
	27	Subtract line 26 from line 12	2		£		
	a	Excess of revenue over expenses	and disbursements	<5,521.			
Ope	b	Net investment income (if ne	egative, enter -0-)		9,71		
		Adjusted net income (if nega	tive, enter -0-)		<u>[</u>	N/A	
1235 12-0	ບ1 2-11	LHA For Paperwork Red	uction Act Notice, see	instructions.			Form <b>990-PF</b> (2011)

The Carl and Mabel Shurtz Foundation c/o Sidney Lex Felker 86-0761758 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (b) Book Value (a) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 5,030. 5,800. 5,030. 2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts 4 Pledges receivable ► Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U S and state government obligations 367,724. 363,785. Stmt 5 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 373,524. 368,815. 368,815. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 17,915. 18,727. 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 17,915. 18,727. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 602,000. 602,000. 27 Capital stock, trust principal, or current funds 6,418. 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund <258,330. <246,391.> 29 Retained earnings, accumulated income, endowment, or other funds 355,609. 350,088. 30 Total net assets or fund balances 373,524. 368,815 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1 1	
	(must agree with end-of-year figure reported on prior year's return)	1	355,609.
2	Enter amount from Part I, line 27a	2	<5,521.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	350,088.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	350,088.

The Carl and Mabel Shurtz Foundation c/o Sidney Lex Felker

			ey rex rerk						8	0-0/6	1/28	Page 3
Pa	:		sses for Tax on In		Income	145.1	1					
	(a) List and desc	ribe the kin	d(s) of property sold (e g	, real estate,		(0)	low ac - Purch	quired hase	(c) Date a (mo , da	acquired	(d) Dat (mo , d	
			r common stock, 200 shs			D	- Dona					
	Fidelity Mid C			_	·	╁			01/09 02/0		$\frac{12/2}{12/2}$	$\frac{1}{1}$
	T Rowe Price M Capital Gains			u 214		-	_	P	02/0	4/04	12/2	2/11
	Capital Gains	DIVIO	enus			1						
d e						1						
<u> </u>	(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis xpense of sale			<u> </u>		ain or (loss) (f) minus (		
а	4,484.				4,21	1.						273.
b	4,500.				4,44	0.						60.
C	2,616.										2	,616.
d	· · · · · · · · · · · · · · · · · · ·											
e												
	Complete only for assets showing	ig gain in c	olumn (h) and owned by t	he foundation	on 12/31/69					ol (h) gain		
	(i) F M V as of 12/31/69	, ,,	) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any			COI		ot less than (from col. (		
a												273.
b										<u>.</u>		60.
C											2	,616.
d			·-					<del></del>				
е							1				· · ·	<del>.</del>
2 (	Capital gain net income or (net ca	ipital loss)	⟨ If gain, also enter for the lift (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2			······································	2	,949.
3 1	let short-term capital gain or (los	ss) as defin	ed in sections 1222(5) an	d (6)		`						
	f gain, also enter in Part I, line 8,	column (c	)			•				NT / 70		
	f (loss), enter -0- in Part I, line 8  ert V Qualification U	Indor C	ection 4940(e) for	Doducod	Tay on Not	J	ostm	ont Inc	omo	N/A		
							•	ient inc	OITIE			
וטח	optional use by domestic private	e iouiluatio	ns subject to the section 4	1940(a) (ax 011	net mvestment m	icome	7)					
If se	ction 4940(d)(2) applies, leave ti	his part bla	nk									
Was	the foundation liable for the sec	tion 4942 t	ax on the distributable am	ount of any ve	ear in the base per	riod?					Yes	X No
	es," the foundation does not qua				•							
	Enter the appropriate amount in					es						
	(a) Base period years		(b)			(c)				Dietrib	(d) oution ratio	
С	alendar year (or tax year beginni	ng in)	Adjusted qualifying dist		Net value of no	nchai				(col (b) div	ided by col	
	2010			7,629.				9,768				50402
	2009			2,580.				8,008				73310
	2008			0,584.				7,982				66780
	2007			5,654.				$\frac{1,703}{2000}$				41939
	2006			7,650.			55.	2,302	•		.0	<u>50063</u>
											2	02404
	Total of line 1, column (d)	e			- b. the				2		• 2	82494
	Average distribution ratio for the	-		on line 2 by 5,	or by the number	oi ye	ars				۸	56499
ι	he foundation has been in existe	ilice ii iess	man 5 years						3			<u> </u>
4 i	Enter the net value of noncharital	ble-use ass	ets for 2011 from Part X,	line 5					4		380	,001.
5 1	Multiply line 4 by line 3								5		21	,470.
6 8	Enter 1% of net investment incor	ne (1% of	Part I. line 27b)						6			97.
		- 1	- , - <del> ,</del>							-	ე 1	,567.
	Add lines 5 and 6								7			
	Enter qualifying distributions fror If line 8 is equal to or greater that			1h and com	nlete that nart usin	າດ ລ 1	% tav r	rate	8		_15	<u>,238.</u>
	See the Part VI instructions	1111 <b>0</b> 7 , UII		ιυ, απα comp	note that half noill	ıya I	/υ (αλ l					

