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

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

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

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

For	cate	ndar year 2013 or tax year beginning		, and ending		
		foundation	A Employer identification	n number		
		NY AND ROBERT SARVER CH				
		NDATION		83-0320824	<u> </u>	
		and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
		0 N. YUCCA RD.	·		(520)321-4	
		own, state or province, country, and ZIP or foreign p	00stal code 5 – 5253		C If exemption application is p	pending, check here
					D 4 Farana araaniahaa	
u (	HEC	call that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organization	s, cneck nere
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H (	heck	type of organization: X Section 501(c)(3) ex		<del></del>		
	_		Other taxable private founds	ation	E If private foundation sta under section 507(b)(1	_
I Fa			ing method: X Cash	Accrual	F If the foundation is in a	
		<del></del>	ther (specify)		under section 507(b)(1	
	-\$		ımn (d) must be on cash l	basis.)		,,-,, -,,-,,-,-, - <u> </u>
Pa	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	339,177.	***	N/A	* * * * * * * * * * * * * * * * * * * *
	2	Check If the foundation is not required to attach Sch. B		× 1, 1		, , , , , , , , , , , , , , , , , , ,
	3	Interest on savings and temporary cash investments	67.	67.		STATEMENT 1
	4	Dividends and interest from securities				1.1.4.4
	5a					
	b	` ' <del></del>			3 ~	************
e	Ба	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 333,910.	-3,767.		1.48.2-1940 - 19-19	
Revenue	7	assets on line 6a 333, 910 • Capital gain net income (from Part IV, line 2)		0.		
æ	8 Net short-term capital gain 9 Income modifications		3,1,2,3	* C .	*4**** *2. *2. *2.	
. •	10a	Gross sales less returns	W. *** & * * *	1.74.9	4,	
2014	l .	Less Cost of goods sold	***	1.5-1.	× *2	
F==4 <b>~</b> 3	c	Gross profit or (loss)		× - ×**		
	11	Other income				,
	12	Total. Add lines 1 through 11	335,477.	67.		
00	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
es.D	15	Pension plans, employee benefits				
nse.	16a	Legal fees	1 500	7.50		HEA.
X. Dec	D	Accounting fees STMT 2	1,500.	750.		750.
e) (ji	17	Other professional fees				
atiý	18	Interest Taxes Proceedings and depleting the state of the				
istr	19	Depreciation and depletion				<u> </u>
nin	20	Occupancy	1	•		
Adr	21	Travel, conjecences, and meetings		<del></del>		
pu	22	Printing and publications				
g	23	Other expenses STMT 3	60.	60.		0.
Operating and Administrative (Expèris	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	1,560.	810.		750.
0	25	Contributions, gifts, grants paid	160,000.			160,000.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	161,560.	810.		160,750.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	173,917.			
		Net investment income (if negative, enter -0-)		0.	3-/-	<b> </b>
32350 10-10		Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	Farm 000 DF (00 (0)
10-10	-13	LHA For Paperwork Reduction Act Notice, see	IIISUUCUONS.		11	Form <b>990-PF</b> (2013)

I OI III 3	90-PF (2013) FOUNDATION	<del></del>		U32U824 Page 2
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	of year (c) Fair Market Value
1	Cash - non-interest-bearing	38,434.	212,351.	
'2	Savings and temporary cash investments	30,434.	212,331.	212,331.
3	Accounts receivable		* ,	
ľ	Less: allowance for doubtful accounts	11	we are the Audition have a so power	*
4	Diadaga reconsoble	<del>                                     </del>	<b>*</b>	· · · · · · · · · · · · · · · · · · ·
"	Less: allowance for doubtful accounts	3	man an term when he was to see the second and the s	ants are tot structurality over the structure, and the structure of the st
5	Grants receivable			<del>  </del>
6	Receivables due from officers, directors, trustees, and other			
١٥				
7	disqualified persons  Other notes and loans receivable		\$	
'		d	<u> </u>	***
	Less: allowance for doubtful accounts			
Assets	Inventories for sale or use			
ASS	Prepaid expenses and deferred charges			
108	Investments - U.S. and state government obligations			
	Investments - corporate stock			
	: Investments - corporate bonds		. 1-1 80	Xx 3 , x, 452
11	Investments - land, buildings, and equipment basis	· *		
	Less accumulated depreciation		<del></del>	<u> </u>
12	Investments - mortgage loans			<u> </u>
13	Investments - other	4.8		4. ** 48
14	Land, buildings, and equipment basis		in a mark in the contract of t	
	Less accumulated depreciation			
15	Other assets (describe		· · · · · · · · · · · · · · · · · · ·	
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item 1)	38,434.	212,351.	212,351.
17	Accounts payable and accrued expenses			and the same of th
18	Grants payable			
ပ္ထု 19	Deferred revenue			
≝  20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 51 51 51 51 51 51 51 51 51 51 51 51 51	Mortgages and other notes payable		<del> </del>	
ے <sub> 22</sub>	Other liabilities (describe )			
		1		10 - 10 - 10 X80 X 10
23_	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			* * * *
,,	and complete lines 24 through 26 and lines 30 and 31.			2 3 4 -
ဗ္ဗိ 24	Unrestricted			
[ 25	Temporarily restricted			
<u>B</u> 26	Permanently restricted			-
Net Assets or Fund Balances  Net Assets or Fund Balances  2	Foundations that do not follow SFAS 117, check here			-
Ę	and complete lines 27 through 31.			
ο υ 27	Capital stock, trust principal, or current funds	0.	0.	
<b>9</b> 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
<b>₹</b> 29	Retained earnings, accumulated income, endowment, or other funds	38,434.	212,351.	
₹ 30	Total net assets or fund balances	38,434.	212,351.	
_				
31	Total liabilities and net assets/fund balances	38,434.	212,351.	
Part				
rant				
1 Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	st agree with end-of-year figure reported on prior year's return)	38,434.		
	r amount from Part I, line 27a	173,917.		
	r increases not included in line 2 (itemize)	3	0.	
	lines 1, 2, and 3	4	212,351.	
	eases not included in line 2 (itemize)		5	0.
	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	212,351.
		<u> </u>		Form <b>990-PF</b> (2013)

