

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

#### **Return of Private Foundation**

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

OMB No 1545-0052

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| For                              | calend     | aar year 2013 or tax year beginning ,  | and ending            |             |             |                                  |                                       |
|----------------------------------|------------|--|-----------------------|-------------|-------------|----------------------------------|---------------------------------------|
| Na                               | ne of fou  | undation   |                       |             | A Emplo     | yer identification number        |                                       |
| R                                | пен        | HODGES FAMILY FOUNDATION   |                       |             | 26.         | -0429845                         |                                       |
|                                  |            | d street (or P O box number if mail is not delivered to street address)                                      |                       | Room/suite  | <del></del> | none number (see instructions    | <u> </u>                              |
|                                  |            | CORPORATE BLVD   |                       | 130         |             |                                  | ,                                     |
|                                  |            | , state or province, country, and ZIP or foreign postal code   |                       |             | C If exen   | nption application is pending,   | chack hara                            |
| R                                | <u>ENO</u> | NV 89502   |                       |             | _ c "exem   | inputori application is pending, | Crieck fiele                          |
| G C                              | heck a     | all that apply: Initial return Initial retur   | rn of a former public | charity     | D 1 For     | reign organizations, check hei   | re •                                  |
|                                  |            | Final return Amended   | return                |             | 2 Fo        | reign organizations meeting th   | ne                                    |
|                                  |            | Address change Name cha  | inge                  |             | 85          | % lest, check here and attach    | computation >                         |
| нс                               | heck t     | type of organization X Section 501(c)(3) exempt private  | foundation            |             | E If priva  | ite foundation status was term   | nnated under                          |
|                                  | Section    | n 4947(a)(1) nonexempt charitable trust Other taxable  | le private foundation |             | section     | 1 507(b)(1)(A), check here       | ▶ [_                                  |
| l Fa                             | ır mar     | ket value of all assets at J Accounting method   | X Cash A              | ccrual      | F If the f  | oundation is in a 60-month ter   | mination                              |
| er                               | d of ye    | ear (from Part II, col (c), Other (specify)  |                       |             | under       | section 507(b)(1)(B), check hi   | ere • _                               |
| lin                              | e 16) l    | ▶ \$ 23,358 (Part I, column (d) must t   | be on cash basis)     |             |             |                                  |                                       |
| Pa                               | art I      | Analysis of Revenue and Expenses (The total of   | (a) Revenue and       | (b) Net in  | vestment    | (c) Adjusted net                 | (d) Disbursements<br>for chantable    |
|                                  |            | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per<br>books | inco        |             | income                           | purposes<br>(cash basis only)         |
|                                  | 1          | Contributions, gifts, grants, etc., received (attach schedule)   | 15,00                 | 00          |             | •                                | (casii basis uriy)                    |
|                                  | 2          | Check ► If the foundation is <b>not</b> required to attach Sch B   |                       |             |             |                                  |                                       |
|                                  | 3          | Interest on savings and temporary cash investments   |                       | 7           | 7           | 7                                |                                       |
|                                  | 4          | Dividends and interest from securities   |                       |             |             |                                  |                                       |
|                                  | 5a         | Gross rents  |                       |             |             |                                  |                                       |
| Ф                                | b          | Net rental income or (loss)  |                       |             |             |                                  |                                       |
| Ž                                | 6a         | Net gain or (loss) from sale of assets not on line 10  | P                     |             |             |                                  |                                       |
| Revenue                          | b          | Gross sales price for all assets on line 6a  |                       | BEAE.       |             |                                  |                                       |
| æ                                | 7          | Capital gain net income (from Part IV, line 2)   |                       | LUEIV       | ED 0        | 7                                |                                       |
|                                  | 8          | Net short-term capital gain  | 181                   |             |             |                                  |                                       |
|                                  | 9          | Income modifications   | 181                   | MAYIGO      | 10          | 3                                |                                       |
|                                  | 10a        | Gross sales less returns and allowances  |                       |             | 014 19      |                                  |                                       |
|                                  | b          | Less: Cost of goods sold   |                       | GDEN        |             |                                  |                                       |
|                                  | С          | Gross profit or (loss) (attach schedule)   |                       | SLIV,       | UT          |                                  |                                       |
|                                  | 11         | Other income (attach schedule)   |                       |             |             |                                  |                                       |
|                                  | 12         | Total. Add lines 1 through 11  | 15,00                 |             | 7           |                                  |                                       |
| Ś                                | 13         | Compensation of officers, directors, trustees, etc   |                       | 0           |             |                                  |                                       |
| l<br>nses                        | 14         | Other employee salaries and wages  |                       |             |             |                                  |                                       |
| 04<br>04<br>04                   | 15         | Pension plans, employee benefits   | -                     | <del></del> |             |                                  |                                       |
|                                  | 16a        | Legal fees (attach schedule)  Accounting fees (attach schedule)  STMT 1                                      | ļ                     | 25          | 125         | 100                              |                                       |
| .ν <sub>Φ</sub>                  | b          | Other professional fees (attach schedule)  |                       |             | 123         | 100                              |                                       |
| and Administrative               | 17         | Interest   |                       |             |             |                                  | <del></del>                           |
| str                              | 18         | Taxes (attach schedule) (see instructions)   |                       | -           |             |                                  |                                       |
| <u>≅:ë</u>                       | 19         | Depreciation (attach schedule) and depletion   |                       |             |             |                                  |                                       |
| ÿέ                               | 20         | Occupancy  |                       |             |             |                                  | ·                                     |
| ¥ĕ                               | 21         | Travel, conferences, and meetings  |                       |             |             |                                  | · · · · · · · · · · · · · · · · · · · |
| 2 5                              | 22         | Printing and publications  |                       |             |             |                                  |                                       |
|                                  | 23         | Other expenses (att sch ) STMT 2   |                       | 25          | 13          | 12                               |                                       |
| ֝֟֝֟֝֟֝֟֝֟֝֟֝֝֟֝֝֟֝֝֟֝֝ <b>֚</b> | 24         | Total operating and administrative expenses.   |                       |             |             |                                  |                                       |
| ā                                |            | Add lines 13 through 23  | 25                    | 50          | 138         | 112                              | 0                                     |
| Operating                        | 25         | Contributions, gifts, grants paid  | 2,50                  |             |             |                                  | 2,500                                 |
|                                  | 26         | Total expenses and disbursements. Add lines 24 and 25  | 2,75                  |             | 138         | 112                              | 2,500                                 |
|                                  | 27         | Subtract line 26 from line 12  |                       |             |             |                                  |                                       |
|                                  | a          | Excess of revenue over expenses and disbursements  | 12,25                 | 57          |             |                                  |                                       |
|                                  | b          | Net investment income (if negative, enter -0-)   |                       |             | 0           |                                  |                                       |
|                                  | С          | Adjusted net income (if negative, enter -0-)   |                       |             |             | 0                                |                                       |

