

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



№orm 990-PF

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.

OMB No 1545-0052

	Department of the Treasury Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf . Open to Public inspection								
		dar year 2014 or t					, and ending		
Name of foundation								A Employer identificatio	n number
M	AX:	INMOTION						45-3760957	,
		nd street (or PO box				address)	l l	B Telephone number	
		7 NORTH					1009	480-291-50	
		own, state or provi TTSDALE,		ntry, and ZII 8525		ostal code		C if exemption application is p	pending, check here
G C	heck	all that apply:		Initial return	1		ormer public charity	D 1. Foreign organization	s, check here
			=	Fınal return		Amended return		2. Foreign organizations m	eeting the 85% test.
		 		Address ch		Name change		2. Foreign organizations m check here and attach c	omputation
H C	_	type of organization				empt private foundation Other taxable private founda	ntion.	E If private foundation sta	
1 50		ction 4947(a)(1) n irket value of all as					Accrual	under section 507(b)(1	
		Part II, col. (c), lin		iiu ui yeai		her (specify)	Accidal	F If the foundation is in a under section 507(b)(1	
(<i>ii</i>		art 11, con. (c), 1111	534	.212.		mn (d) must be on cash	basis)	211201 30011011 301 (5)(1	(D), 01100K 11010
	rt I	Analysis of Reve (The total of amoun- necessarily equal th	enue and	d Expenses	d (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gift	ts, grant	s, etc., recei	ved	117,980.	-	N/A	
	2	Check If the	e foundation	is not required to					
	3	Interest on savings a cash investments	and tempo	rary					
	4	Dividends and into	erest fro	m securities	3	38.	38.		STATEMENT 2
	5a	Gross rents							
		Net rental income or	· · -			88.			STATEMENT 1
ae	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 10,198.					- 00.			STATEMENT I
Revenue	assets on line 6a 7 Capital gain net income (from Part IV, line 2)				,1501	· · · · · ·	7,702.		
æ	8 Net short-term capital gain				7,7023		-		
	9	Income modificat	. •						
	10a	Gross sales less retu and allowances	ırns						
	b	Less Cost of goods	sold						
	C	Gross profit or (lo	oss)						
	11	Other income				110 100	7 740		
_	12	Total. Add lines 1				118,106.	7,740.		0.
	13 14	Other employee s			s, etc			<u> </u>	
		Pension plans, en		-					
ses		Legal fees			'МТ 3	82.	0.		82.
	ь	Accounting fees							
Operating and Administrative Expen	С	Other professiona	al fees	ST	MT 4	55.	0.	KEUE	\/ -) 55.
tř		Interest							
stra	18	Taxes	d	_				MAY 2	7 Z015 (2)
ij	19 20	Depreciation and Occupancy	aepietioi	n				17	2013
Δdπ	21	Travel, conference	es and r	meetings			<u></u>	OCDE	 _ _ _ _ _ _ _ _
Pu /	22	Printing and publ		noctingo					
g a	23	Other expenses		ST	MT 5	394.	0.		394.
atir	24	Total operating a	and adm	inistrative					
bei		expenses. Add la				531.	0.		531.
U		Contributions, gif				212,850.			212,850.
	26	Total expenses a		ursements.		213,381.	0.		213,381.
	27	Add lines 24 and Subtract line 26 f		12-		213,301.	· · · · · · · · · · · · · · · · · · ·		1 213,301.
		Subtract fille 20 f Excess of revenue of		-	irsements	<95,275.	>	1	
		Net investment i					7,740.	<u> </u>	
	c	Adjusted net inc						N/A	
4235 11-2		LHA For Pape				instructions.			Form 990-PF (2014)

45-3760957 Page 2 Form 990-PF (2014) MAXINMOTION Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end of-year amounts only (c) Fair Market Value (b) Book Value (a) Book Value 629,346. 534,212 534,212. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 629,346. 534,212. 534,212. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 141. STATEMENT 6) <u>o.</u> 22 Other liabilities (describe 0 141 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** [X] Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 534,071. 629,346. 29 Retained earnings, accumulated income, endowment, or other funds 534,071. 629,346. 30 Total net assets or fund balances 629,346. 534,212. 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1	Τ	
·	(must agree with end-of-year figure reported on prior year's return)	1		629,346.
2	Enter amount from Part I, line 27a	2	Γ	<95,275.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		534,071.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Γ	534,071.