(a) List and descr	and Losses for Tax or tibe the kind(s) of property sold rehouse; or common stock, 200	(e.g., real estate,		``₽-	ow acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a 6819 MTH SHARE				0-	D	04/2		05/02/13
b	<u> </u>	<del></del>		<del>                                     </del>		01/2	<u> </u>	03/02/13
C								
d								
_e				┸				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	(g)
a 333,910.			337,67	77.				-3,767.
<u>b</u>		<del></del>						
d d			<del></del>					
e							<del></del>	
Complete only for assets showin	g gain in column (h) and owner	d by the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus
	(j) Adjusted basis		cess of col. (1)			òl. (k), but ı	not less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col.	(n)) 
a								-3,767.
b								
c								
d								
e					<del></del>			·
2 Capital gain net income or (net ca	pital loss) $\begin{cases} & \text{if gain, also} \\ & \text{if (loss), ent} \end{cases}$	enter in Part I, line er -0- in Part I, line	7 7	}	2			-3,767.
3 Net short-term capital gain or (los	s) as defined in sections 1222(	5) and (6):						
If gain, also enter in Part I, line 8,		, .,		<b>}</b>				
If (loss), enter -0- in Part I, line 8	10	for Dodge or	I Tanan Nat		3		N/A	<u> </u>
Part V Qualification U	<u></u>					icome		
(For optional use by domestic private	foundations subject to the sec	tion 4940(a) tax on	net investment ir	ncome.	)			
If section 4940(d)(2) applies, leave th	nis part blank.							
Was the foundation liable for the sec	ion 4042 tay on the distributab	le amount of any vi	ear in the hace ne	rınd?				Yes X No
If "Yes," the foundation does not qual			•					
1 Enter the appropriate amount in (				entries.				
(a) Base period years	(b)			(c)			Nietri	(d) bution ratio
Calendar year (or tax year beginnii	ng in) Adjusted qualifyin	g distributions	Net value of no	onchari	table-use asse	ts	(col. (b) dr	vided by col. (c))
2012		750.			37,85	7.		.019811
2011		750.			<u>37,85</u>			.019811
2010		0.			37,85		_	.000000
2009		800.			37,82			.021150
2008		925.			37,61	2.		.024593
								005365
2 Total of line 1, column (d)				_		2_		
3 Average distribution ratio for the	•	otal on line 2 by 5,	or by the number	r of yea	rs			017072
the foundation has been in exister	nce it less than 5 years					3		.017073
4 Enter the net value of noncharitab	le-use assets for 2013 from Pa	rt X, line 5				4		123,512.
		·						
5 Multiply line 4 by line 3						5		2,109.
								<del></del>
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6		0.
								0 100
7 Add lines 5 and 6						7	-	2,109.
8 Enter qualifying distributions from	n Part XII, line 4					8		160,750.
	line 7, check the box in Part VI	, line 1b, and comp	olete that part usin	ng a 1%	tax rate.			

