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Form 990-PF Department of the Treasury

Extended to August 17 **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.lrs.gov/form990pf. OMB No 1545-0052

For calendar year 2014 or tax year beginning , and ending Name of foundation A Employer identification number The I3 Cares Foundation 27-3115905 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number 4607 Pineridge Circle 256-513-5179 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 35603 Decatur, AL G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual If the foundation is in a 60-month termination ___ Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 19,003. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome ıncome (cash basis only) 107,260 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 58 58 58.Statement Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain Income modifications
Gross sales less duras 10a and of goods sold A UGS)2 I 11 Other income 107,318 58 58 12 Tota 13 0. 0. 0. Other employee salaries and wages 14 15 Pension plans, employee benefits Expenses 16a Legal fees Stmt 2 908. 0. 0. b Accounting fees 0. c Other professional fees Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and, 22 Printing and publications 23 Other expenses 85 0 0 Stmt 3 0. 24 Total operating and administrative 993 0 0 expenses Add lines 13 through 23 112,710 25 Contributions, gifts, grants paid 112, 710. 26 Total expenses and disbursements 113,703 0 0 Add lines 24 and 25 112,710. 27 Subtract line 26 from line 12: <6,385. a Excess of revenue over expenses and disbursements 58 b Net investment income (if negative, enter -0-) 58 c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2014) I3CARES1

For	n 99	0-PF(2014) The I3 Cares Foundation		27-3	3115905 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		
<u> </u>		Column should be for entron-year amounts only	(a) Book Value		(c) Fair Market Value
		Cash - non-interest-bearing	25,388.	19,003.	19,003.
					
Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less: allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts ► 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligating investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other					
		Balance Sheets End of year (a) Beginning of year (a) Book Value (b) Book Value (c) Fall - non-interest-bearing 25 , 388 19 , 003 - non-interest-bearing 25 ,			
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	12				
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	25,388.	19,003.	19,003.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		T			
_	23		<u> </u>	U.	
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Se	24	-			
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3ala	26	· · ·			
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ō	27	, ,	0.	0.	
Net Assets or Fund Balances	28				
As	29				
Vet	30	Total net assets or fund balances			
_					
	31	Total liabilities and net assets/fund balances	25,388.	19,003.	
Р	art	III Analysis of Changes in Net Assets or Fund B	alances		
_					
			30		
				+	25,388.
		r amount from Part I, line 27a			<u><6,385.</u> >
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	19,003.
		eases not included in line 2 (itemize)	Jump (h) June 20	5	10.003
6	ı uta	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numm (n), line ou		19,003. Form 990-PF (2014)

Part IV Capital Gains (a) List and desc 2-story brick w	cribe the kind(s)	of property sold (e.g. nmon stock, 200 shs	. real estate.	t Income	` P	low ac - Purc - Don:	equired hase ation	(c) Date (mo., c	acquired lay, yr)	(d) Date sold (mo., day, yr)
<u>1a</u>					ļ					
	NE	· · · · · · · · · · · · · · · · · · ·			+					
d d					 					
<u>e</u>									-	
(e) Gross sales price		lation allowed llowable)		st or other basis expense of sale					ain or (loss s (f) minus (
<u>a</u>	ļ				\dashv				 	
<u>b</u>	 									
<u>c</u>				_		-	· -			
e		-								
Complete only for assets show	ng gain in colum	n (h) and owned by t	he foundation	on 12/31/69			(1) Gains (C	ol. (h) gain	minus
(i) F.M.V as of 12/31/69	(j) Adju	usted basis 12/31/69	(k) E>	cess of col. (I) col. (J), If any				í. (k), buť i	not less that (from col. (n -0-) o r
<u>a</u>										
<u>b</u>										
<u> </u>			_							·
<u>d</u>					+					
<u>e</u>	1	C 16	David I II	7	\neg				·	
2 Capital gain net income or (net c		If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c).	sections 1222(5) an	d (6):		}	3				
Part V Qualification U	Jnder Secti	on 4940(e) for	Reduced	Tax on Net	Inve	estn	nent Inc	ome		
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not quate 1 Enter the appropriate amount in	ction 4942 tax on dify under section	1 4940(e). Do not co	mplete this pa	ırt.						Yes X No
(a) Base period years Calendar year (or tax year beginn	ıng in) Ad	(b) justed qualifying dist	ributions	Net value of no	(c) onchar	ıtable-	use assets		Distrib	(d) oution ratio rided by col. (c))
2013		14	8,669.			2	3,538		((-)	6.316127
2012		11	5,646.				2,128			5.226229
2011			1,084.				5,417			14.968433
2010		5	4,599.			1	<u>1,971</u>	. •		4.560939
2009										
2 Total of line 1, column (d)								2		31.071728
3 Average distribution ratio for the	5-year base perio	od - divide the total o	on line 2 by 5.	or by the number	of vea	ars				31.0/1/20
the foundation has been in existe			, .,		0.,00			3		7.767932
4 Enter the net value of noncharita	ble-use assets fo	r 2014 from Part X, I	ıne 5					4		22,339.
5 Multiply line 4 by line 3								5		173,528.
6 Enter 1% of net investment incor	ne (1% of Part I,	line 27b)						6		1.
7 Add lines 5 and 6								7		173,529.
8 Enter qualifying distributions from If line 8 is equal to or greater that	•	a hov in Part VI line	1h and comp	lete that part usin	na 10	L tou	rata	8		112,710.
See the Part VI instructions.		o box in r art vi, inic	.o, and comp	mai part usili	ıyα 17	υ (α λ Ι	u.c.			