The Carl and Mabel Shurtz Foundation c/o Sidney Lex Felker 86-0761758 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here 
and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 
and enter 1% 194. 1 c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-5 6 Credits/Payments a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - tax withheld at source ĥЬ c Tax paid with application for extension of time to file (Form 8868) 60 d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 1949 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded 🕨 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х c Did the foundation file Form 1120-POL for this year? 1 c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 0 • (2) On foundation managers ▶ \$ (1) On the foundation > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х remain in the governing instrument? Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col. (c), and Part XV.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2011)

Х

8b

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86-07617	5	8
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Page	

	SSUFF (2011) Of O Example Department Departm	.,,,,		raye
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			v
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
	If "Yes," attach statement (see instructions)	12	v	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address ► N/A	740	0.4	4.0
14	The books are in care of ► Sidney L. Felker  Telephone no ► 1-520-		-04	40
	Located at ► 7440 N. Oracle Rd., Building 2, Tucson, AZ ZIP+4 ►85	704		<del>ii 1</del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/₃►	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
	country	1		
Pe	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del>,</del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
t	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
	before the first day of the tax year beginning in 2011?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years $\blacktriangleright$ ,,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>&gt;</b>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b	'	
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

1	The Carl and Mabel Shurt	z Foundation				
orm 99	00-PF(2011) c/o Sidney Lex Felker			86-07617	58	Page 6
Part	VII-B Statements Regarding Activities for Which	Form 4720 May Be F	lequired (contin	ued)		
<b>5a</b> Di	uring the year did the foundation pay or incur any amount to					
(1	) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2	) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indire	ctly,			
	any voter registration drive?		Ye	s X No		
(3	) Provide a grant to an individual for travel, study, or other similar purposes	2	Ye	s X No		
(4	) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
	509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5	) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	or			
	the prevention of cruelty to children or animals?		Ye	s X No		
b If	any answer is "Yes" to 5a(1)-(5), did <mark>any</mark> of the transactions fail to qualify uni	der the exceptions described i	n Regulations	j		
se	ction 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
01	ganizations relying on a current notice regarding disaster assistance check h	ere		<b>▶</b> □ □		
c If	the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned			
ex	penditure responsibility for the grant?	N	/A Ye	s No		
lf	"Yes," attach the statement required by Regulations section 53 494	5-5(d)				
6a Di	d the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a i	personal benefit contract?		Ye	s X No		
b Di	d the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		L_	6b	X
lf	"Yes" to 6b, file Form 8870			["	"	
7a At	any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If	"Yes," did the foundation receive any proceeds or have any net income attribi	utable to the transaction?		N/A	7b	
Part	Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	,		
	Paid Employees, and Contractors		<del>.,</del>			
	t all officers, directors, trustees, foundation managers and their	<del></del>	(a) Componentian	(d) c		
	t all officers, directors, trustees, foundation managers and their	compensation.  (b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and determed	(e) l	Expense unt, other
l List	t all officers, directors, trustees, foundation managers and their  (a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	Expense unt, other wances
List	(a) Name and address  Taid Employees, and Contractors  (a) Name and address  Cl. Foggiano	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred	accou	unt, other
Caro	(a) Name and address  ol Foggiano  L Felker 7440 N. Oracle, Bldg 2	(b) Title, and average hours per week devoted to position  Director, Off	(If not paid, enter -0-) icer	and deterred compensation	accou	unt, other wances
Card SI	(a) Name and address ol Foggiano L Felker 7440 N. Oracle, Bldg 2 son, AR 85704	(b) Title, and average hours per week devoted to position  Director, Off  0.00	(If not paid, enter -0-) icer	and deterred compensation	accou	unt, other
Card SI Tucs	(a) Name and address  ol Foggiano L Felker 7440 N. Oracle, Bldg 2 son, AR 85704 hey L. Felker	(b) Title, and average hours per week devoted to position  Director, Off	(If not paid, enter -0-) icer	and deterred compensation	accou	unt, other wances
Carc SI Sidi	(a) Name and address  Col Foggiano  L Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  ney L. Felker  O N. Oracle Rd., Building 2	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire	(If not paid, enter-0-) icer 0. ctor/Offi	and deterred compensation  0.	accou	ont, other wances
Carcarda Sidra Sidra 1440	(a) Name and address  Col Foggiano  L Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  hey L. Felker  O N. Oracle Rd., Building 2  Son, AR 85704	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00	(If not paid, enter-0-) icer 0. ctor/Offi 0.	and deterred compensation	accou	unt, other wances