PENNY AND ROBERT SARVER CH	ARITABLE			
Form 990-PF (2013) FOUNDATION		<u> 320824</u>		age 4
Part VI Excise Tax Based on Investment Income (Section		see instr	uctions	<u>s)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here	1 7 - 1	بخ"ا ۲۰ کاری رو∀د آ	*	
Date of ruling or determination letter: (attach copy of letter	er it necessary-see instructions)	1		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check h				0.
of Part I, line 27b		<del>-</del> ·		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations e				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations				<u>0.</u>
3 Add lines 1 and 2	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	· · · · · · · · · · · · · · · · · · ·			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -	0- <u>5</u>	5 ce ,		0.
6 Credits/Payments:			- 3	
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 5,163.	Maki y	3	
b Exempt foreign organizations - tax withheld at source	6b		4. 4	-
c Tax paid with application for extension of time to file (Form 8868)	6c	Ži i i e	, } ,	
d Backup withholding erroneously withheld	6d			ا ٠٠٠٠
7 Total credits and payments. Add lines 6a through 6d	7		<u>5,16</u>	<u>. 3 .</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		F 1.C	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	·		5,16	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Part VII-A Statements Regarding Activities	5,163. Refunded ► 11			0.
1a During the tax year, did the foundation attempt to influence any national, state, or loc	eal legislation or did it participate or intervene in	. Š	Yes	No
any political campaign?	cal legislation of the it participate of littervene in	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for politica	hurnoses (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activi			****	<u></u>
distributed by the foundation in connection with the activities.	ues and copies of any materials published of		3.75	^ }
c Did the foundation file Form 1120-POL for this year?		1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du	ring the year	-3-rai		=
(1) On the foundation. > \$ 0 . (2) On foundation ma				*
e Enter the reimbursement (if any) paid by the foundation during the year for political			\$ 2.5	٠
managers. ►\$ 0.	saponanaro (ax imposos en roundanon	**3		
2 Has the foundation engaged in any activities that have not previously been reported	to the IBS?	2		$\tilde{\mathbf{X}}$
If "Yes," attach a detailed description of the activities		7 7	·  -	<del></del> -
3 Has the foundation made any changes, not previously reported to the IRS, in its government	erning instrument, articles of incorporation, or			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		3	-	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	. N/			
5 Was there a liquidation, termination, dissolution, or substantial contraction during th		5		X
If "Yes," attach the statement required by General Instruction T.	- •			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati	sfied either:	4	'-	,
By language in the governing instrument, or				İ
By state legislation that effectively amends the governing instrument so that no ma	andatory directions that conflict with the state law	-	-*	
remain in the governing instrument?	······································	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	s," complete Part II, col. (c), and Part XV	7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see in	structions) ►			
WY	a the Attended Comment (as I a control			,
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	o the Aπorney General (or designate)		,	
of each state as required by General Instruction G? If "No," attach explanation	10.10(3)(5)	<u>8b</u>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning				77
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If		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	10_		X

	FEMIL AND ROBERT SARVER CHARTTABLE			_
	n 990-PF (2013) FOUNDATION 83-0320	1824		Page 5
	art VII-A· Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
40	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
40	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BEACHFLEISCHMAN PC Telephone no. ► 520-32		<u>600</u>	
	Located at ► 1985 E RIVER RD STE 201, TUCSON, AZ ZIP+4 ►85	718		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· L
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	,	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			, : [
	country >		' ** ×	7
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	T		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	*	Yes	No
18	a During the year did the foundation (either directly or indirectly):	(A)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	3 3	•	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		-	
	a disqualified person?	, , , ,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	4 🖫	li.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		121	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			i it
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	, is .		
	If the foundation agreed to make a grant to or to employ the official for a period after	7 3/1		
	termination of government service, if terminating within 90 days.)			245 W
ŀ	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			384
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	· śł. :		
	before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	*, *, *	i, t	1
	defined in section 4942(j)(3) or 4942(j)(5)):			E-1
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		ië.	
	before 2013? Yes X No		* 5 *	
	If "Yes," list the years $\blacktriangleright$ ,,,		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			j
	statement - see instructions.) N/A	2b		-
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		_	
	during the year?			·
b	of "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			;
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A	3b		:
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-		
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		Х
	the state of the s	1 70		

Form **990-PF** (2013)

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

Form 990-PF (2013) FOUNDATION	83-0	320824 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod  1N/A		Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE	Tura 2.	
2	_	0.
All other program-related investments. See instructions.		
Total Add lines 1 through 3		0

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1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	160,750
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	*	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	160,750
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	160,750