423521 11-24-14

Form **990-PF** (2011)

orm 990-PI	(2014) The I3 Cares Foundation Excise Tax Based on Investment Income (Section 494)	10(a), 4940(b), 4940(e), or	27-31 4948 - se	15905 e instru	uctio	Page 4 ns)
1a Exemp	t operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	enter "N/A" on line 1.				
Date of	ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)				
	tic foundations that meet the section 4940(e) requirements in Part V, check here		1			_1.
of Part	I, line 27b					
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b).				
2 Tax un	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	2			0.
3 Add lin	es 1 and 2		3			1.
4 Subtitl	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Taxba	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			1.
6 Credits	Payments:					
a 2014 e	stimated tax payments and 2013 overpayment credited to 2014	6a				
b Exemp	t foreign organizations - tax withheld at source	6b				
c Tax pa	id with application for extension of time to file (Form 8868)	6c				
d Backuj	o withholding erroneously withheld	6d				
7 Total o	redits and payments. Add lines 6a through 6d		7			0.
8 Enter a	iny penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is atta	ached	8			
9 Tax du	e If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			1.
	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			
•	he amount of line 10 to be: Credited to 2015 estimated tax	Refunded	- 11			
	-A Statements Regarding Activities					-
1a During	the tax year, did the foundation attempt to influence any national, state, or local legi-	slation or did it participate or interve	ne in		Yes	No
_	litical campaign?			1a		Х
	pend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the definiti	on)?	1b	 	X
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	•	•	<u> </u>		
	outed by the foundation in connection with the activities	, , , , , , , , , , , , , , , , , , , ,				
	e foundation file Form 1120-POL for this year?			1c	<u> </u>	х
	he amount (if any) of tax on political expenditures (section 4955) imposed during th	e vear:				
	n the foundation. > \$ 0 . (2) On foundation manager				İ	
	he reimbursement (if any) paid by the foundation during the year for political expend					
	ers.▶\$ 0.					
	e foundation engaged in any activities that have not previously been reported to the	IRS?		2		x
	s," attach a detailed description of the activities				<u> </u>	
	e foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation	ı, or			
	s, or other similar instruments? If "Yes," attach a conformed copy of the change		•	3		X
4a Did the	e foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		Х
b If "Yes	" has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was th	ere a liquidation, termination, dissolution, or substantial contraction during the year	?		5		Х
If "Yes	s," attach the statement required by General Instruction T.					
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:			}	ŀ
● By la	anguage in the governing instrument, or			l		
	tate legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with the st	ate law			
remair	in the governing instrument?			6	X	
7 Did the	e foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col. (c), and Part	ΧV	7	X	
8a Enter t	he states to which the foundation reports or with which it is registered (see instruction	ons) >			-	ŀ
AL				_		
	inswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)		_		
	n state as required by General Instruction G? If "No," attach explanation	- ,		8b	X	
	oundation claiming status as a private operating foundation within the meaning of si	ection 4942(j)(3) or 4942(j)(5) for a	alendar		1	
	014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of			9	x	
	y persons become substantial contributors during the tax year? if "Yes," attach a sched			10		X
				Form 99 0)-PF	•

