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Form **990-PF**

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

OMB No 1545-0052 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u> </u> | or cale | ndar year 2014, or tax year beginning | , 2014, | and ending | | , | | | |
|----------|----------------|--|---|-----------------------------|---------------------------------------|--|--|--|--|
| 7 | | DEN FOUNDATION | | - | Α | Employer identification num 47-2589734 | | | |
| | | E TREMAINE COURT RT, AZ 85234 | | | В | Telephone number (see instr (480) 221-816 | • | | |
| - | 05 | January View Company | С | If exemption application is | pending, check here. 🕨 🛚 | | | | |
| G | i Cned | ck all that apply: X Initial return Final return | Initial return of a form Amended return | er public charity | D 1 Foreign organizations, check here | | | | |
| Ī | L Chec | Address change | Name change (c)(3) exempt private fo | undation | 1 | 2 Foreign organizations meeting the 85% test, check here and attach computation | | | |
| _ | | Section 4947(a)(1) nonexempt charitable tru | st Other taxable p | rivate foundation | Ε | E If private foundation status was terminated under section 507(b)(1)(A), check here | | | |
| ı | (from | Part II, column (c), line 16) | bunting method: X Canonical Canonica Cano | <u></u> | F | If the foundation is in a 60- | month termination | | |
| П | ► \$ Part T | 175,000. (Part I, Analysis of Revenue and | column (d) must be on | | | under section 507(b)(1)(B), | | | |
| _ | <u> </u> | Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue and expenses per books | (b) Net investmen income | t | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | |
| | | 1 Contributions, grits, grants, etc, received (attach schedule) 2 CK In the foundry is not required to attach Sch B | 175,000. | | - | | | | |
| | | | - | | | | } | | |
| | | 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities | | | | | | | |
| | | 5 a Gross rents | , <u>-</u> | | | | 2 | | |
| | R | or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | · | | - | | 3 | | |
| 2015 | E V | b Gross sales price for all assets on line 6a | | | | | - | | |
| ~ അ | E N | 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain | | | - | | - 1 | | |
| • | U E | 9 Income modifications | | | | | | | |
| | _ | returns and allowances | | | | | | | |
|) DE | | b Less. Cost of goods sold | • | | | | | | |
| SCANNED | | C Gross profit or (loss) (attach schedule) Other income (attach schedule) | <u> </u> | | | | | | |
| Z | | 12 Total. Add lines 1 through]] | 175 000 | | | | , | | |
| 20- | | | 175,000. 0. | | 0. | 0. | | | |
| (V) | | 13 Compensation of officers, directors trustees etc 14 Other employee salaues and wages 15 Pension plans, employee benefits | | | | | | | |
| | Δ | 16 a Legal fees laftach schedule) | | | | | | | |
| | D M | b Accounting fees (attach sch) | 7 | | | | | | |
| | 0 | b Accounting lees (attach sch) c Other pron fees (attach sch) 17 Interest 18 Taxes (attach schedule) seemasts) | | | | | | | |
| | O P E R A | | | | | | | | |
| | ŢŢ | 19 Depreciation (attach) sch) and depletion | - | | | | | | |
| | N V | 20 Occupancy . 21 Travel, conferences, and meetings | | | | | | | |
| | A E | 22 Printing and publications | | | | | | | |
| | N X D P | 23 Other expenses (attach schedule) | | | | | | | |
| | N S F | 24 Total operating and administrative | | | | | | | |
| | Š | expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid | | | | | | | |
| | | 26 Total expenses and disbursements. Add lines 24 and 25 | 0. | | 0. | 0. | 0. | | |
| • | | 27 Subtract line 26 from line 12: a Excess of revenue over expenses | | | | <u> </u> | <u></u> | | |
| | | and disbursements | 175,000. | | | | | | |
| | | b Net investment income (if negative, enter -0-) | | | 0. | | | | |
| | | C Adjusted net income (if negative, enter -0-) . | I | | | 0. | 1 | | |