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

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Form 990-PF (2013)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	89 8.5 - A.S		2. 22. 1. 2.25	
line 7				6,176.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:				
	4-3 <b>4</b> % / <b>%</b> %	0.		
3 Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009	,			
c From 2010	e str + "	· · · · · · · · · · · · · · · · · · ·		
d From 2011		* ',		
e From 2012		* * *		
f Total of lines 3a through e	0.		* * *	
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 160,750.		·		
a Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior	· ,,	0		•
years (Election required - see instructions)		U•		
c Treated as distributions out of corpus	0		*	, , _ [
(Election required - see instructions)	0.		<u> </u>	6 176
d Applied to 2013 distributable amount	154,574.			<u> </u>
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2013	134,3/4.			0.
(If an amount appears in column (d), the same amount		· · · · · · · · · · · · · · · · · · ·	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
must be shown in column (a))  6 Enter the net total of each column as indicated below:				1 × × × × × × × × × × × × × × × × × × ×
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	154,574.		•	
b Prior years' undistributed income. Subtract	131,371.	1 338" < X		
line 4b from line 2b		0.		
c Enter the amount of prior years'		•		)÷
undistributed income for which a notice of	•			
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.	* * *	*
d Subtract line 6c from line 6b. Taxable			~	1.24
amount - see instructions		0.		\$ <u>\$ \$ 2 8</u>
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2014	, , , , , , , , , , , , , , , , , , , ,			0.
7 Amounts treated as distributions out of				, ,
corpus to satisfy requirements imposed by	0.			1
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			!
9 Excess distributions carryover to 2014.	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Subtract lines 7 and 8 from line 6a	154,574.			
10 Analysis of line 9:	131/3/11	<del>_</del> .		
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013 154,574.				
	<u> </u>	<del></del>		Form <b>990-PF</b> (2013)

Form 990-PF (2013) FOUNDAT		atmentions and Deat V	II A		320824 Page 1
Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			un continu	4942(j)(3) or 49	942(j)(5)
b Check box to indicate whether the found 2 a Enter the lesser of the adjusted net	Tax year	ig fourtdation described	Prior 3 years	4942(])(3) UI49	942())(3)
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	(4) 40 / 0	(0) 20 12	(0) 20 11	(4) 20 10	(0) 1010
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed					
d Amounts included in line 2c not	· · · · · · · · · · · · · · · · · · ·			·	-
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets	·				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section			•		
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				· <del>-</del>	
(4) Gross investment income Part XV   Supplementary Info	mation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during the			ii tile loulidatio	ii iiau \$5,000 or iii	ore in assets
1 Information Regarding Foundation	<del></del>		<del></del>	·····	
a List any managers of the foundation who	-	than 2% of the total cor	itributions received by th	e foundation before the clo	ise of any tay
year (but only if they have contributed m			and and received by a	ic foundation before the old	oc or any tax
SEE STATEMENT 4					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has				, ,	·
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation or					
the foundation makes gifts, grants, etc. (	see instructions) to indiv	viduals or organizations	under other conditions,	complete items 2a, b, c, and	d d.
a The name, address, and telephone numb	er or e-mail address of t	he person to whom app	lications should be addr	essed:	
b The form in which applications should be	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
			1 -1 - 7	N - 6 - 7	
d Any restrictions or limitations on awards	, such as by geographica	al areas, charitable fields	s, kinds of institutions, or	other factors:	

FOUNDATION

83-0320824 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	S. SUBStantial Contributor	· ooipiont		
,				
BROPHY COLLEGE PREP			CHARITABLE	
4701 N. CENTRAL AVENUE			CHARITABLE	
PHOENIX, AZ 85012				25,000
TUCSON JEWISH COMMUNITY CENTER			CHARITABLE	
3800 E. RIVER ROAD				
TUCSON, AZ 85718				5,000
PHOENIX SUN CHARITIES			CHARITABLE	
PO BOX 1369				
PHOENIX, AZ 85001				50,000
BANNER HEALTH FOUNDATION			CHARITABLE	
200 COMMODORE				
PRATT, KS 67124				10,000
PRATT HOSPITAL FOUNDATION			CHARITABLE	
2025 N. 3RD STREET #250 PHOENIX AZ 85004				5,000
	NTINUATION SHEE	T(S)	<b>▶</b> 3a	160,000
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3b	
				orm <b>990-PF</b> (2013