23,358

23,358

3

4

5

6

3 Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

| Part IV Capital Gains a                                       | nd Losses for Tax on Investme  | nt Income                             |  |                |  |                                      |  |
|---|--|---------------------------------------|--|----------------|--|--------------------------------------|--|
|   | cribe the kind(s) of property sold (e.g., real estate, varehouse, or common stock 200 shs MLC Co.) |                                       | (b) How acquired<br>P – Purchase<br>D – Donation | (c) Date a     | . ,  | (d) Date sold<br>(mo , day, yr )     |  |
| 1a N/A .  |  |                                       |  |                |  |                                      |  |
| b   |  |                                       |  |                |  |                                      |  |
|   |  |                                       |  |                |  |                                      |  |
| <u>d</u>  |  |                                       |  |                |  |                                      |  |
| <u>e</u>  |  |                                       |  |                |  |                                      |  |
| (e) Gross sales price   | (f) Depreciation allowed (or allowable)  |                                       | or other basis<br>ense of sale                   |                | (h) Gain<br>(e) plus (f)   |                                      |  |
| а   |  |                                       |  | ļ              |  |                                      |  |
| b   |  | -                                     | <del></del>                                      |                |  |                                      |  |
| <u>c</u>  |  |                                       |  | <u> </u>       |  |                                      |  |
| d   |  |                                       |  |                |  |                                      |  |
| Complete only for assets showing                              | gain in column (h) and owned by the fou  | ndation on 12/31/69                   |  |                |  |                                      |  |
| (i) F M V as of 12/31/69                                      | (j) Adjusted basis<br>as of 12/31/69   | (k) Exce                              | ess of col (i)                                   | 1              | (I) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-)or<br>Losses (from col. (h)) |                                      |  |
| a   |  |                                       |  |                |  | <del></del>                          |  |
| b   |  |                                       |  |                |  |                                      |  |
| С   |  |                                       |  |                |  |                                      |  |
| d   |  |                                       |  |                |  |                                      |  |
| _e  |  |                                       |  |                |  |                                      |  |
| 2 Capital gain net income or (net ca                          | If (loss), enter -0- in  | Part I, line 7 Part I, line 7         |  | 2              |  |                                      |  |
|   | s) as defined in sections 1222(5) and (6) column (c) (see instructions) If (loss), en              | ter -0- ın                            |  | 3              |  |                                      |  |
|   | der Section 4940(e) for Reduce   | ed Tax on Net Ir                      | vestment Incom                                   | <del></del>    |  |                                      |  |
|   | foundations subject to the section 4940(a  |                                       | · ·  |                |  |                                      |  |
| If section 4940(d)(2) applies, leave this                     | •  | ,                                     | •  |                |  |                                      |  |
| in section 4540(d)(2) applies, leave the                      | s part blank   |                                       |  |                |  |                                      |  |
|   | on 4942 tax on the distributable amount o  | • •                                   | se period?                                       |                |  | Yes X No                             |  |
|   | fy under section 4940(e) Do not complete   | · · · · · · · · · · · · · · · · · · · |  |                |  |                                      |  |
| 1 Enter the appropriate amount in e                           | ach column for each year, see the instruc  | tions before making                   | any entries.                                     | <del></del>    |  | (4)                                  |  |
| Base penod years Calendar year (or tax year beginning in      | <del> </del>   |                                       | (c)<br>ue of nonchantable-use asse               |                |  | (d) ibution ratio ivided by col (c)) |  |
| 2012  | 1  | ,230                                  | <u> </u>   | 684            |  | 0.105272                             |  |
| 2011  |  | ,000                                  | 11,  |                |  | 0.177983                             |  |
| 2010  |  |                                       | 10,  | 971            |  |                                      |  |
| 2009  | · ···· - · · · · · · · · · · · · · · ·   |                                       |  | 411            |  |                                      |  |
| 2000  |  | 1                                     |  | 3 7 7          |  |                                      |  |
| 2 Total of line 1, column (d)                                 |  |                                       |  | 2              |  | 0.283255                             |  |
|   | -year base period - divide the total on line   | e 2 by 5, or by the                   |  | <del>-</del> - |  |                                      |  |
| <del>-</del>  | as been in existence if less than 5 years  |                                       |  | 3              |  | 0.141628                             |  |
| 4 Enter the net value of noncharitab                          | le-use assets for 2013 from Part X, line 5   |                                       |  | 4              |  | 16,972                               |  |
| 5 Multiply line 4 by line 3                                   |  |                                       |  | 5              | <u> </u>   | 2,404                                |  |
| 6 Enter 1% of net investment incom                            | e (1% of Part I, line 27b)   |                                       |  | 6              |  |                                      |  |
| 7 Add lines 5 and 6   |  |                                       |  | 7              |  | 2,404                                |  |
| 8 Enter qualifying distributions from                         |  |                                       |  | 8              |  | 2,500                                |  |
| If line 8 is equal to or greater than<br>Part VI instructions | line 7, check the box in Part VI, line 1b, a   | nd complete that par                  | rt using a 1% tax rate                           | See the        |  |                                      |  |