Carc S SI Fucs Sidr 744( Fucs	(a) Name and address  col Foggiano  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704  hey L. Felker  O N. Oracle Rd., Building 2  son, AR 85704  ion F. Stewart	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire	(If not paid, enter-0-) icer 0. ctor/Offi 0.	and deterred compensation  0.	accou	ont, other wances
Carce Side Side Fucs	(a) Name and address  Col. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker 7440 N. Oracle, Bldg 2	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	o.	accou	O .
Carce Side Side Fucs	(a) Name and address  col Foggiano  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704  hey L. Felker  O N. Oracle Rd., Building 2  son, AR 85704  ion F. Stewart	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00	(If not paid, enter-0-) icer 0. ctor/Offi 0.	and deterred compensation  0.	accou	ont, other wances
Carce Side Side Fucs	(a) Name and address  Col. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker 7440 N. Oracle, Bldg 2	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	o.	accou	O .
Carce Side Side Fucs	(a) Name and address  Col. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker 7440 N. Oracle, Bldg 2	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	o.	accou	O .
Carcello List Carcello Side Ca	(a) Name and address  Col Foggiano  L Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  hey L. Felker  O N. Oracle Rd., Building 2  Son, AR 85704  ion F. Stewart  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	o.	accou	O .
Carcello List Carcello Side Ca	(a) Name and address  Col. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker  D. N. Oracle Rd., Building 2  Son, AR 85704  Maney L. Felker 7440 N. Oracle, Bldg 2	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	O.  Cer  O.	acco	O. O.
Carcello List Carcello Side Ca	(a) Name and address  Col Foggiano  L Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  hey L. Felker  O N. Oracle Rd., Building 2  Son, AR 85704  ion F. Stewart  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter-0-) icer  0. ctor/Offi  0. icer	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	O.  Cer  O.	(e) I	O . O .
Carcello List Carcello Side Ca	(a) Name and address  col Foggiano  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704  ney L. Felker  O N. Oracle Rd., Building 2  son, AR 85704  ion F. Stewart  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704  ion F. Stewart  L Felker 7440 N. Oracle, Bldg 2  son, AR 85704	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other
Carcello List Carcello Side Ca	(a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Employees, foundation managers and their  (a) Name and address  Cl. Foggiano  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Mion F. Stewart  L. Felker 7440 N. Oracle, Bldg 2  Son, AR 85704  Manager and Address of each employees (other than those income and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director, Off  0.00  Managing Dire  0.00  Director, Off  0.00	(If not paid, enter -0-) icer  0. ctor/Offi  0. icer  0.	and deterred compensation  O.  Cer  O.  (d) Contributions to employee benefit plans and deterred	(e) I	O .  O .  Expense unt, other

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of se	ervice	(c) Compensation
NONE		
	,	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Double IV P. C		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3	<b>•</b>	0.

86-0761758 Form 990-PF (2011) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 377,817. a Average monthly fair market value of securities 1a 7,971. b Average of monthly cash balances 1b c Fair market value of all other assets 10 385,788. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 385,788. 3 Subtract line 2 from line 1d 5,787 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 380,001 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 19,000 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part ) 19,000. Minimum investment return from Part X, line 6 1 1 194. Tax on investment income for 2011 from Part VI, line 5 2a 2b Income tax for 2011 (This does not include the tax from Part VI) 194 Add lines 2a and 2b 2c 3 3 Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 18,806 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 18,806 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 15,238. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1h Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) За **b** Cash distribution test (attach the required schedule) 3b 15,238 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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5 6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI.				2011
line 7				18,806.
Undistributed income, if any, as of the end of 2011	17: 17:11			
a Enter amount for 2010 only			15,238.	
b Total for prior years				· · · · · · · · · · · · · · · · · · ·
		0.		,, , , , , , , , , , , , , , , , , , ,
Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	0.			
f Total of lines 3a through e	0.			***************************************
Qualifying distributions for 2011 from Part XII, line 4 > \$ 15, 238.				
			15,238.	
a Applied to 2010, but not more than line 2a		<del>.</del>	15,250.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)  c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0.
e Remaining amount distributed out of corpus	0.			·····
Excess distributions carryover applied to 2011	0.		;	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed d Subtract line 6c from line 6b Taxable		0.		······································
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				·····
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract		······································	,	
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				18,806.
Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			·····
Analysis of line 9				L
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011		<u> </u>		Form <b>QQ0_DF</b> (2011)