	990-PF (2014) The I3 Cares Foundation 27-3115	905		Page 5
Pa	irt 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			
	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?			
	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? N/A	13		
	Website address ► N/A			
14	The books are in care of ► Charles Jacobs Telephone no. ► 256-51	3-5	179	
	Located at ▶ 4607 Pine Ridge Circle, Decatur, AL ZIP+4 ▶35			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16		
	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			
	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		_	
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 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 2014.) N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х

Form **990-PF** (2014)

orm 990-Pf (2014) The I3 Cares Foundation			27-31159	05	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					\top
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o					ĺ
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i				
the prevention of cruelty to children or animals?	,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described				ŀ
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				\top
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		I/A 🔲 Ye	es No	}	
If "Yes," attach the statement required by Regulations section 53 4945				İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to]		
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		į	6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y€	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	\top
Part VIII Information About Officers, Directors, Trusto		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allov	wances
See Statement 4		0.	0.		0.
	. 1				
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2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabuto no to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E accou	xpense nt, other
	devoted to position		compensation	allov	wances
NONE		İ			
			· · · · · · · · · · · · · · · · · · ·		
- 1	- -	l			
Total number of other employees paid over \$50,000	<u> </u>			00==	0
			Form	990-P	F (2014)

Total, Add lines 1 through 3

0.

Form **990-PF** (2014)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	22,679.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	22,679.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	22,679.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	340.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,339.
6	Minimum investment return Enter 5% of line 5	6	1,117.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations a	nd certain	
	foreign organizations check here 🕨 🗶 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		•=
b	Income tax for 2014. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	,
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	112,710.
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:		
а	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	112,710.
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	112,710.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2014)

Part XIII Undistributed Income	see instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014				· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2013 only				
b Total for prior years:				
g rotal to prior yours.				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010		ŀ		
c From 2011	-			
d From 2012				
e From 2013	†			
f Total of lines 3a through e	†			
<u> </u>				
4 Qualifying distributions for 2014 from				
Part XII, line 4: > \$	+			
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)	ļ ,			
c Treated as distributions out of corpus		İ		
(Election required - see instructions)				
d Applied to 2014 distributable amount				· · · · · · · · · · · · · · · · · · ·
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount				
must be shown in column (a))				
6 Enter the net total of each column as			ı.	
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2013. Subtract line	1			
4a from line 2a. Taxable amount - see instr.				<u></u>
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must.	•			
be distributed in 2015				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010]			
b Excess from 2011				
c Excess from 2012	J			
d Excess from 2013]			
e Excess from 2014			. <u></u>	
423581 11-24-14	· · ·			Form 990-PF (2014)

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Form **990-PF** (2014)

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

c Any submission deadlines:

Form 990-PF (2014) The I3 Cares	Foundation		27-311	5905 Page 11
Part XV Supplementary Information	·- · · · · · · · · · · · · · · · · · ·		- 	
3 Grants and Contributions Paid During the Young Recipient	If recipient is an individual,	Payment		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Continuation	Toolpicite	+	
a read during the year				
305 8th Street 305 8th Street NW	None	501(c)(3)	For assistance	
Huntsville, AL 35805				18,162,
Angel Flight Ministry 2550 Midway Rd Ste 220 Carrollton, TX 75006	None	501(c)(3)	For assistance	2,469,
CASA	None	501(c)(3)	For assistance	2,403,
701 Andrew Jackson Way Huntsville, AL 35801				500.
Christian's Womens Job Corps 600 Governors Dr SW Huntsville, AL 35801	None	501(c)(3)	For assistance	1,000.
Deep Roots of AL P.O. Box 7263	None	501(c)(3)	For assistance	
Huntsville AL 35807	<u> </u>			1,000.
Total See con	tinuation shee	t(s)	► 3a	112 710.
None				

Total

▶ 3b

Part XVI-A	Analysis	of Inco	me-Produc	ing Activities

			,	,	
Enter gross amounts unless otherwise indicated.	(a) Business	usiness income (b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt
1 Program service revenue: a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c	900099	58.	code	Amount	function income
C					
de	_		+		
12 Subtotal. Add columns (b), (d), and (e)		58.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>		' 	13	
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie Line No Explain below how each activity for which is the foundation's exempt purposes (other the foundation).	ncome is reported in co	Dlumn (e) of Part XVI-A			plishment of