| Form | 990-PF (2013) BUSH HODGES FAMILY FOUNDATION 26-0429845   |          |              | Pa            | age 4       |
|------|--|----------|--------------|---------------|-------------|
|      | rt 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 ► X and enter 1% of Part I, line 27b  |          |              |               |             |
| С    | 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-)   |          |              |               | 0           |
| 3    | Add lines 1 and 2  |          |              |               |             |
| 4    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |          |              |               | 0           |
| 5    | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   |          |              |               | 0           |
| 6    | Credits/Payments   |          |              |               |             |
| а    | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a  |          |              |               |             |
| b    | Exempt foreign organizations – tax withheld at source  |          |              |               |             |
| С    | Tax paid with application for extension of time to file (Form 8868)  |          |              |               |             |
| d    | Backup withholding erroneously withheld 6d 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   |          |              |               |             |
| 9    | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |          |              |               |             |
|      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |          |              |               |             |
|      | Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ 11  |          |              |               |             |
|      | rt VII-A Statements Regarding Activities   |          |              | . 1           | <del></del> |
| 1a   | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   | $\vdash$ | $\neg$       | 'es           | No_         |
|      | participate or intervene in any political campaign?  | 1:       | <u>а</u>     | $\dashv$      | X           |
| b    | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see   |          |              |               | v           |
|      | Instructions for the definition)?  | 1        | <del>D</del> | $\rightarrow$ | <u>X</u>    |
|      | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials  |          |              |               |             |
| _    | published or distributed by the foundation in connection with the activities   | .        |              | Ì             | v           |
|      | Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                  | 10       | -            | -             | <u>X</u>    |
| đ    |  |          |              | Ì             |             |
| _    | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | ŀ        | - 1          | ł             |             |
| е    | on foundation managers   \$  | l        |              |               |             |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2        | ,            |               | Χ           |
| -    | If "Yes," attach a detailed description of the activities  | <u> </u> |              |               |             |
| 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        | 3            |               | Χ           |
| 4a   | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4:       |              |               | X           |
|      | If "Yes," has it filed a tax return on Form 990-T for this year?   |          |              |               |             |
| 5    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5        | $\neg$       |               | X           |
|      | If "Yes," attach the statement required by General Instruction T   |          |              | Ī             |             |
| 6    | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |          |              |               |             |
|      | By language in the governing instrument, or  |          |              |               |             |
|      | By state legislation that effectively amends the governing instrument so that no mandatory directions that   |          |              |               |             |
|      | conflict with the state law remain in the governing instrument?  | 6        | 3            | X             |             |
| 7    | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV   | 7        | 7            | <u>X</u>      |             |
| 8a   | Enter the states to which the foundation reports or with which it is registered (see instructions) ► NONE  |          |              |               |             |
| b    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |          |              |               |             |
|      | (or designate) of each state as required by General Instruction G? If "No," attach explanation   | 81       | b L          | X             |             |
| 9    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  |          |              | T             |             |
|      | 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"   |          |              |               |             |
|      | complete Part XIV  | 9        |              |               | <u>X</u>    |
| 10   | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their   | }        |              |               |             |
|      | names and addresses STMT 3   | 1        |              | X             |             |
|      |  | Form     | 990          | -PF           | (2013)      |