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Part XIV Private Operating F	oundations (see in:	structions and Part V	II-A, question 9)	N/A	· · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling of	r determination letter that	tit is a private operating	· •		
foundation, and the ruling is effective fo	r 2011, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described	I in section	4942(J)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					,
b 85% of line 2a			-		
c Qualifying distributions from Part XII,				i "	
line 4 for each year listed					
d Amounts included in line 2c not					<del>                                     </del>
used directly for active conduct of					
exempt activities					
•			-		
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c  3 Complete 3a, b, or c for the				<del></del>	
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		1			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					}
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<del></del>	<del> </del>	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)	-				
(3) Largest amount of support from					
an exempt organization				<del></del>	
(4) Gross investment income		to this part only	if the foundation		l
Part XV Supplementary Info			it the foundation	n nad \$5,000 or m	iore in assets
		i detions.			
1 Information Regarding Foundation					
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ntributions received by th	e toundation before the ci	ose of any tax
	11010 (11011 40,000) (000 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
None			- /		
b List any managers of the foundation whether entity) of which the foundation has			i (or all equally large por	ion of the ownership of a	partnership or
None	o a 1070 or grouter intere				
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., I	Programs:		<del></del>
Check here ▶ ☐ If the foundation				not accept unsolicited rec	wests for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indi-	viduals or organizations	under other conditions,		-
a The name, address, and telephone num		m applications should b	oe addressed	•	
Sidney L. Felker, 52					
7440 N. Oracle Rd., E				<del></del>	
b The form in which applications should					
Short written narrat	ive with co	py of exem	ption lette	<u>r</u>	
c Any submission deadlines	<del> </del>		<u></u>		
Preferred by 9/31 fo	or period en	ding 12/3	1		
d Any restrictions or limitations on award					
Preference to qualif		ations in	Tucson Ariz	ona. Award	typically
not more than \$500-	\$2,000				

Form 990-PF (2011) C/O Sidney Lex Felker

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the		Payment		<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	recipient		
a rad during the year				
		+		
merican Red Cross	none	Public	Community Benefit	
916 E. Broadway Pucson, AZ 85716				1,500
desci, Az US710		<del></del>		1,200
		L		
mphi Foundation 01 W. Wetmore Rd.	none	Public	Community Benefit	
ucson, AZ 85705				750
debon, Al 03703				,,,,
		,,,		
rizona Children's Association 700 S. Eighth St.	none	public	community Benefit	
5713, AZ				1,000
				<b>,</b>
			0ib PEib	
asa Esperanza 900 W. Chandler Blvd. #15-359	none	public	Community Benefit	
handler, AZ 85244				1,500
ommunity Home Repair Projects	none	public	community Benefit	
.O. Box 26215	попе	Public	Dominante, Benefit	
'ucson, AZ 85726-6215				2,500
	ontinuation shee	et(s)	► 3a	13,250
b Approved for future payment				
None				
•				
Total			<b>▶</b> 3b	m <b>990-PF</b> /2011

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
· ·	1-33-1-	<del></del>			
ab					
e					
1					<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		·	14	8,896.	
5 Net rental income or (loss) from real estate		, ,, ,,, ,		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	2,616.	333.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	<u> </u>				
C		·-			
d					
e	ļ			11 -10	
12 Subtotal Add columns (b), (d), and (e)			).	11,512.	333.
13 Total Add line 12, columns (b), (d), and (e)				13	11,845.
(See worksheet in line 13 instructions to verify calculations )		<del></del>			

Line No. ▼	the foundation's exempt purposes (other than by providing funds for such purposes)							
3	Interest- Assist in generating income for distribution							
4	Dividends - Enables funds for distributions							
7	Capital gains - provides funds for distributions							