Here	Still	17 Aug 201	5 Direct	tor	shown below (see instr)? X Yes No
Sıç	gnature of officer or trustee	Date	Title	_	L
	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Paid	George H. Hill, CPA	George H. Hill, C	07/30/15		P00746537
Preparer Use Only	Times and a restrict to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	Associates, P.C.		Firm's EIN ► 63	3-0857231
	Firm's address ► 2420 L & N Huntsville,			Phone no. (25	56)539-4413
				· · · · · · · · · · · · · · · · · · ·	Form 990-PF (201)

plete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

423622 11-24-14

Sign

Here

return with the preparer shown below (see instr.)?

3 Grants and Contributions Paid During the	Year (Continuation)	· · · · · · · · · · · · · · · · · · ·		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Girl Scout Troop 65	None	501(c)(3)	For assistance	
PO Box 2887				1 000
Duluth, GA 30096			-	1,260
Madison Baptist Church	None	501(c)(3)	For assistance	
840 Balch Road				
Madison, AL 35758				4,500
Yanna Hayaa	Vana	501(c)(3)	For assistance	
Manna House 2110 South Memorial Parkway	None	501(6)(3)	ror assistance	
Huntsville, AL 35801				2,804
Mercy Ministries L5328 Old Hickory Blyd	None	501(c)(3)	For assistance	
Nashville, TN 37211				1,000
Not Forgotten Ministries	None	501(c)(3)	For assistance	
1111 Fern St.				
Homewood, AL 35209		<u> </u>		19,998
Save a Life Decatur	None	501(c)(3)	For assistance	
301 Bradley St SW				
Decatur, AL 35601				1,500
Dr. Tudala Obildosala		F01/>/2>		
St Jude's Children's 262 Danny Thomas PL	None	501(c)(3)	For assistance	
demphis, TN 38105		-		2,000
St Mark's Church 5475 Moores Mill Rd	None	501(c)(3)	For assistance	
Huntsville, AL 35811				500
Toys for Tots	None	501(c)(3)	For assistance	
18251 Quantico Gateway Drive				
Triangle, VA 22172		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,020
Jniversity Place Elementary School	None	501(c)(3)	For assistance	
1503 University Drive			201 WOOLDCAILCE	
Total from continuation sheets		<u> </u>		16,627 89,579

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		.,	··	
Name and address (home as hyperses)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Miscellaneous Ministries	None	501(c)(3)	For assistance	
Various Huntsville, AL 35801				11 200
Marcoville, All 33001		-		11,700
Athens Elementary School	None	501(c)(3)	For assistance	
515 North Madison St				
Athens, AL 35611		<u></u>		400
Auburn Grace Community Church	None	501(c)(3)	For assistance	
3126 Olympic Way Auburn, CA 95603				1,000
Auburn University	None	501(c)(3)	For assistance	
23 Samford Hall				
Auburn, AL 36849				1,250
Be a Santa to a Senior 2715 Spring Gate Lane	None	501(c)(3)	For assistance	
Huntsville, AL 35802				2,500
		·		
Bethel Baptist Elementary School	None	501(c)(3)	For assistance	
1301 Bethel Rd NE				
Hartselle, AL 35640				1,500
Big Brothers Big Sisters of North AL 701 Andrew Jackson Way	None	501(c)(3)	For assistance	
Huntsville, AL 35801		<u></u>		500
Catholic Charities of Northwest	None	501(c)(3)	For assistance	
Florida	None	501(0)(3)	101 assistance	
11 North B St				
Pensacola, FL 32502				1,000
Fallen Warrior Memorial	None	501/01/21		
PO Box 593	None	501(c)(3)	For assistance	
Solvang, CA 93464				1,020
Harris Home for Children	None	501(c)(3)	For assistance	
1210 Church St NW Huntsville_AL 35801 _				1,500
Total from continuation sheets				1.300