2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a 104 SHRS ARCBEST CORP COM b 174 SHRS MICRON TECHNOLOGY c d e	Date acquired no., day, yr.) L/20/14 L/20/14	(d) Date sold (mo., day, yr.) 11/20/14		
1a 104 SHRS ARCBEST CORP COM D 11 b 174 SHRS MICRON TECHNOLOGY D 11 c d e				
d e (A) Control (A	1/20/14			
d e	j	11/20/14		
e (A) Cost or other book				
(A) Control of the co				
	(h) Gain or (loss)	<u> </u>		
	e) plus (f) minus (
a 4,421. 1,123.		3,298		
b 5,777. 1,373.		4,404		
С				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gai	res (Col. /b) sore			
(i) Adjusted basis (k) Excess of col. (i) col. (k)	ins (Col. (h) gain , but not less that	n -0-) or		
(i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any	sses (from col. (h))			
a		3,298		
b		4,404		
C				
d				
<u> </u>				
2 Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		7,702		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6); If gain, also enter in Part I, line 8, column (c).				
If (loss), enter -0- in Part I, line 8	N/A			
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Incom	ne			
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)				
If section 4940(d)(2) applies, leave this part blank.				
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?		Yes X No		
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.		165 [2 <u>x</u>] NO		
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.				
Base period years Adjusted qualifier distributions Not value of people stable use secrets	Distrik	(d) oution ratio		
Calendar year (or tax year beginning in) Adjusted qualifying distributions livet value of nontrian lable-use assets	(col. (b) div	rided by col. (c))		
2013 384,492. 645,125.	. 59599			
2012 51,209. 149,211.				
2011 0. 739.				
2010				
2 Total of line 1, column (d)	2	.93919		
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years				
the foundation has been in existence if less than 5 years	3	.31306		
	1	500 000		
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	598,373		
	_	187,330		
F. M. N. J. J. a. A. J. P. a. A.	5	167,330		
5 Multiply fine 4 by line 3	1	77		
	6	, ,		
	6			
 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 	7	187,407		
6 Enter 1% of net investment income (1% of Part I, line 27b)		187,407		
6 Enter 1% of net investment income (1% of Part I, line 27b)				

Form **990-PF** (2014) 423521 11-24-14

Form 990-PF (2014) MAXINMOTION			376095		Page 4
Part VI Excise Tax Based on Investment Income (Section		948 -	see ins	tructio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here		1 1			
Date of ruling or determination letter: (attach copy of letter					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check he	re 🕨 🗶 and enter 1%	1			77.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations en	ter 4% of Part I, line 12, col. (b).]			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations o	nly. Others enter -0-)	2			0.
3 Add lines 1 and 2		3			77.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	-	5	<u> </u>		77.
6 Credits/Payments:		l I			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a]			
b Exempt foreign organizations - tax withheld at source		1 1			
c Tax paid with application for extension of time to file (Form 8868)	6c]			
d Backup withholding erroneously withheld	6d]			
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			77.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp	aid	10			
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	Refunded -	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local	il legislation or did it participate or intervene	ın		Yes	No
any political campaign?			_ 1	a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	purposes (see instructions for the definition)?	1	b	X
If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activiti	es and copies of any materials publish	ed or	İ	Ì	1
distributed by the foundation in connection with the activities				İ	
c Did the foundation file Form 1120-POL for this year?				С	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri	= -				
(1) On the foundation. > \$ 0 . (2) On foundation mai		_	}	ļ]
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	kpenditure tax imposed on foundation			- 1	
managers. ▶ \$ 0 .					1
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?			2	X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	rning instrument, articles of incorporation, i	or	1	- 1	1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the c	hanges			3_	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during t	he year?			a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	` —	b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?			5	X
If "Yes," attach the statement required by General Instruction T			1		ĺ
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	fied either:				ì
 By language in the governing instrument, or 			1	- 1	
By state legislation that effectively amends the governing instrument so that no mail	ndatory directions that conflict with the stat	a law			١
remain in the governing instrument?			—	5	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	," complete Part II, col (c), and Part X\	/		7 X	
					Ì
8a Enter the states to which the foundation reports or with which it is registered (see ins	tructions) -				
AZ					1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation					
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					,
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Y		(M) 200		9	X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a	schedule listing their names and addresses	TMT	71	0 X	1