| Part | Π | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | year |
|------------------|-------------|---|----------------------------|----------------|-----------------------|
| <u> </u> | <u> </u> | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | | 175,000. | 175,000. |
| | 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 (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch) . | | - | • |
| A | | Less allowance for doubtful accounts | | | |
| Š | 8 | Inventories for sale or use | | | |
| A S E T | 9 | Prepaid expenses and deferred charges | | | |
| T S | 10 a | a Investments — U.S. and state government obligations (attach schedule). | | | |
| | ŧ | b Investments — corporate stock (attach schedule) | | | |
| | (| c Investments — corporate bonds (attach schedule) | | | |
| | | Investments – land, buildings, and | | | |
| | •• | equipment: basis Less: accumulated depreciation | | | |
| | | (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | investments - other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | - | . ; |
| | | Less: accumulated depreciation (attach schedule) | | | - |
| | 15 | |) | | |
| | 16 | Total assets (to be completed by all filers — see the instructions. Also, see page 1, item 1) | | 175 000 | 175 000 |
| $\overline{}$ | 17 | Accounts payable and accrued expenses | 0. | 175,000. | 175,000. |
| Ţ | 18 | | | | ΄. |
| A B | 19 | | | | |
| Ţ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| L | 21 | Made 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | { |
| Ť | 22 | | , | - | ĺ |
| I E | ** | Other habilities (describe | ' | | į |
| <u> </u> | 23 | | 0. | 0. | } |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | X | | ; ; |
| NF | 24 | Unrestricted | | 175,000. | 1 |
| E U T N | 25 | Temporarily restricted | - | | i |
| D | 26 | Permanently restricted | | | į |
| A S B S A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| ĒL | 27 | Capital stock, trust principal, or current funds | | | } |
| SN | 28 | | | | i |
| С | 29 | | | | |
| O E R S | 30 | | 0. | 175,000. | · |
| | 31 | Total liabilities and net assets/fund balances | | 175,000. | |
| | | (see instructions) | 0. | 175,000. | |
| Par | t III | Analysis of Changes in Net Assets or Fund Balar | nces | | |
| 1 | Tota end | al net assets or fund balances at beginning of year — Part II, coli -of-year figure reported on prior year's return) | umn (a), line 30 (must agi | ree with | 0. |
| 2 | | er amount from Part I, line 27a | | 2 | 175,000. |
| 3 | | r increases not included in line 2 (itemize) | | 3 | 1/3,000. |
| 4 | | I lines 1, 2, and 3 | | | 175 000 |
| 5 | | eases not included in line 2 (itemize) | | . 4 | 175,000. |
| _ | | al net assets or fund balances at end of year (line 4 minus line 5) | - Part II column (b) Iir | | 175 000 |
| <u> </u> | | and about or raine buildiness at one or year (in te 4 minus line 3) | raitin, column (b), III | | 175,000. |

| | | Losses for Tax on Investmen | | | | |
|----------------------------|---|--|---|--|---|--|
| . (| (a) List and describe tory brick warehouse | the kind(s) of property sold (e.g., rea e, or common stock, 200 shares MLC | l estate, Company) | (b) How acquired P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
| 1a N/A | | | | | <u> </u> | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | , | | | <u> </u> | |
| (e) Gross | sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sal | | (h) Gain or (e) plus (f) m | |
| a | | | | | | |
| b | | | | | | |
| <u> </u> | | | | · | | |
| <u>d</u> | | | | | | |
| Complete | unly for accets show | ng goin in column (h) and award his | the foundation on 10/21/CO | | | |
| | larket Value | ng gain in column (h) and owned by (j) Adjusted basis | (k) Excess of column | | (I) Gains (Col Jain minus column (I | |
| | 12/31/69 | as of 12/31/69 | over column (j), if a | | an -0-) or Losses (fr | |
| | · | | | | · | - |
| a | | | | | · | |
| c | | | | | | <u>-</u> |
| d | | | | | _ | . |
| | | | | | | |
| | n net income or (net | capital loss) If gain, also | enter in Part I, line 7 er -0- in Part I, line 7 | - 2 | | |
| 3 Net short-to | erm capital gain or (| loss) as defined in sections 1222(5) a | · | - | - | |
| | o enter in Part I, line | e 8, column (c) (see instructions). If (| ·· – | - | | |
| | | r Section 4940(e) for Reduce | d Toy on Not Invects | · 3 | <u> </u> | |
| | | e foundations subject to the section 4 | | | N/A | |
| (i or optional asc | by domestic private | roundations subject to the section + | 5+0(a) tax on het investine | income.) | N/A | |
| If section 4940(d |)(2) applies, leave th | nis part blank. | | | | |
| Was the foundat | on liable for the sec | tion 4942 tax on the distributable am | ount of any year in the has | e neriod? | ∏Yes | □No |
| | | lify under section 4940(e). Do not con | | o poa. | □.00 | □.,, |
| | | n each column for each year; see the | | g any entries. | | |
| | | (b) | (c) | | (d) | |
| Calendar ye | (a) eriod years ear (or tax year nning in) | Adjusted qualifying distributions | Net value of noncharitable-use as: | sets (col | Distribution umn (b) divided | |
| | 2013 | | | 1- | | ······································ |
| | 2012 | | | | | |
| | 2011 | | | | | |
| | 2010 | | | | | |
| | 2009 | | | | | |
| 2 Total of lir | ne 1, column (d) | | | . 2 | | - " |
| 3 Average d | istribution ratio for the | ne 5-year base period — divide the to n has been in existence if less than 5 | otal on line 2 by 5, or by the | - | | |
| | , | and the state of t | , | 3 | | |
| 4 Enter the | net value of nonchar | itable-use assets for 2014 from Part | X, line 5 | . 4 | | |
| 5 Multiply lir | ne 4 by line 3 . | | | 5 | | |
| 6 Enter 1% | of net investment in | come (1% of Part I, line 27b) | | 6 | | |
| 7 Add lines | 5 and 6 . | | | 7 | | |
| 8 Enter qua | lifying distributions f | rom Part XII, line 4 | | 8 | | |
| If line 8 is Part VI in | equal to or greater structions. | than line 7, check the box in Part VI, | line 1b, and complete that | part using a 19 | % tax rate. See t | he |