Part XV Supplementary Information				1
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	Τ		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Tallie and address (Herris & Basilless)	or substantial contributor	recipient		
Life Song for Orphans	None	501(c)(3)	For assistance	
PO Box 40 Gridley, IL 61744				500
GITUTEY, ID 01/44		<u> </u>		300
Loyd E Auman Elementary	None	501(c)(3)	For assistance	
6882 Raeford Road				
Fayetteville, NC 28304		1		1,500
Montview Elementary	None	501(c)(3)	For assistance	
2600 Garvin Rd NW				
Huntsville, AL 35810				4,500
Summit Crossing	None	501(c)(3)	For assistance	
347c Hughes Rd Madison, AL 35758				1,000
marison, Ab 33730			7	1,000
The Down Syndrome Association	None	501(c)(3)	For assistance	
1460 Renaissance Drive STE 405				
Park Ridge, IL 60068			-	1,000
The Pregnancey Help Center	None	501(c)(3)	For Assistance	
327 Garland Drive				
Lake Jackson, TX 77566				2,500
Women Honoring Women (WEDC	None	501(c)(3)	For Assistance	
Foundation)				
301 Washington St STE 303 Huntsville, AL 35801				1,000
				-
Total from continuation sheets				

Form 990-PF Interest on Savi	ngs and Tem	porary Cash	Investments	Statement 1
Source	Reve	(a) Revenue Net In Per Books In		(c) Adjusted Net Income
Servis First Checking		58.	58.	58.
Total to Part I, line 3		58.	58.	
Form 990-PF	Accounti	ng Fees		Statement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		
Accounting Fees	908.	0	•	0. 0.
To Form 990-PF, Pg 1, ln 16b	908.	0	-	0.
Form 990-PF	Other E	xpenses		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		
Website Hosting Bank Service Charges	55. 30.			0. 0.
To Form 990-PF, Pg 1, 1n 23	85.	0	•	0. 0.

	I - List of Officers, Directors Stateme ees and Foundation Managers				
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account	
Kristen Helper 2805 Day Circle Huntsville, AL 35801	Director 5.00	0.	0.	0.	
Charles Jacobs 4607 Pineridge Circle Decatur, AL 35603	Director 5.00	0.	0.	0.	
Janie Salinas 121 Blue Sage Lane Cibolo, TX 78108	Director 5.00	0.	0.	0.	
Tawnyia Freeman 161 Stone Hill Drive Huntsville, AL 35811	Director 5.00	0.	0.	0.	
Matthew Stark 102 Bumper Crop Lane Madison, AL 35757	Director 5.00	0.	0.	0.	
Totals included on 990-PF, Pa	ge 6, Part VIII	0.	0.	0.	

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.lrs.gov/form8868 .

OMB No 1545-1709

	ou are ming for an Automatic 3-Month Extension, comple	_					
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	•		
Do no	t complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868		
Elect	ronic filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months fo	or a corporation	
requi	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to requ	iest an extension	
of tim	e to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 7	ransfers .	Associated	With Certain	
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	ctronic filing	g of this form,	
visit v	www.irs.gov/efile.and.click.on.e-file.for.Charities & Nonprofits t I Automatic 3-Month Extension of Time		submit original (no copies ne	eded)			
	poration required to file Form 990-T and requesting an autor						
Part I			one of the box and	complete		ightharpoonup	
	•	IICs and t	rusts must use Form 7004 to reques	t an ovtor	neion of tim		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying notice.							
Type						ion number (EIN) or	
Type or Name of exempt organization or other filer, see instructions Employer ide						ion number (Env) or	
Pilit	The I3 Cares Foundation				27-3115905		
File by	the North Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	ee instruc	tions	Social of			
due da filing yo		ee ii isti uc	tions	Social Se	Social security number (SSN)		
return instruc	360	, i i i i i i i i i i i i i i i i i i i					
	Decatur, AL 35603	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	Decatal, AB 33003			··-			
Enter	the Return code for the return that this application is for (file	a senara	te application for each return)			0 4	
	the restain code for the retain that the application to for the	a sopula	to application for each return,			0 =	
Appli	cation	Return	Application			Return	
Is Fo		Code	Is For			Code	
	990 or Form 990-EZ	01	Form 990-T (corporation)	··		07	
	990-BL	02	Form 1041-A			08	
	4720 (individual)	03	Form 4720 (other than individual)			09	
	990-PF	04	Form 5227			10	
	990-T (sec 401(a) or 408(a) trust)	05				11	
	990-T (trust other than above)	06	Form 8870			12	
	Charles Jacobs		. 6111, 667 6			1 12	
• Th	e books are in the care of 4607 Pine Ridge	e Circ	cle - Decatur, AL	35603			
	lephone No. ► 256-513-5179		Fax No F	55005			
	he organization does not have an office or place of business	s in the Ur				▶ □	
	his is for a Group Return, enter the organization's four digit (f this is fo	r the whole	aroup check this	
box I			ch a list with the names and EINs of				
1	I request an automatic 3-month (6 months for a corporation				CIG THE CAT	0113101113101	
		•	tion return for the organization name		The extens	uon	
	is for the organization's return for	J			THE CALCULA		
	► X calendar year 2014 or						
	tax year beginning	. an	d endina				
			J		_		
2	If the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return III	Final retur	'n		
	Change in accounting period						
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	nonrefundable credits. See instructions		•	3a	\$	0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			······································	
	estimated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	s	0.	
С	Balance due. Subtract line 3b from line 3a Include your pa	yment wit	h this form, if required,				
	by using EFTPS (Electronic Federal Tax Payment System) §	-	•	3c	\$	0.	
	on. If you are going to make an electronic funds withdrawal ctions.				nd Form 88		
LHA 423841 05-01-	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.	_	Form	8868 (Pev. 1-2014)	