| orm  | 990-PF (2013) BUSH HODGES                                      | FAMILY FOUNDATION                        | 26-0  | 1429845   |  |                 | Page 6                      |
|------|--|--|---|---|--|-----------------|-----------------------------|
| Pa   | art VII-B Statements Regardin                                  | g Activities for Which Forr              | n 4720 May Be Re  | quired (continu                                 | ued)                                   |                 |                             |
| 5a   | During the year did the foundation pay or ir                   | cur any amount to                        | <del>-</del>  |   |  |                 |                             |
|      | (1) Carry on propaganda, or otherwise atte                     | empt to influence legislation (section   | 1 4945(e))?   | \   | res X No                               |                 | ļ                           |
|      | (2) Influence the outcome of any specific p                    | ublic election (see section 4955), o     | r to carry on,  | <del></del>                                     |  |                 | ĺ                           |
|      | directly or indirectly, any voter registrat                    | ion drive?                               |   | \   | res X No                               |                 |                             |
|      | (3) Provide a grant to an individual for trav                  | el, study, or other similar purposes?    | ?   | \ \   | res 🛚 X No                             |                 |                             |
|      | (4) Provide a grant to an organization other                   | r than a charitable, etc , organizatio   | on described in   |   |  |                 |                             |
|      | section 509(a)(1), (2), or (3), or section                     | 4940(d)(2)? (see instructions)           |   | \ \ \   | res X No                               |                 |                             |
|      | (5) Provide for any purpose other than religion                | gious, charitable, scientific, literary, | or educational  | _   | _                                      |                 |                             |
|      | purposes, or for the prevention of cruel                       | ty to children or animals?               |   | <u> </u>  | res X No                               | ľ               |                             |
| b    | If any answer is "Yes" to 5a(1)-(5), did any                   | of the transactions fail to qualify un   | der the exceptions desc   | cribed in                                       |  | 1               |                             |
|      | Regulations section 53 4945 or in a current                    | notice regarding disaster assistance     | ce (see instructions)?  |   | N/A                                    | 5b              |                             |
|      | Organizations relying on a current notice re                   | garding disaster assistance check        | here  |   | ▶ 📗                                    |                 |                             |
| С    | If the answer is "Yes" to question 5a(4), do                   | es the foundation claim exemption f      | rom the tax   | . —   |  |                 |                             |
|      | because it maintained expenditure respons                      | ibility for the grant?                   |   | N/A 📙 🛚   | ′es 📙 No                               |                 |                             |
|      | If "Yes," attach the statement required by R                   | egulations section 53 4945-5(d)          |   |   |  |                 |                             |
| 6a   | Did the foundation, during the year, receive                   | any funds, directly or indirectly, to    | pay premiums  |   | [E]                                    |                 |                             |
|      | on a personal benefit contract?                                |  |   | Y   | es X No                                |                 |                             |
| b    | Did the foundation, during the year, pay pre                   | miums, directly or indirectly, on a p    | ersonal benefit contract  | ?   |  | 6b              | X                           |
| _    | If "Yes" to 6b, file Form 8870.                                |  |   | <u> </u>  | . 57                                   |                 |                             |
|      | At any time during the tax year, was the for                   |  |   |   | es X No                                |                 |                             |
|      | If "Yes," did the foundation receive any pro-                  |  |   |   | N/A                                    | 7b              |                             |
| Pa   |  | cers, Directors, Trustees, F             | -oundation Manag  | jers, nigniy Pa                                 | iid Employee:                          | 5,              |                             |
| 1 1  | and Contractors  List all officers, directors, trustees, found | lation managers and their comp           | ensation (see instruc   | tions)  |  |                 |                             |
|      | ist un omocio, unotoro, tractoro, rounc                        | action managers and then comp            |   |   | (d) Contributions to                   | _               |                             |
|      | (a) Name and ad  | dress                                    | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation<br>(if not paid,<br>enter -0-) | employee benefit<br>plans and deferred |                 | ense account,<br>allowances |
|      |  |  |   |   | compensation                           |                 |                             |
|      | CHARD D HODGES   | RENO                                     | TREASURER   |   |  |                 |                             |
|      | 01 CORPORATE BLVD  | NV 89502                                 | 1.00  | 0   | 0                                      |                 | 0                           |
|      | SIREE BUSH   | RENO                                     | SECRETARY   | _   |  |                 |                             |
|      | 01 CORPORATE BLVD  | NV 89502                                 | 1.00  | 0   | 0                                      | <del>-</del>    | 0                           |
|      | BERT BUSH  | RENO                                     | PRESIDENT   |   |  |                 |                             |
| 12   | 01 CORPORATE BLVD  | NV 89502                                 | 1.00  | 0   | 0                                      |                 | 0                           |
|      |  |  |   |   |  |                 |                             |
| 2    | Compensation of five highest-paid emp                          | lovees (other than those includ          | ed on line 1 ~ see inst   | tructions). If non-                             | e. enter                               | L               |                             |
|      | "NONE."  | •  |   |   |  |                 |                             |
|      |  |  | (b) Title, and average  |   | (d) Contributions to                   |                 | <del></del>                 |
|      | (a) Name and address of each employee pa                       | rd more than \$50,000                    | hours per week  | (c) Compensation                                | employee benefit<br>plans and deferred |                 | ense account,<br>allowances |
|      |  |  | devoted to position   |   | compensation                           | L               |                             |
| NO   | NE   |  |   |   |  |                 |                             |
|      |  |  |   |   |  |                 |                             |
|      |  |  |   |   |  |                 |                             |
|      |  |  |   |   |  | <u> </u>        |                             |
|      |  |  |   |   |  |                 |                             |
|      |  |  |   |   |  | <u> </u>        |                             |
|      |  |  |   |   |  |                 |                             |
|      |  |  |   |   |  |                 | <del></del>                 |
|      |  |  |   |   |  |                 |                             |
| Tota | I number of other employees and over \$50.0                    | 100                                      | L   |   | · · · · · · · · · · · · · · · · · · ·  |                 | 1                           |
| ota  | I number of other employees paid over \$50,0                   |  | <del> </del>  |   | <del> </del>                           | 00/             | 0                           |
|      |  |  |   |   | F                                      | orm <b>99</b> 1 | 0-PF (2013)                 |

| Form 990-PF (201)      | 3) BUSH HODGES FAMILY FOUNDATION  | 26-0429845                         |             | Page 7      |
|------------------------|---|------------------------------------|-------------|-------------|
|                        | Information About Officers, Directors, Trustees, Foundation   | dation Managers, Highly Paid Emp   | loyees,     |             |
|                        | and Contractors (continued)   |                                    |             |             |
| 3 Five highes          | t-paid independent contractors for professional services (see ins   | tructions). If none, enter "NONE." | <del></del> |             |
|                        | (a) Name and address of each person paid more than \$50,000   | (b) Type of service                | (c) Cor     | mpensation  |
| NONE                   |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    | <del></del> |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             | <del></del> |
|                        |   |                                    |             |             |
| Total number of ot     | hers receiving over \$50,000 for professional services  |                                    | •           |             |
| Part IX-A              | Summary of Direct Charitable Activities   |                                    |             |             |
|                        | our largest direct chantable activities during the tax year. Include relevant statistical informatio<br>er beneficianes served, conferences convened, research papers produced, etc | n such as the number of            | Exp         | penses      |
| 1 N/A                  |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             |             |
| 2                      |   |                                    |             |             |
|                        |   |                                    |             |             |
|                        |   |                                    |             |             |
| 3                      |   |                                    |             |             |
|                        |   |                                    |             |             |
| 4                      |   |                                    |             |             |
| •                      |   |                                    |             |             |
|                        |   |                                    |             |             |
| Part IX-B              | Summary of Program-Related Investments (see instru  | uctions)                           |             |             |
|                        | est program-related investments made by the foundation during the tax year on lines 1 and 2   |                                    | Amou        | ınt         |
| 1 N/A                  |   |                                    |             |             |
|                        |   |                                    |             |             |
| 2                      |   |                                    |             |             |
| 2                      |   |                                    |             |             |
|                        |   |                                    |             |             |
| All other program-rela | ited investments. See instructions  |                                    |             |             |
| 3                      |   |                                    |             |             |
|                        |   |                                    |             |             |