Secretal Reception Recepti	FOUNDAT	TON		83-03	20824
Recopent   Ifrequent as an individual, size way relationship to state of the way relationship to st					<del>1 · · · · · · · · · · · · · · · · · · ·</del>
Show any relationship to State of the Contribution of State of the Contribution of State of S				<del></del>	<del> </del>
TEMPLE CHAI  4645 E. MARILYN ROAD  ENGREIX, A. & 85032  UNIVERSITY OF ARIZONA FOUNDATION  1111 N. CHERRY AVENUE  TUCSON, AZ 85719  TUCSON, AZ 85719  TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL  3901 E. STANFORD DRIVE  PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION  FO BOX 64563  TUCSON, AZ 85728  TUCSON, AZ 85728  CHARITABLE  CHARITABLE  PROMITE FOUNDATION  FO BOX 64563  FUGGON, AZ 85728  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE	<u></u>	show any relationship to	status of	Purpose of grant or contribution	Amount
PROBRIX, AS 85032  UNIVERSITY OF ARIZONA FOUNDATION 1111 N. CHERRY AVENUE TUCSON AZ 85719  TUCSON HEBREW ACADEMY 3888 E. RIVER ROAD TUCSON AZ 85718  SOURCE PROBRIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85233  SOUR STEVEN M. GOOTTER FOUNDATION FO BOX 64583 TUCSON. AZ 85728  PY GRANT  CHARITABLE  10.06  CHARITABLE  CHARITABLE  10.06  CHARITABLE  CHARITABLE  CHARITABLE  CHARITABLE		or substantial contributor	recipient		
PHOENIX, AZ 85032  UNIVERSITY OF ARIZONA FOUNDATION  1111 N. CHERRY AVENUE  TUCSON, AZ 85719  TUCSON, AZ 85719  CHARITABLE  TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL  1901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION  FO BOX 64583  TUCSON, AZ 85728  CHARITABLE  CHARITABLE  PY GRANT  CHARITABLE  25.00	TEMPLE CHAI			CHARITABLE	
UNIVERSITY OF ARIZONA FOUNDATION 111 N. CHERRY AVENUE TUCSON AZ 85719  10,00  TUCSON HEBBEW ACADEMY 3808 E. RIVER ROAD TUCSON AZ 85718  5,00  CHARITABLE  THARITABLE	4645 E. MARILYN ROAD				
TUCSON AZ 85719  TUCSON HEBREW ACADEMY 3888 E. RIVER ROAD  TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION FO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,09	PHOENIX, AZ 85032				10,000.
TUCSON AZ 85719  TUCSON HEBREN ACADEMY 3888 E. RIVER ROAD  TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION FO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,09	UNIVERSITY OF ARIZONA FOUNDATION			CHARITABLE	
TUCSON HEBREW ACADEMY 3888 E. RIVER ROAD  TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION FO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  CHARITABLE  25,00					
3888 E. RIVER ROAD TUCSON, AZ 85718  \$5,00  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00	TUCSON, AZ 85719			-	10,000.
3888 E. RIVER ROAD TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00	THICSON HERREW ACADEMY			CHARTMARIE	
TUCSON, AZ 85718  PHOENIX COUNTRY DAY SCHOOL 3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00				CHARTIABLE	
3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  CHARITABLE  25,00					5,000.
3901 E. STANFORD DRIVE PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  CHARITABLE  25,00	DUCENTY COUNTRY DAY COUCOT				
PARADISE VALLEY, AZ 85253  STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  CHARITABLE  25,00				CHARITABLE	
STEVEN M. GOOTTER FOUNDATION PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00					5,000.
PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00					,
PO BOX 64583 TUCSON, AZ 85728  PY GRANT  CHARITABLE  25,00	STEVEN M COOTTER FOIDDATION			CHARTTARLE	
PY GRANT CHARITABLE 25,00				CHARTIABLE	
25,00	TUCSON, AZ 85728				10,000.
25,00					
25,00	PY GRANT			CHARTTARLE	
Total from continuation sheets 65,00				CHARTIABLE	25,000.
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
Total from continuation sheets 65,00					
	Total from continuation sheets				65,000.

FOUNDATION

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			<b>_</b>		
b			<del> </del>		
<u> </u>			<del> </del>		
d			┼	<u> </u>	
e			<del>                                     </del>	<u>.</u>	
g Fees and contracts from government agencies			<del>                                     </del>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	67.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	,		-		[dawa ]
a Debt-financed property			-		
b Not debt-financed property			-		
6 Net rental income or (loss) from personal		ļ			
property			<del> </del>		
7 Other investment income 8 Gain or (loss) from sales of assets other			+		
than inventory			18	-3,767.	
9 Net income or (loss) from special events			1	3,707.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				-	
a					
b					
c					
d			<u> </u>		
е			+	2.700	0
12 Subtotal. Add columns (b), (d), and (e)	٠٠,	0.			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
				1.0	
Part XVI-B Relationship of Activities t	to the Acc	omplishment of E	xemp	ot Purposes	
Line No. Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-	A contri	buted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	by providing for	unds for such purposes).			
	·				<del></del>
	•				
-					
		·······			
	••				
					-
			<del>.</del>		<del></del>
323621 10-10-13				-	Form <b>990-PF</b> (2013)