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Form 990-PF (2014) MAXINMOTION			<u>45-37609</u>	<u>57 </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,	ł	ľ	- 1
any voter registration drive?		es 🗶 No	1		
(3) Provide a grant to an individual for travel, study, or other similar purposes		es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)	, 4000, 1000	☐ Y6	es X No	-	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	or oddodional purposso, or t		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the excentions described i				
section 53,4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check his	•			-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		ŀ	
expenditure responsibility for the grant?		//A □ Ye	es 🗆 No		ļ
		.,			į
If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p					
, , , , , , , , , , , , , , , , , , , ,	ay premiums on	v	es X No		
a personal benefit contract?		L 10		ا ۵	\ v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?		}	6b	<u> </u>
If "Yes" to 6b, file Form 8870.			es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		. 	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	y		
List all officers, directors, trustees, foundation managers and their	nompensation				
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnence
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
	to position	enter -U-)	compensation	allo	wances
		[
CHE CONTRACTOR O		١ .	١ ,		0
SEE STATEMENT 8		0.	0.		0.
			Ì		
		İ '	ľ		
			ļ		
			<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	1740		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other wances
	devoted to position	(c) componential	and deterred compensation	allo	wances
NONE					
		<u> </u>			
			<u> </u>		
			<u> </u>		
	<u> </u>		<u> </u>		
		1	ļ		
Total number of other employees paid over \$50,000	-	<u> </u>	<u>▶</u>		
	. .		Form	990-F	PF (2014)

FOUNDATION WERE PROPERLY ALLOCABLE

Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities

MAXINMOTION

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

number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 MAX IN MOTION FOUNDATION MAKES NO PROGRAM RELATED

GRANT MAKING ACTIVITIES. ALL OTHER EXPENSES OF THE

3 TO THE INVESTMENT ACTIVITIES OF THE FOUNDATION.

Form 990-PF (2014)

NONE

Part VIII

Amount

0.

All other program-related investments. See instructions.

3 NONE Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 1a 607,485. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 607,485. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) te i 2 Acquisition indebtedness applicable to line 1 assets 607,485. 3 Subtract line 2 from line 1d 3 9,112. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 598,373. 5 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 29.919. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 29,919. Minimum investment return from Part X, line 6 77. 2a Tax on investment income for 2014 from Part VI, line 5 2b b Income tax for 2014. (This does not include the tax from Part VI.) c Add lines 2a and 2b 29.842. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 29.842. Distributable amount as adjusted. Subtract line 6 from line 5, Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 213,381. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 213,381. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income. Enter 1% of Part I, line 27b 304. Adjusted qualifying distributions. Subtract line 5 from line 4 6 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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				20 042
line 7				29,842.
2 Undistributed income, if any, as of the end of 2014	1	1	ا م	
a Enter amount for 2013 only			0.	
b Total for prior years;		0.	ĺ	
3 Excess distributions carryover, if any, to 2014:			·	
a From 2009		į		
b From 2010				
c From 2011				
dFrom 2012 44,378.	ł	}	1	
eFrom 2013 352,242.	206 600			
f Total of lines 3a through e	396,620.			
4 Qualifying distributions for 2014 from	ļ	,		
Part XII, line 4: ►\$ 213,381.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				29,842.
e Remaining amount distributed out of corpus	183,539.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	580,159.			
b Prior years' undistributed income. Subtract	300,2330			
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				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009			· · · · · · · · · · · · · · · · · · ·	
not applied on line 5 or line 7	0.1			
9 Excess distributions carryover to 2015.			_ 	
Subtract lines 7 and 8 from line 6a	580,159.			
IO Analysis of line 9:				
a Excess from 2010	ļ			
b Excess from 2011	[
c Excess from 2012 44,378.	}			
dExcess from 2013 352,242.	ļ			
e Excess from 2014 183,539.	("			
11-24-14	_ _			Form 990-PF (2014)