Total. Add lines 1 through 3

2,500

2

3a

3b

4

6

3

b

Amounts set aside for specific chantable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

| Pa | rt XIII Undistributed Income (s                  | ee instructions) |               |                            |             |                                       |
|----|--|------------------|---------------|----------------------------|-------------|---------------------------------------|
| 1  | Distributable amount for 2013 from Part XI,      |                  | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013                           |
|    | line 7   |                  |               |                            |             | 849                                   |
| 2  | Undistributed income, if any, as of the end of   | 2013.            |               |                            |             |                                       |
|    | Enter amount for 2012 only                       |                  |               |                            |             |                                       |
|    | Total for prior years 20, 20                     |                  |               |                            |             |                                       |
| 3  | Excess distributions carryover, if any, to 201   | 3.               |               |                            |             |                                       |
|    | From 2008  |                  |               |                            |             |                                       |
|    | From 2009  |                  |               |                            |             |                                       |
| _  | From 2010  | 100              |               |                            |             |                                       |
|    | From 2011  | 420              |               |                            |             |                                       |
|    | From 2012  | 646              |               |                            |             |                                       |
| f  | Total of lines 3a through e                      |                  | 1,066         |                            |             |                                       |
| 4  | Qualifying distributions for 2013 from Part XI   | l,               |               |                            |             |                                       |
|    | line 4 ▶ \$2,500                                 |                  |               |                            |             |                                       |
|    | Applied to 2012, but not more than line 2a       |                  | -             |                            |             |                                       |
| þ  | Applied to undistributed income of prior year    | s                |               |                            |             |                                       |
|    | (Election required – see instructions)           | _                |               |                            |             |                                       |
| С  | Treated as distributions out of corpus (Election | on               |               |                            |             |                                       |
|    | required – see instructions)                     |                  |               |                            |             |                                       |
| d  | Applied to 2013 distributable amount             |                  |               |                            |             | 849                                   |
| е  | Remaining amount distributed out of corpus       | -                | 1,651         |                            |             | <u> </u>                              |
| 5  | Excess distributions carryover applied to 201    | 3                |               |                            |             |                                       |
|    | (If an amount appears in column (d), the san     | ne               |               |                            |             |                                       |
|    | amount must be shown in column (a))              |                  |               |                            |             |                                       |
| 6  | Enter the net total of each column as            |                  |               |                            |             |                                       |
|    | indicated below:                                 |                  | [             |                            |             |                                       |
| а  | Corpus Add lines 3f, 4c, and 4e Subtract lin     | e 5              | 2,717         |                            |             | · · · · · · · · · · · · · · · · · · · |
| b  | Prior years' undistributed income Subtract       |                  |               |                            |             |                                       |
|    | line 4b from line 2b                             | _                |               |                            |             |                                       |
| C  | Enter the amount of prior years' undistributed   | 1                | }             |                            |             |                                       |
|    | income for which a notice of deficiency has      |                  |               |                            |             |                                       |
|    | been issued, or on which the section 4942(a      | )                |               |                            |             |                                       |
|    | tax has been previously assessed                 | _                |               |                            |             | <u> </u>                              |
| d  | Subtract line 6c from line 6b Taxable            |                  |               |                            |             |                                       |
|    | amount - see instructions                        |                  |               |                            |             |                                       |
| е  | Undistributed income for 2012. Subtract line     |                  |               |                            |             |                                       |
|    | 4a from line 2a. Taxable amount – see            |                  |               |                            |             |                                       |
|    | instructions                                     | _                |               |                            |             |                                       |
| f  | Undistributed income for 2013. Subtract lines    | 5                |               | <b>!</b>                   |             |                                       |
|    | 4d and 5 from line 1. This amount must be        |                  | t             |                            |             |                                       |
|    | distributed in 2014                              |                  |               |                            |             | 0                                     |
| 7  | Amounts treated as distributions out of corpu    | ıs               | i             |                            |             |                                       |
|    | to satisfy requirements imposed by section       |                  | 1             |                            |             |                                       |
|    | 170(b)(1)(F) or 4942(g)(3) (see instructions)    |                  |               |                            |             |                                       |
| 8  | Excess distributions carryover from 2008 no      | 1                |               |                            |             |                                       |
|    | applied on line 5 or line 7 (see instructions)   | <u>_</u>         |               |                            |             |                                       |
| 9  | Excess distributions carryover to 2014.          |                  |               |                            |             |                                       |
|    | Subtract lines 7 and 8 from line 6a              | <u>_</u>         | 2,717         |                            |             |                                       |
| 10 | Analysis of line 9                               |                  |               |                            | İ           |                                       |
| а  | Excess from 2009                                 |                  |               |                            |             |                                       |
| b  | Excess from 2010                                 |                  |               |                            |             |                                       |
| С  | Excess from 2011                                 | 420              |               | 1                          |             |                                       |
| d  | Excess from 2012                                 | 646              |               |                            |             |                                       |
| е  | Excess from 2013                                 | 1,651            |               | <u></u>                    |             |                                       |