Part XVII		_	sfers To a	and Transactions	and Relations	hips With No	ncharitable	,	
1 Did the er	<del></del>		of the follows	a with any other organizati	on described in sec	100 F01(a) of	~. * kg	Yes	No
	= :			ig with any other organizati		1011 50 1(0) 01		163	- C -
	•			?7, relating to political orga	IIIZations				7 (3)
	from the reporting found	ation to a noncharita	ibie exempt on	yanızanon oı.			i i	ž.,, 5	, T
(1) Cash							1a(1)		X
(2) Other							1a(2)	-	<u> </u>
b Other tran		ble everest erecore	tion					[ مستم	v
` '	of assets to a noncharita						1b(1)		X
٠,,	hases of assets from a no	•	organization				1b(2)		X
	al of facilities, equipment,						1b(3)		X
٠,	bursement arrangements	,					1b(4)		X
- •	s or loan guarantees						1b(5)		X
	rmance of services or me	•	•				1b(6)		X
	f facilities, equipment, ma				husus about the face	markat valua of the			
				edule. Column ( <b>b)</b> should a ed less than fair market val				ers,	
	i) the value of the goods,				ide ili aliy ilalisaciloi	i di Silaring arrange	ment, snow m		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	nns and sharing an	angeme	
(4)201.0	(B) / III OBIN III ON OU	(0) (10)	N/A	o oxompt organization	(u) Description	Tornal Store, transaction	- Silang an	- Ingerne	
		<del> </del>	N/A		<del></del>				
	***	<del> </del>				· <u> </u>			
		<del> </del>							
		<del> </del>							
					<u> </u>				
	<u> </u>			· · ·		·- · · · · · · · · · · · · · · · · · ·			
		1							
	·			<del></del>					
		†							
ın section	ndation directly or indirec 501(c) of the Code (othe omplete the following sch (a) Name of org	r than section 501(c ledule.	•	or more tax-exempt organition 527?	nizations described	(c) Description of re	Yes	X	] No
	N/A	<del></del>	·.			· · · · · · · · · · · · · · · · · · ·	··		
						·			
						_			
		. 1	•						
Sign Here	penalties of perjury, I declar elief, it is true, correct, and of	riplete Declaration of pi		ng accompanying schedules and in taxpayer) is based on all information of the schedules and informa			May the IRS of return with the shown below	e prepari (see inst	er
	Print/Type preparer's na		Preparer's		Date	Check   If	PTIN		
	JAY J. SEN					self- employed			
Paid	CPA CPA	VULVIV,	3	0	14/22/4	53 5p10300	P00533	2/1	
Preparer	Firm's name ► BEA	CUPI PICCI	<u>,</u>		1 / 5	Firm's EIN ▶ 8			
Use Only	Film s name > DEA	CULTETOCE	INIAN PU			FIRM SEIN PO	0-00030	JJ	
200 Oy	Firm's address ▶ P .	0 BOY 67	1130						
				4130		Dhora na E 2	<b>N_221 </b>	600	
	ı T <u>U</u>	ICSON, AZ	03120-	4130		Phone no. 52	0-321-4 Form <b>99</b> 0		
							LOHIII <b>33</b> (	7-F F	(2013)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2013

**Employer identification number** Name of the organization PENNY AND ROBERT SARVER CHARITABLE 83-0320824 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 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 33 1/3% 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

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).

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

PENNY AND ROBERT SARVER CHARITABLE

FOUNDATION

Employer identification number

83-0320824

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of Part I is a copie	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT AND PENNY SARVER  5710 N. YUCCA RD.  PARADISE VALLEY, AZ 85253	\$1,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT AND PENNY SARVER  5710 N. YUCCA RD.  PARADISE VALLEY, AZ 85253	\$\$	Person Payroll Noncash  (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · ·		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization
PENNY AND ROBERT SARVER CHARITABLE
FOUNDATION

Employer identification number

83-0320824

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II ıf addıtıonal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	6819 MTH SHARES	_	<u></u>
	<del></del>	337,677.	04/29/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			<del> </del>

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number PENNY AND ROBERT SARVER CHARITABLE FOUNDATION 83-0320824 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT 1
SOURCE	REVE	) NUE OOKS			(C) ADJUSTED NET INCOME
MIDFIRST BANK		67.	<del></del>	67.	
TOTAL TO PART I, LINE 3		67.		67.	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT 2
DESCRIPTION		NET IN	VEST-		(D) CHARITABLE ME PURPOSES
ACCOUNTING FEES	1,500.		750.		750.
TO FORM 990-PF, PG 1, LN 16B	1,500.		750.		750.
FORM 990-PF	OTHER E	XPENSES	:		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	) VEST- NCOME	(C) ADJUSTEI NET INCOM	(D) CHARITABLE ME PURPOSES
BANK FEES	60.		60.		0.
TO FORM 990-PF, PG 1, LN 23	60.		60.		0.
FORM 990-PF	PART XV - L OF FOUNDATI		GERS		STATEMENT 4