· By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . 6 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV 7 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) **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* 8Ь Х 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 'Yes,' complete Part XIV 9 X 10 BAA Form 990-PF (2014)

| | 990-PF (2014) T GOLDEN FOUNDATION | 47-258973 | 34 | P | age 5 |
|-----|---|------------------|-------|------|--------------|
| Par | t 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 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions) | person had | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption a Website address | pplication? | 13 | Χ | |
| 14 | The books are in care of ► UDALL CPA GROUP, PLLC Located at ► 1425 S HIGLEY ROAD, SUITE 106 GILBERT AZ ZIP + 4 ► | | 558 | -200 | 7 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 39233 | N/A | | <u> </u> |
| | and enter the amount of tax-exempt interest received or accrued during the year . | . • 15 | | | N/A |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other auth bank, securities, or other financial account in a foreign country? | ority over a | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) enter the name of the foreign country | . If 'Yes,' | | - | , |
| Pa | t 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. | | 4 | Yes | No |
| 1; | a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes XNo | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | 1 | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X No | | | |
| | (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)? | Yes X No | | | |
| | (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.) | Yes XNo | | | |
| 1 | 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)? | · · — · | 1 b | N | /A |
| | 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? | | 1 c | | 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)): | | - | | |
| | a 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? If 'Yes,' list the years ▶ 20 , 20 , 20 , 20 | Yes X No | | | |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions.) | a)(2) (2) to | 2 b | N | /A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20 , 20 , 20 , 20 | ere. | | | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes X No | i | | |
| | 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.) | | 3 b | N | A |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4 a | | X |
| | b 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 2014? | | 46 | | X |
| BA | | | orm 9 | 1 | |