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

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7 0
a Paid during the year				
ARIZONA BRIDGE TO INDEPENDENT LIVING 5025 E WASHINGTON STREET #200 PHOENIX, AZ 85034	NONE	PUBLIC CHARITY	YOUTH SPORTS CLINICS	20,000.
ARIZONA YOUTH SOCCER ASSOCIATION	NONE	PUBLIC CHARITY	YOUTH SOCCER	
9034 N 23RD AVENUE, #10 PHOENIX, AZ 85021			SCHOLARSHIPS	150,000.
ARIZONA HOCKEY UNION P.O. BOX 1431 GILBERT, AZ 85299	NONE	PUBLIC CHARITY	YOUTH HOCKEY SPONSORSHIP	4,500.
DESERT YOUTH HOCKEY ASSOCIATION 1520 N MCCLINTOCK DRIVE TEMPE, AZ 85281	NONE	PUBLIC CHARITY	YOUTH HOCKEY SCHOLARSHIPS	2,500.
MISSION ARIZONA ICE 3039 W. PEORIA PHOENIX, AZ 85029	NONE	PUBLIC CHARITY	YOUTH HOCKEY SPONSORSHIP	7,500.
Total SEE CO	NTINUATION SHE	et(s)	▶ 3a	212,850.
NONE				
Total			▶ 3b	0.

45-3760957 Page 12

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
3	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b	-				
C	- -				
d	- 		 		
e			+		
1			1		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	38.	
5 Net rental income or (loss) from real estate;	 				
a Debt-financed property	 	- 	1		
b Not debt-financed property					
6 Net rental income or (loss) from personal			- -		
property	1		1 1		
7 Other investment income					
8 Gain or (loss) from sales of assets other			10	20	
than inventory			18	88.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:			1 1		
a	_		\dashv		
b	_		+		
c	_				
d	_				
e	_		+		
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>			126.	
13 Total. Add line 12, columns (b), (d), and (e)				13	12
(See worksheet in line 13 instructions to verify calculations.)				

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
423621 11-24-14	Form 990-PF (2014

Part 2	KVII	Information Re Exempt Organ		sfers To a	and Tra	ansactions a	and Relation	onships With Noncha	aritable	е	
1 Did	the or	ganization directly or indir		of the followin	no with an	v other organization	on described in	section 501(c) of		Yes	No
		other than section 501(c)						30000011 00 1(0) 01		1.00	
		from the reporting founda					inizationo.		1	1	
	Cash	rom the reporting leaded	Ition to a nononanta	old exempt of	gumzumon	· 01.			1a(1)		х
	Other	accate							1a(2)	-	X
		sactions:							14(2)		
		of assets to a noncharital	hle evemnt organizat	hon					1b(1)	[]	х
			·						16(2)	-	X
``											X
											X
		or loan guarantees							1b(4) 1b(5)		X
٠,		•	mbarahin ar fundrai	oma colimitatio	no.				1b(6)		X
		mance of services or me		-					10(0)		X
	-	facilities, equipment, ma	•			ima (h) should ali	vave chow the	fair market value of the goods,	<u> </u>	i	
or s	services	-	oundation. If the four	ndation receive	ed less th	• •		ction or sharing arrangement,		5615,	
(a)Line n		(b) Amount involved		noncharitable		organization	(d) Descr	iption of transfers, transactions, and	sharing ar	rangeme	nts
		<u> </u>		N/A							
	1-										
	1		 				1				
	_										
	\top										
	\neg						<u> </u>				
	\neg										
	1										
	\top										
	7										
	7										
	+						<u> </u>				
			 				 				