c/o Sidney Lex Felker Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organ	izations			
1	Did the org	ganization directly or indi	rectly engage in any of the fo	llowing with any other organization	described in section 501(c) of	Yes No
				ion 527, relating to political organiza	ations?	
а	Transfers :	from the reporting founda	ation to a noncharitable exem	npt organization of		
	(1) Cash					1a(1) X
	(2) Other	assets				1a(2) X
þ	Other trans	sactions				
	(1) Sales	of assets to a noncharita	ble exempt organization			1b(1) X
			ncharitable exempt organizat	ion		1b(2) X
	(3) Renta	l of facilities, equipment,	or other assets			1b(3) X
	, ,	bursement arrangements				1b(4) X
		s or loan guarantees				1b(5) X
	• •		mbership or fundraising soli			1b(6) X 1c X
	•		iling lists, other assets, or pa	· •		
đ		· ·			rys show the fair market value of the good	
					in any transaction or sharing arrangemen	t, snow in
(2)		(b) Amount involved	other assets, or services reco	ritable exempt organization	(d) Description of transfers, transactions, a	and charge arrangements
(4)!	Line no	(b) Amount involved		A Triable exempt organization	(u) Description of transfers, transactions, a	ind sharing arrangements
			11/	A		
				<del></del>		
-						
_						<del></del>
						<del></del>
_						<del></del>
				·		
					<del></del>	
						· · · · · · · · · · · · · · · · · · ·
2 a	Is the four	ndation directly or indirec	tly affiliated with, or related to	o, one or more tax-exempt organiza	itions described	
			r than section 501(c)(3)) or i			Yes X No
b		omplete the following sch				
_=		(a) Name of org		(b) Type of organization	(c) Description of relation	onship
		N/A				
			·			
				ncluding accompanying schedules and st her than taxpayer) is based on all informat	tatements, and to the best of my knowledge	May the IRS discuss this
	ign   🛌	siler, it is true concer, and con	) . 11			return with the preparer shown below (see instr.)?
H	ere 🔃	Alley 4 p		- SMI	P CTSE	X Yes No
	Sıgr	nature of officer or trustee	<del></del>	Date	Title	
		Print/Type preparer's na	ame Prepa	rer's signature	Date Check If PTI	IN
_		Sidnov Toy E	olkor /	Jay Lale	self- employed	01461070
	aid	Sidney Lex F				01461279
	reparer	Firm's name > S10	lney Lex Felk	er P.C.	Firm's EIN ► 86-	05/5644
U	se Only	5	140 N 0 7	חולה ז		
			40 N. Oracle		5. 530	742 0440
		ı Tu	cson, AZ 857	U4-/3/b	Phone no 520	-742-0440

Part XV Supplementary Information Grants and Contributions Paid During the				Τ
Recipient	If recipient is an individual.		<del>-</del>	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<u> </u>	of substantial contributor	recipient		
Handi-Dogs	none	public	community Benefit	
75 S. Montego Dr.		ſ	-	
Tucson, AZ 85710				1,000
Humane Society of Southern Arizona	none	public	community Benefit	
3450 N. Kelvin Blvd				
Tucson, AZ 85716				1,000
Interfaith Community Services	none	public	Community Benefit	
2820 W. Ina Rd				
Tucson, AZ 85741				2,000
Marshall Home for Men	none	Public	Community Benefit	
3314 S. 16th Ave.	none	Tubile	Community Benefit	
Tucson, AZ 85713				250
Marty Birdman Center	none	Public	Community Benefit	
P.O. Box 77982				
Tucson, AZ 85705				750.
		nh.1 d	7	
Teen Outreach Pregnacy Services 39 N. Tucson Blvd	none	Public	Community Health	
Tucson, AZ 85716				1,000
Tuesda, AL US/10				1,000
Total from continuation sheets				6,000
TOTAL HOW COMMINGRATION GROUND				·

Form 990-PF Dividen	ds and	Inter	est from	Secui	rities	Statemer	nt 1
Source		Gross			ital Gains ividends	Column (A) Amount	
Charles Schwab	•		11,512.		2,616.	8	8,896.
Total to Fm 990-PF, Part I,	ln 4		11,512.		2,616.	8	8,896.
Form 990-PF		Legal	Fees			Statemer	nt 2
Description	Expe	a) nses Books	(b) Net Inv	est-	(C) Adjusted Net Incom		d) table
Administration		3,975.	1	,987.		1	,988.
To Fm 990-PF, Pg 1, ln 16a		3,975.	1	,987.		1	,988.
Form 990-PF		Tax	es			Statemer	it 3
Description	Expe	a) nses Books	(b) Net Inv	est-	(c) Adjusted Net Incom		l) table
Federal Tax		131.		131.			0.
To Form 990-PF, Pg 1, ln 18		131.		131.			0.
Form 990-PF	0	Other Expenses		Statement 4			
Description	Expe	a) nses Books	(b) Net Inv		(c) Adjusted Net Incom		l) table
Fees and Bank Charges		10.		10.			0.
To Form 990-PF, Pg 1, ln 23		10.		10.			0.

Form 990-PF Corporate Stock	:	Statement 5
Description	Book Value	Fair Market Value
SECURITIES	363,785.	363,785.
Total to Form 990-PF, Part II, line 10b	363,785.	363,785.