|      | 990-PF (2013) BUSH HODGES                            |                         |                            | 26-04298                  | 345                                     | Page <b>10</b>     |
|------|--|-------------------------|----------------------------|---------------------------|---|--------------------|
|      | ert XIV Private Operating Fou                        |                         |                            |                           | 1                                       |                    |
| 1a   | If the foundation has received a ruling or o         |                         |                            |                           |   |                    |
|      | foundation, and the ruling is effective for 2        |                         |                            | •                         |   |                    |
| b    | Check box to indicate whether the foundar            |                         | ng foundation describe     |                           | 942(j)(3) or 494:                       | 2(j)(5)            |
| 2a   | Enter the lesser of the adjusted net                 | Tax year                |                            | Prior 3 years             |   | (e) Total          |
|      | income from Part I or the minimum                    | (a) 2013                | (b) 2012                   | (c) 2011                  | (d) 2010                                |                    |
|      | investment return from Part X for                    |                         |                            |                           |   |                    |
|      | each year listed                                     |                         |                            |                           | ļ                                       |                    |
| b    | 85% of line 2a                                       |                         |                            | <del></del>               |   |                    |
| С    | Qualifying distributions from Part XII,              |                         | 1                          |                           |   |                    |
|      | line 4 for each year listed                          |                         |                            | _                         |   |                    |
| d    | Amounts included in line 2c not used directly        |                         |                            | ,                         |   |                    |
|      | for active conduct of exempt activities              |                         |                            |                           |   |                    |
| е    | Qualifying distributions made directly               |                         | ł                          |                           |   |                    |
|      | for active conduct of exempt activities              |                         |                            |                           |   |                    |
|      | Subtract line 2d from line 2c                        |                         |                            |                           |   |                    |
| 3    | Complete 3a, b, or c for the                         |                         |                            |                           |   |                    |
|      | alternative test relied upon                         |                         |                            |                           |   |                    |
| а    | "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                  |                         |                            |                           |   |                    |
| С    | "Support" alternative test – enter                   |                         |                            |                           |   |                    |
|      | (1) Total support other than gross                   |                         |                            |                           |   |                    |
|      | investment income (interest,                         |                         |                            |                           |   |                    |
|      | dividends, rents, payments on                        |                         |                            |                           |   |                    |
|      | securities loans (section                            |                         |                            |                           |   |                    |
|      | 512(a)(5)), or royalties)                            |                         |                            |                           |   |                    |
|      | (2) Support from general public and 5 or more exempt |                         |                            |                           |   |                    |
|      | organizations as provided in                         |                         |                            |                           |   |                    |
|      | section 4942(j)(3)(B)(iii)                           |                         |                            |                           |   |                    |
|      | (3) Largest amount of support from                   |                         |                            |                           |   |                    |
|      | an exempt organization                               |                         |                            |                           |   |                    |
|      | (4) Gross investment income                          |                         |                            |                           |   | ,                  |
| Pa   | rt XV Supplementary Inform                           | ation (Complete         | this part only if t        | he foundation ha          | d \$5,000 or more ii                    | n assets at        |
|      | any time during the ye                               | •                       | •                          |                           |   |                    |
| 1    | Information Regarding Foundation Ma                  | nagers:                 |                            |                           |   |                    |
| а    | List any managers of the foundation who I            | nave contributed more   | than 2% of the total co    | ontributions received by  | the foundation                          |                    |
|      | before the close of any tax year (but only           | f they have contributed | d more than \$5,000) (\$   | See section 507(d)(2).)   |   |                    |
|      | N/A  |                         |                            |                           |   |                    |
| b    | List any managers of the foundation who              | own 10% or more of the  | e stock of a corporation   | n (or an equally large p  | ortion of the                           |                    |
|      | ownership of a partnership or other entity)          | of which the foundation | n has a 10% or greate      | er interest               |   |                    |
|      | N/A  |                         |                            |                           |   |                    |
| 2    | Information Regarding Contribution, (                | Grant, Gift, Loan, Sch  | nolarship, etc., Progi     | rams:                     |   |                    |
|      | Check here ▶ ☐ If the foundation only                | makes contributions to  | preselected charitable     | e organizations and do    | es not accept                           |                    |
|      | unsolicited requests for funds. If the found         | ation makes gifts, grar | nts, etc (see instruction  | ns) to individuals or org | anızatıons under                        |                    |
|      | other conditions, complete items 2a, b, c,           | and d                   | ·                          | _                         |   |                    |
| a    | The name, address, and telephone number              | er or e-mail address of | the person to whom a       | pplications should be a   | ddressed                                |                    |
| ***  | BUSH HODGES FAMILY F                                 |                         |                            |                           |   |                    |
|      | 1201 CORPORATE BLVD                                  |                         |                            |                           |   |                    |
| b    | The form in which applications should be             |                         |                            | should include            |   |                    |
|      | SUBMIT LETTER OF INC                                 |                         | -                          |                           |   |                    |
| С    | Any submission deadlines                             |                         |                            |                           | • |                    |
| •    | NONE   |                         |                            |                           |   |                    |
| d    | Any restrictions or limitations on awards, s         | such as by geographic   | al areas, charitable field | ds, kinds of institutions | or other                                |                    |
| -    | factors  | , gg                    |                            | ,                         |   |                    |
|      | SEE STATEMENT 4                                      |                         |                            |                           |   |                    |
| DA 4 |  | <del></del>             |                            |                           | <del></del>                             | Form 990-PF (2012) |

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, ` Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WOUNDED WARRIORS NONE 501(C)(3) 1120 G STREET NW WASHINGTON DC 20005 CHARITABLE 500 THE CAMP FIREFLY 501(C)(3) 5737 KANAN RD STE 180 NONE AROURA HILLS CA 91301 CHARITABLE 2,000 2,500 Total ▶ 3a Approved for future payment N/A