	\dashv						_				
							+				
	\dashv						- i				
2a Ist	he four	dation directly or indirect	tly affiliated with, or i	related to, one	or more t	ax-exempt organi	zations describ	ed ed			
in s	ection	501(c) of the Code (other implete the following sch	r than section 501(c)					[X Yes] No
		(a) Name of org				e of organization		(c) Description of relation	ship		
MAX	A S	HACKNAI FOU	NDATION		501(C)(3)	SEE ST	PATEMENT 9			
					<u> </u>		<u> </u>				
Sign Here	and be	penalties of perjury, I declare lief, it is true, correct, and cor	mplete Declaration of pr		in taxpayer)	is based on all inform $5//2//5$	PRES	eparer has any knowledge re	ay the IHS turn with th lown below X Yes	e prepar (see ins	er
	Sign	ature of officer or trustee			Da	te	Title				
		Pkint/Type preparer's na	ime	Preparer's	ignature		Date	Check if PTIN			
.	self- employed										
Paid		ERIC J. VO		7/	X/(5.11.201		0687		
Prepa Use (Firm's name ► TFO						Firm's EIN ► 45 – 3	6354	8 0	
		Firm's address ▶ 24	00 E ARIZ	ONA BI	LTMO	RE CIR S	TE 1400				
PHOENIX, AZ 85016 Phone no. 602-466-261								611			

423622 11-24-14

Form **990-PF** (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

MZ	AXINMOTION	45-3760957						
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	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See ınstructions.						
General Rule								
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling a contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from						
year, total contribi	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, contributions is checked, enter purpose. Do not c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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) (2014)

Name of organization

Employer identification number

MAXINMOTION

45-3760957

(a) No. 1 (a) No.	(b) Name, address, and ZIP + 4 LILY PHILLIPS	(c) Total contributions	(d) Type of contribution
(a)			
	4747 N SCOTTSDALE RD, SUITE 1009 SCOTTSDALE, AZ 85251	\$\$,000.	Person X Payroll
	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
2	BURKE FAMILY FOUNDATION 7016 E. SUNNYVALE ROAD PARADISE VALLEY, AZ 85253	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANDREW & KAREN HIRSCHBERG 7 ELIZABETH DRIVE WESTPORT, CT 06880	s15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIM & MIRJA RIESTER 802 N. 3RD AVENUE PHOENIX, AZ 85003	\$15,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARK A. PRYGOCKI 9820 E. THOMPSON PEAK PKWY, #836 SCOTTSDALE, AZ 85003	\$5,738. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARK A. PRYGOCKI 9820 E. THOMPSON PEAK PKWY, #836 SCOTTSDALE, AZ 85255	\$\$ 4,371.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MAXIN	MOTION	45	3760957
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COYOTES CHARITIES 6751 N. SUNSET BLVD. SUITE 200 GLENDALE, AZ 85305	\$	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HOWARD LUBER 6105 E. CABALLO DRIVE PARADISE VALLEY, AZ 85253	- - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Omnocash 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 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)
423452 11-0	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

MAXINMOTION

45-3760957

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	147 SHRS MICRON TECHNOLOGY		
_ 7			
		\$\$,738.	11/20/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	104 SHRS ARCBEST CORP		
_		\$\\$\\$\	11/20/14
(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
			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization 45-3760957 MAXINMOTION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) 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. 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. 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

423454 11-05-14

Part XV . Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager or substantial contributor Name and address (home or business) recipient PUBLIC CHARITY YOUTH HOCKEY COYOTES AMATEUR HOCKEY ASSOCIATION NONE (HOUSE) SPONSORSHIP 9375 E BELL ROAD SCOTTSDALE , AZ 85260 3,300. COYOTES AMATEUR HOCKEY ASSOCIATION NONE PUBLIC CHARITY YOUTH HOCKEY SPONSORSHIP (TRAVEL) 9375 E BELL ROAD 24,450. SCOTTSDALE , AZ 85260 CHANDLER AMATEUR HOCKEY ASSOCIATION NONE PUBLIC CHARITY YOUTH HOCKEY SPONSORSHIP 9375 E BELL ROAD SCOTTSDALE , AZ 85260 600. 28,350. Total from continuation sheets