	3868 (Rev. 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month E					
	Only complete Part II if you have already been granted an			iled Form	3868	
	ou are filing for an Automatic 3-Month Extension, compl				:	
Part	II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nai (no c	opies need	ea).
			Enter filer's	identifyir	g number, se	ee instructions
Туре	Type or Name of exempt organization or other filer, see instructions					number (EIN) or
print	print					
File by t	The I3 Cares Foundation				<u> 27-311</u>	.5905
	due date for Number, street, and room or suite no. If a P.O. box, see instructions					(SSN)
filing you return S						
ınstructı		foreign add	dress, see instructions			
	Huntsville, AL 35806					
		· ·				
Enter	the Return code for the return that this application is for (f	ile a separa	te application for each return)			0 4
	-		,			
Applic	ration	Return	Application			Return
Is For		Code	Is For			Code
	990 or Form 990-EZ	01				
	990-BL	02	Form 1041-A			08
		03	Form 4720 (other than individual)			09
	4720 (individual)	04	Form 5227			10
	990-PF	05	Form 6069			11
	990-T (sec 401(a) or 408(a) trust)	06	Form 8870			12
	990 T (trust other than above)			iouoly file	d Earm 9969	
STOP	! Do not complete Part II if you were not already grante		natic 3-month extension on a prev	iousiy ille	<u>u F01111 6666</u>	<u>· </u>
	Gil de la Cerd		TT 4 2 1 1 2 - 3 T	25006		
	books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care of books are in the care	Drive		35806		
	ephone No ► <u>256-562-1131</u>		Fax No 🕨			. \square
	ne organization does not have an office or place of busine					
• If the	nis is for a Group Return, enter the organization's four digr	_				
box			ach a list with the names and EINs of	<u>f all memb</u>	ers the extens	sion is for
	I request an additional 3-month extension of time until	Novem	ber 15, 2015			
	For calendar year 2014 , or other tax year beginning $ _$, and endin	g		
6	If the tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final r	əturn	
	Change in accounting period					
7	State in detail why you need the extension					
	Additional time needed to gat	her i	<u>nformation to comp</u>	<u>lete</u>	return.	
	,					
						· · · · ·
	If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions		•	8a	s	1.
	If this application is for Forms 990-PF, 990-T, 4720, or 606	39. enter an	v refundable credits and estimated			
	tax payments made Include any prior year overpayment a					
	previously with Form 8868	a	a oroan and any amount para	8b	\$	0.
С	Balance due. Subtract line 8b from line 8a Include your p	navment wi	th this form if required by using			
Ŭ	EFTPS (Electronic Federal Tax Payment System) See inst		arrans form, ir required, by daing	8c	\$	1
	Signature and Verifice	ation mu	st be completed for Part II		Ψ	
11m -l	penalties of perjury, I declare that I have examined this form, inclu				f my knowleda	and holief
under It is tri	penaities of perjury, I declare that I have examined this form, little ie, correct, and complete, and that I am authorized to prepare this	form.	parrying someouties and statements, and the	ט וויג חבפו מ	A	anu ochel,
	47 401	Direc	tor CKH	Date	J-1-	5-15
Signat	uie // //w Title			Date	, , , , , , , , , , , , , , , , , , , 	969 /Pov. 1 2014)
					Form 88	68 (Rev 1-2014)

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