▶ 3b

Total

| Part XVI-A       | Analysis of Income-Producing Activ                           | vities               |                               |   |  |                                       |
|------------------|--|----------------------|-------------------------------|---|--|---------------------------------------|
| Enter gross amo  | unts unless otherwise indicated.                             |                      | ed business income            | Exclude   | d by section 512, 513, or 514          | 4-3                                   |
| •                | •  | (a)<br>Business code | (b)<br>Amount                 | (c)<br>Exclusion                                  | (d)<br>Amount                          | (e) Related or exempt function income |
| 1 Program ser    | vice revenue   |                      |                               | code  |  | (See instructions )                   |
| a                |  |                      |                               |   |  |                                       |
|                  |  |                      |                               | ļ   |  |                                       |
| с                |  |                      |                               | <b></b>   |  |                                       |
| d                |  |                      | · - · · · · · · · · · · · · · | ļ   |  |                                       |
| e                |  | ļ                    |                               | <del>  </del>                                     |  | · · · · · · · · · · · · · · · · · · · |
| f                |  |                      |                               | <del>                                     </del>  |  |                                       |
| •                | d contracts from government agencies                         |                      |                               | <u> </u>  |  | <u> </u>                              |
|                  | dues and assessments   |                      |                               | 111   |  |                                       |
|                  | avings and temporary cash investments                        |                      |                               | 14  | 7                                      | <del></del>                           |
|                  | nd interest from securities                                  |                      | -                             | <del>                                      </del> |  |                                       |
|                  | come or (loss) from real estate                              |                      |                               | <del>                                     </del>  |  |                                       |
|                  | anced property   | <u> </u>             | <del> </del>                  | ļ   |  |                                       |
|                  | t-financed property<br>come or (loss) from personal property | <u> </u>             |                               | <del> </del>                                      |  | <del> </del>                          |
| 7 Other invest   |  | 1                    |                               | 1   |  | <del></del>                           |
|                  | s) from sales of assets other than inventory                 | \ <u></u>            |                               | 1   |  | <del>-</del>                          |
|                  | or (loss) from special events                                |                      |                               | <del> </del>                                      |  |                                       |
|                  | or (loss) from sales of inventory                            |                      |                               |   |  |                                       |
|                  | ue a   |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
| е                |  |                      |                               |   |  |                                       |
| 12 Subtotal. Ad  | d columns (b), (d), and (e)                                  |                      | 0                             |   | 7                                      | 0                                     |
| 13 Total. Add li | ne 12, columns (b), (d), and (e)                             |                      |                               |   | 13                                     | 7                                     |
|                  | in line 13 instructions to verify calculations)              |                      |                               |   |  |                                       |
| Part XVI-B       | Relationship of Activities to the Acc                        |                      |                               |   |  |                                       |
| Line No.         | Explain below how each activity for which income is          | •                    |                               |   |  |                                       |
| N1 / 7)          | accomplishment of the foundation's exempt purpose            | es (other than b     | y providing funds for s       | uch purpe   | oses) (See instructions                | )                                     |
| N/A              |  | <del></del>          |                               |   |  | <del></del>                           |
|                  |  |                      |                               |   |  |                                       |
|                  | <del>-</del>   |                      |                               |   |  |                                       |
|                  |  |                      |                               |   | <del></del>                            |                                       |
|                  |  | <del></del>          |                               |   |  |                                       |
|                  |  |                      | · · · ·                       |   |  |                                       |
|                  |  |                      |                               | <del></del>                                       | · · · · · · · · · · · · · · · · · · ·  |                                       |
|                  |  |                      |                               |   | · · · · · · · · · · · · · · · · · · ·  | <del></del>                           |
|                  |  |                      | <del></del>                   |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   | _                                      |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               |   |  |                                       |
|                  |  |                      |                               | <del> </del>                                      | ····                                   |                                       |
|                  |  |                      |                               |   |  | <del></del>                           |
|                  |  |                      |                               |   |  |                                       |
|                  |  | <del></del>          | <del></del>                   |   |  |                                       |
|                  |  |                      |                               |   | ······································ |                                       |

| Pai   | rt XVII                  | Information Re<br>Exempt Organi                         |                                     | nsfers To and                         | Transaction             | s and Relations                | hips With I       | Noncharitable             |            |                  |         |
|-------|--------------------------|---|-------------------------------------|---------------------------------------|-------------------------|--------------------------------|-------------------|---------------------------|------------|------------------|---------|
| 1     | Did the orga             |   |                                     | in any of the follow                  | ving with any oth       | er organization descr          | ıbed              |                           |            | Yes              | No      |
|       | _                        |   |                                     |                                       |                         | on 527, relating to po         |                   |                           |            |                  |         |
|       | organization             |   |                                     | . 00 . (0)(0) 0. 9020                 |                         | on out, releasing to pe        |                   |                           |            |                  | ĺ       |
|       | ū                        | om the reporting four                                   | idation to a non                    | charitable exempt                     | organization of:        |                                |                   |                           |            |                  | 1       |
|       | (1) Cash                 | on the reporting loar                                   | idation to a non                    | onamer on one                         | organization of         |                                |                   |                           | 1a(1)      |                  | Х       |
|       | (1) Odsii<br>(2) Other a | ecate   |                                     |                                       |                         |                                |                   |                           | 1a(2)      |                  | X       |
|       | Other trans              |   |                                     |                                       |                         |                                |                   |                           | 14(-)      |                  |         |
|       |                          | f assets to a nonchar                                   | itable evemnt o                     | rnanization                           |                         |                                |                   |                           | 1b(1)      |                  | Х       |
|       | • •                      | ses of assets from a                                    |                                     | _                                     |                         |                                |                   |                           | 1b(2)      |                  | X       |
|       | • •                      | of facilities, equipmen                                 |                                     |                                       |                         |                                |                   |                           | 1b(3)      |                  | X       |
|       | • •                      | rsement arrangemen                                      |                                     |                                       |                         |                                |                   |                           | 1b(4)      |                  | X       |
|       | • •                      | or loan guarantees                                      |                                     |                                       |                         |                                |                   |                           | 1b(5)      |                  | X       |
|       | • •                      | nance of services or r                                  | nembership or f                     | fundraising solicitat                 | ions                    |                                |                   |                           | 1b(6)      |                  | X       |
|       |                          | acilities, equipment, r                                 |                                     | _                                     |                         |                                |                   |                           | 1c         |                  | X       |
|       | •                        |   | -                                   | •                                     | · -                     | (b) should always sh           | now the fair ma   | arket                     |            |                  |         |
|       |                          | -   | •                                   | <del>-</del>                          |                         | e foundation received          |                   |                           |            |                  |         |
|       |                          | _   | _                                   |                                       |                         | e goods, other assets          |                   |                           |            |                  |         |
|       | a) Line no               | (b) Amount involved                                     |                                     | e of noncharitable exem               |                         |                                |                   | nsactions, and sharing ar | rangem     | ents             |         |
| N/A   | 1                        |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           | •          |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                | •                 | ,                         |            |                  |         |
|       |                          |   |                                     |                                       | _                       |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   | _                         |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     | · · · · · · · · · · · · · · · · · · · |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            |                  |         |
|       |                          | ation directly or indirent at the section 501(c) of the | •                                   |                                       |                         |                                |                   | [                         | Y          | es X             | No      |
| b     |                          | nplete the following s                                  | chedule                             | =                                     |                         | 1.                             | / 15              |                           |            |                  |         |
|       |                          | (a) Name of organization                                |                                     | (b) Type of o                         | organization            |                                | (c) Descripti     | on of relationship        |            |                  |         |
| 1     | I/A                      |   |                                     |                                       |                         | -                              |                   | <del>-</del>              |            |                  |         |
|       |                          |   |                                     |                                       |                         |                                |                   |                           |            | _                |         |
|       |                          | <del></del>   |                                     |                                       |                         |                                | <del></del>       |                           |            |                  |         |
|       | <u> </u>                 | <del></del>   | · · · · · · · · · · · · · · · · · · |                                       |                         |                                |                   | <del></del>               |            |                  |         |
|       | Under pe                 | nalbes of perjury, I declare                            | that I have examin                  | L<br>led this return, including       | accompanying sche       | I<br>dules and statements, and | to the best of my | knowledge and belief, it  | ıs true,   |                  |         |
|       | соггест, а               | nd complete Declaration                                 | of preparer (other th               | nan taxpayer) is based o              | on all information of w | hich preparer has any kno      | wiedge            | May the IRS discu         | iss this r | etum             |         |
| Sign  | .                        |   |                                     |                                       |                         |                                |                   | with the preparer         | shown b    | elow _           | _       |
| Here  |                          | 410   | ,                                   |                                       |                         | 1 1 .                          |                   | (see instructions)        | X          | Yes              | No      |
|       | 154                      | 111151  | _                                   |                                       | 157                     | 12/(4 🕨                        | PRESI             | LDENT                     |            |                  |         |
|       | Sign                     | ature of officer or trustee                             |                                     |                                       | Date                    | <del>/ - / /</del>             | Title             |                           |            |                  |         |
|       | <del>'</del>             | ype preparer's name                                     |                                     |                                       | Preparer's signatur     | re                             |                   | Date                      |            | a,               | <u></u> |
|       |                          | 7F = 6: 0 F0: 0 : 0 : 10: 10                            |                                     |                                       |                         | -                              |                   | 1                         |            | Check<br>self-em |         |
| Paid  | CHAR                     | LES MORRISON  | CPA                                 |                                       | CHARLES M               | ORRISON CPA                    |                   | 05/09                     | /14        |                  | ,       |
| Prepa | arer Firm's              |   |                                     | RRISON, CF                            |                         |                                |                   |                           |            | 729              |         |
| Use C | Only                     |   | 30X 3457                            |                                       |                         |                                |                   | Firm's EIN ▶              |            |                  |         |
|       |                          |   |                                     | 9505                                  |                         |                                | <u> </u>          | <del></del>               | -32        | 4-6              | 800     |
|       | ··········               |   | ·····                               | <u> </u>                              |                         |                                |                   |                           |            | n_PF             |         |