FORM 990-	-PF	GAIN OR	(LOSS)	FROM S	ALE O	F ASSE	TS	STA	ATEMENT	1
DESCRIPT:	(A) ION OF PROPER	.TY				MANN ACQUI		ATE UIRED	DATE SO	OLE
104 SHRS	ARCBEST CORP	COM			,		11/	20/14	11/20	/14
	(B) GROSS SALES PRICE	(C VALUI TIME OI	E AT	EXPE	O) NSE O ALE		(E)	GAII	(F) N OR LOS	s
	4,421	•	4,371.			0.	0.	·		50.
DESCRIPT:	(A) ION OF PROPER	TY				MANN ACQUI		ATE UIRED	DATE S	OLD
174 SHRS	MICRON TECHN	OLOGY					11/	20/14	11/20	/14
	(B) GROSS SALES PRICE	(C VALU TIME O	E AT	EXPE	O) NSE O ALE		(E) EPREC.	GAII	(F) N OR LOS	S
	5,777	•	5,739.			0.	0.			38.
CAPITAL (GAINS DIVIDEN	DS FROM PA	ART IV							0.
TOTAL TO	FORM 990-PF,	PART I,	LINE 6A							88.
FORM 990	-PF	DIVIDENDS	AND IN	TEREST	FROM	SECUR	ITIES	ST	ATEMENT	2
SOURCE		GROSS AMOUNT	CAPI GAI DIVID	NS	REV	A) ENUE BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTI NET INCO	
5001.02							· 			
FIDELITY DIVIDENDS		38.		0.		38.		38.		

45-3760957

MAXINMOTION

FORM 990-PF	LEGAL	FEES		STATEMENT 3
DESCRIPTION	EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
LEGAL FEES	82.	0.		82.
TO FM 990-PF, PG 1, LN 16A =	82.	0.		82.
FORM 990-PF O	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
BANK FEES	55.	0.		55.
TO FORM 990-PF, PG 1, LN 16C	55.	0.		55.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
		(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOME		
DESCRIPTION	(A) EXPENSES PER BOOKS		ADJUSTED	
DESCRIPTION PROCESSING FEES	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	EXPENSES PER BOOKS	MENT INCOME 0.	ADJUSTED	CHARITABLE E PURPOSES
PROCESSING FEES	EXPENSES PER BOOKS	NET INVEST- MENT INCOME 0.	ADJUSTED	CHARITABLE FURPOSES 394.
PROCESSING FEES TO FORM 990-PF, PG 1, LN 23	EXPENSES PER BOOKS 394.	NET INVEST- MENT INCOME 0. 0. BILITIES	ADJUSTED	CHARITABLE PURPOSES 394.
PROCESSING FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	EXPENSES PER BOOKS 394.	NET INVEST- MENT INCOME 0. 0. BILITIES	ADJUSTED NET INCOM	CHARITABLE FURPOSES 394. 394. STATEMENT 6

45-3760957 MAXINMOTION

FORM '990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 7

NAME OF CONTRIBUTOR

TOM & JULIA BURKE

ADDRESS

7114 E. STETSON DRIVE, SUITE 400 SCOTTSDALE, AZ 85251

	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 8		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JONAH SHACKNAI 4747 NORTH SCOTTSDALE RD. SUITE 1009 SCOTTSDALE, AZ 85251	PRESIDENT & DI	RECTOR 0.	0.	0.
SAM GARVIN 7405 E. MONTE CRISTO SCOTTSDALE, AZ 85260	DIRECTOR 1.00	0.	0.	0.
E.G. (KEN) KENDRICK JR. 401 E JEFFERSON ST PHOENIX, AZ 85004	DIRECTOR 1.00	0.	0.	0.
R. TAYLOR BURKE JR. 7016 E. SUNNYVALE ROAD PARADISE VALLEY, AZ 85253	DIRECTOR 2.00	0.	0.	0.
TIM RIESTER 802 N. 3RD AVENUE PHOENIX, AZ 85003	DIRECTOR 1.00	0.	0.	0.
GABRIELE SHACKNAI 4747 NORTH SCOTTSDALE RD. SUITE 1009 SCOTTSDALE, AZ 85251	DIRECTOR 0.00	0.	0.	0.
ETHAN SHACKNAI 4747 NORTH SCOTTSDALE RD. SUITE 1009 SCOTTSDALE, AZ 85251	DIRECTOR	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 9

NAME OF AFFILIATED OR RELATED ORGANIZATION

MAX A SHACKNAI FOUNDATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON CONTROL