NAME OF MANAGER

ROBERT SARVER PENNY SARVER

### Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545 1709

PENNY AND ROBERT SARVER CHARITABLE Foundation File by the due date for filing your filing		1 -							
Do not complete Part II universal you have already been granted an automatic 3 month extension on a previously filed Form 8888 Electronic file (Preville). You can electronically life Form 8901 you and electronically life Form 8901 you are let for life for Charles & Rollycords.  Part I and Lutomatic 3 -Month must be sent to the RFS in paper format (see instructions). For more details on the electronic filing of this form, wall wave vir govietile and color on -ellie for Charles & Rollycords.  A corporation required to file Form 9901 and requesting an automatic Frontile extension - check this box and complete Part I only.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time. If the filer is electrifying number.  Type or Interest externs.  Sentent filer's identifying number.  Type or Interest externs.  Name of exempt organization or other filer, see instructions.  Form 1200 (Interest Form 900 or Form 900 EZ.  Oity Lown or post office, state, and 2/P code For a foreign address, see instructions.  FARADISE VALLEY, AZ. 85253-5253  Enter the Return code for the return that this application is for (file a separate application for each return).  Oit 4  Application  Form 990 or Form 990 EZ.  Oity Lown or post office, state, and 2/P code For a foreign address, see instructions.  Form 990 or Form 990 EZ.  Oity Lown or post office, state, and 2/P code For a foreign address, see instructions.  Form 990 or Form 990 EZ.  Oity Lown or post office, state, and 2/P code For a foreign address, see instructions.  Form 990 or Form 990 EZ.  Oity Lown or post office, state, and 2/P code Form 990 Form 990 EZ.  Oity Lown or post office, state, and 2/P code Fo	• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ X		
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required to the Form 990-T), or an additional (not automatic) 3-month extension of time to file any of the forms tisted in Part or Part in with the exception of Form 890-Th of mornation Return for Transfers Associated with Cortain Personal Benefit Contracts, which must be seen to the IRS in paper format (see instructions). For more details on the electronic filing of this form, your work in governor and the paper format (see instructions). For more details on the electronic filing of this form, your work in governor and the paper format (see instructions). For more details on the electronic filing of this form, your work in governor the file of the form 950-T and requesting an automatic 6-month extension - check this box and complete. Part I only All other corporation including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incrome tax returns.  Part I only All other corporations including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incrome tax returns are returned to the incrome tax returns.  Part I only All other compositions including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incrome tax returns are returned to the incrome tax returns and the increment and	Do not co	mplete Part II unless you have already been granted	an automa	atic 3 month extension on a previous	sly filed Fo	rm 8868			
of time to file arry of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IIIS in paper format (see instructions). For more details on the electronic filing of this form, visit wave it governed and click one-file for Charites 8 Nicopordis.  PERT I   Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to the Form 990 T and requesting an automatic 5-month extension - check this box and complets.  Part I only A corporations (including 1120-C filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  PERNY AND ROBERT SARVER CHARITABLE FORMING TOWN NUMBER SARVER CHARITABLE FORMING TOWN Number, street, and room or suite no if a PO box, see instructions  PERNY AND ROBERT SARVER CHARITABLE FORMING TOWN Number, street, and room or suite no if a PO box, see instructions  PARADISE VALLEY, AZ 85253 – 5253  Enter the Return code for the return that this application is for (file a separate application for each return)  Q 4  Application  Is Form 990 E  Code  Form 990 E  Porm 990 F  The books are in the care of ▶ 1985 E RIVER RD STE 201 - TUCSON, AZ 85718  Ferein 990 If (see 401(a) or 408(a) trust)  PERACHIFEIS CHARITABLE FORM 990 F (first other than above)  BEACHFLEIS CHARIN PC  If it is for part of the group, check this box ▶ and attach a list with the names and Elins of all members the extension is for the required to the return for the organization named above. The extension is for the saper and properties for the whole group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this box ▶ [If it is for part of the group, check this bo	Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	6 months for a	corporation		
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PENNY AND ROBERT SARVER CHARITABLE FOUNDATION  Social security number (SSN)  5710 N. YUCCA RD.  City, town or post office, state, and ziP code For a foreign address, see instructions  PARADISE VALLEY, AZ 85253-5253  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Form 990 or Form 990 EZ  Form 990 or Form 990 EZ  O1 Form 990 It (corporation)  O2 Form 990 It (corporation)  O3 Form 990 It (corporation)  O6 Form 990 It (corporation)  O7 Form 990 It (corporation)  O9 F	to file inco								