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

26-0429845 BUSH HODGES FAMILY FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (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. 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or S ≤ S more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
BUSH HODGES FAMILY FOUNDATION

Employer identification number 26-0429845

| Part I     | rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed |                            |   |  |  |
|------------|--|----------------------------|---|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 1          | QUALITY HEALTH CARE CORP<br>1201 CORPORATE BLVD<br>RENO NV 89502                                   | NV 89502 \$ 10,000         |   |  |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |  |  |
| 2          | DYNAMIC DRYWALL & CONSTRUCTION INC 425 LOVITT LANE  RENO NV 89506                                  | \$ 5,000                   | Person X Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)   |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |  |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)   |  |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions)   |  |  |

| •   | Charitable<br>Purpose                    | w w   |                   | Charitable<br>Purpose | w.              |             | 0 8   |
|---|--|---|-------------------|-----------------------|-----------------|-------------|-------|
| (0)   | Adjusted<br>Net                          | 100   |                   | Adjusted<br>Net       |                 | 12          | 12    |
| unting Fees   | Adji                                     | Expenses Adju   | Adji              | ৵                     |                 | န           |       |
| Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees | Net<br>restment                          | Total         Investment           225         \$         125         \$           225         \$         125         \$           corm 990-PF, Part I, Line 23 - Other Expenses         Net         Ad | Net<br>Investment |                       | 13              | 13          |       |
| art I, Line   | lnves<br>\$<br>\$<br><b>Sart I, Line</b> | Part I, Line  | Inve              | <u>پ</u>              |                 | ഗ           |       |
| n 990-PF, F   | Total                                    | 225   | rm 990-PF,        | Total                 |                 | 25          | 25    |
| ent 1 - Forr  | <b>–</b>                                 | w w   | Statement 2 - For | _                     | ৵               |             | \$    |
| Statem  |  |   | Staten            |                       |                 |             |       |
|   | Description                              | ACCOUNTING<br>TOTAL   |                   | Description           | 2 H S M H G S H | FILING FEES | TOTAL |

Federal Statements

26-0429845

| Contributors    |
|-----------------|
| 0 - Substantial |
| /II-A, Line 1   |
| 90-PF, Part \   |
| ant 3 - Form 9  |
| Statement 3 - I |
|                 |

Name

| Address City, State, Zip | QUALITY HEALTH CARE CORPORATION | 1201 CORPORATE BLVD, SUITE 130 RENO NV 89502 | RICHARD HODGES | 6410 ZERMATT COURT RENO NV 89511 |  |
|--------------------------|---------------------------------|--|----------------|----------------------------------|--|
|--------------------------|---------------------------------|--|----------------|----------------------------------|--|

| •       |     |
|---------|-----|
| 26-0429 | 845 |

# **Federal Statements**

### Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SUBMIT LETTER OF INQUIRY FOR APPLICATION PACKET

### Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

### Statement 4 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

AWARDS LIMITED TO EDUCATION, LIBRARIES, ARTS, COMMUNITY SERVICE, DISASTER RELIEF, RELIEF FOR VICTIMS OF DISEASE