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Form 990 or Form 990 EZ  Form 990 T (corporation)  O2  Form 990 BL  O2  Form 1941-A  O8  Form 9720 (individual)  O3  Form 9720 (individual)  O3  Form 990 T (sec 401(a) or 408(a) trust)  O5  Form 990 T (sec 401(a) or 408(a) trust)  O6  Form 990 T (sec 401(a) or 408(a) trust)  O6  Form 990 T (sec 401(a) or 408(a) trust)  O6  Form 990 T (trust other than above)  O6  Form 8870  12  BEACHFLEISCHMAN PC  The books are in the care of ▶ 1985 E RIVER RD STE 201 − TUCSON, AZ 85718  Telephone No ▶ 520 − 321 − 4500  Fax No. ▶ 520 − 321 − 4040  If the organization does not have an office or place of business in the United States, check this box   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a group return for the organization of time until  AUGUST 15, 2014  It the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period  If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonretundable credits See instructions  If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  Caution, If you are going		л	1	L					
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Form 4720 (individual)  O3 Form 4720 (cither than individual)  O9 Form 990-PF  O4 Form 5227  10 10 Form 990-PF  O5 Form 6069  11 15 Form 990 T (test other than above)  O6 Form 8870  12 BEACHFLEISCHMAN PC  Telephone No ► 520 - 321 - 4600  • If the organization does not have an office or place of business in the United States, check this box  • If this so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for part of the group, check this box  ■ If it is for part of the group, check this box  ■ If it is for part of the group, check this box  ■ If it is for part of the group, check this box  ■ Office the organization's return for the organization's return for the organization is for Forms 990 Rp. 990-Pp. 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  ■ If this application is for Forms 990 Pp. 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit sand estimated tax payments made include any prior year overpayment allowed as a credit sand estimated tax payments made include any prior year overpayment allowed as a credit sand estimated tax payments made include any prior year overpayment allowed as a credit sand estimated tax payments made include any prior year overpayment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  EHA For Privacy Act and Paperwork Reduction Act Notice, see instructions  Form 8868 (Rev 1-2014)									
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Instructions  LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.  Form 8868 (Rev. 1-2014)	by ı	ising EFTPS (Electronic Federal Tax Payment System)	See instru	ictions		\$			
			(direct de	ebit) with this Form 8868, see Form 8	8453-EO a	nd Form 8879	HEO for payment		
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Form 8868 (Rev. 1-2014)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month E	Extension,	complete only Part II and check this	box		<b>&gt;</b> X	
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously fil	led Form	8868.		
• If you are filing for an Automatic 3-Month Extension, compl	lete only Pa	art i (on page 1).				
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies need	ded).	
		Enter filer's	identifyir	ig number, s	ee instructions	
Type or Name of exempt organization or other filer, see instr	ructions		Employe	ridentification	number (EIN) or	
PENNY AND ROBERT SARVER CHARITABLE						
File by the FOUNDATION	a, were w			83-0320824		
due date for Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	curity numbe	r (SSN)	
return See 5710 N. YUCCA RD.						
city, town or post office, state, and ZIP code. For a		ress, see instructions				
PARADISE VALLEY, AZ 85253-	<u>-5253</u>					
			-			
Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			0 4	
	<b></b>				<del> </del>	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990 or Form 990-EZ	01	, <u>, , , , , , , , , , , , , , , , , , </u>				
Form 990-BL	02	Form 1041-A		*	08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOPI Do not complete Part II if you were not already grante		<u>natic 3-month extension on a previ</u>	iously file	d Form 8868	3	
BEACHFLEISCHMA		201 5775507 25	0 = = 1 0			
• The books are in the care of   1985 E RIVER F	ED STE			· -		
Telephone No. ► <u>520-321-4600</u>	45 . 11	Fax No. ► <u>520-321-404</u>			. —	
• If the organization does not have an office or place of busine						
• If this is for a Group Return, enter the organization's four digit	_			_		
box . If it is for part of the group, check this box .			all memo	ers the exten	sion is for.	
4 I request an additional 3-month extension of time until	NOVEM		_			
For calendar year 2013, or other tax year beginning	-hl	, and ending	Final r	-4	•	
6 If the tax year entered in line 5 is for less than 12 months,	cneck reas	on: Initial return	] Finai r	etum		
Change in accounting period  State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	COMPT	LE THE NECESSARY IN	MACUAIN	ת אחדתא	ro FILE	
A COMPLETE AND ACCURATE RETUR		DE THE NECEDOART II	AI OIUI	MIION I	O PADE	
company mocolatic Rator	(41)					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0 or 6069	enter the tentative tax less any	<del></del>			
nonrefundable credits. See instructions	0, 0, 0000,	and the terraine tax, loos any	8a	\$	0.	
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tax payments made. Include any pnor year overpayment a			-			
previously with Form 8868.		order and any amount para	8b	\$	5,163.	
Balance due, Subtract line 8b from line 8a. Include your p	avment wit	h this form, if required, by using		<b>-</b>		
EFTPS (Electronic Federal Tax Payment System). See inst	•		80	\$	0.	
		at be completed for Part II o		·t		
Under penalties of perjury, I declare that I have examined this form, inclu		•	-	f my knowleda	e and belief.	
it is true, correct, and complete, and that I am authorized to prepare this	form.					
Signature Title	CHA		Date	▶8-12	1-14	
					368 (Rev. 1-2014)	