| Part VIII. Statements Regarding Activities for Which Form 4720 May Be Required (continued) | Form 990-PF (2014) T GOLDEN FOUNDATIO | | | 47-25 | | Page 6 | | | |
|---|--|---|--------------------------|--|-------------|--------------|--|--|--|
| (1) Carry on propagated, or otherwise attempt to influence legislation (section 4945(g))? (2) Influence the nutione of any specific public dectors (see section 4955); or to carry on, directly or indirectly, any specific public dectors (see section 4955); or to carry on, directly or indirectly, any votel registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide a grant to an individual for travel, study, or other similar purposes? (8) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) No. (1) Provide a grant to an individual for travel, study, or other similar purposes. (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide a grant for an individual for travel, study, or other similar purposes? (2) Provide a grant for an individual for travel, study, or other similar purposes? (3) Provide a grant for an i | | | 1 4720 May Be Rec | uired (continued) |) | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide for any purpose other than is charitable, etc., organization described in section 495(0)(4)(4), fee instructions? (8) Provide for any purpose other than indipose, scharitable, scentific, literary, or obcubility of the grant of circle provided in provided for the prevention of circle place in the security of circles of any answer is Yes' to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described a Regulation section 5,4965 or in a current notice regarding dissaler assistance (see indicutions)? Organizations relying on a current notice regarding dissaler assistance check here CI the answer is Yes' to question 5,4965 or in a current notice regarding dissaler assistance (see indicutions). Organizations relying on a current notice regarding dissaler assistance check here CI the answer is Yes' to question 5,4965 or in a current notice regarding dissaler assistance check here CI the answer is Yes' to question 5,4965 or in a current notice regarding dissaler assistance check here CI the answer is Yes' to question 5,4965 or in a current notice regarding dissaler assistance of the complete in the subject of the subject of the complete in the subject of the subject of the complete in the subject of the | | | | - | , | | | | |
| on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charidable, etc., organization described in section 4945(6)(4)(6) (5) (50 en instructions) (5) Provide for any purpose other than religious, charidable, etc., organization described in section 4945(6)(4)(6) (50 en instructions) (6) Provide for any purpose other than religious, charidable, etc., organization described in section 4945(6)(4)(6) (50 en instructions) (7) Provide for any purpose other than religious, charidable, etc., organization described in section 4945(6)(4)(6) (50 en instructions) (8) Provide for any purpose other than religious, charidable, scientific, literary, or educational purposes, or for the prevention of circle by charidation or animals? (8) In the security of the section of the section of the section of a section 53 4945 (6) (9) Organization religion as current notice regarding disaster assistance (eye enstructions)? (9) Organization religion face of the section | | _ | | ∐ Yes X | J No | | | | |
| (4) Provide for any purpose other than a charitable, etc, organization described in section 4945(6)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4) | on, directly or indirectly, any voter registrati | on drive? | •• | — ⊢ | -1 1 | | | | |
| in section 4945(n)(4)(A)? (see instructions) (S) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? If yes X No | (3) Provide a grant to an individual for travel, s | tudy, or other similar pu | rposes? | . Yes X | No | | | | |
| educational puriposes, or for the prevention of cruelty to children or animals? Yes No | | | | | | | | | |
| Geen instructions)? Organizations relying on a current notice regarding disaster assistance check here of if the answer is 'ves' to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes, 'attach the statement required by Regulations section 53.4945.5(a) Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6, file Form 887.0 The Atlant with the foundation correction and party to a prohibited tax hele foundation and the foundation aparty to a prohibited tax hele foundation of the foundation coreve any proceeds or have any net income attributable to the transaction? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation (6) Compensation (7) Contributions to (8) Expense account, other allowances devoted to position (a) Name and address OTRECTOR O. O. O. O. O. O. O. O. O. | (5) Provide for any purpose other than religious educational purposes, or for the prevention | s, charitable, scientific, l of cruelty to children or | iterary, or animals? | Yes X |] No | | | | |
| Cryanizations relying on a current notice regarding disaster assistance check here c If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, 'attach the statement required by Regulations section 53.49455(g) 8 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 8b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 2 (a) Name and address (b) Title, and average hours per week devoted to position (c) Expense account, other allowances (d) Termination Country On | b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)? | ne transactions fail to qua current notice regardin | | ns | 51 | N/A | | | |
| tax because it maintained expenditure responsibility for the grant? | Organizations relying on a current notice regard | ling disaster assistance | check here | ▶ [|] | | | | |
| 6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, file Form 8370. 7 a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If Yes' to 6b, file Form 8370. 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position JEFFREY T ERICKSON JERECTOR ORIGIBERT, AZ 85234 DIRECTOR DIRECTOR ORIGIBERT, AZ 85234 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position ORIGIBERT, AZ 85234 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position ORIGIBERT, AZ 85234 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (b) Title, and average hours per week devoted to position of the highest-paid deferred compensation of the paid of the | c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsi | e foundation claim exen bility for the grant? | nption from the | N/A Yes | No | | | | |
| on a personal benefit contract? b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b) If 'Yes' did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 Listall officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tritle, and average horizons per week devoted to position by the paid, enter-0-). JEFFREY T ERICKSON 3616 E TREMATINE COURT 0 GILBERT, AZ 85234 CHRISTINE E BRICKSON 3616 E TREMATINE COURT 0 GILBERT, AZ 85234 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE' (a) Name and address of each employee horizons and deferred paid more than \$50,000 when the paid mor | If 'Yes,' attach the statement required by Regul | ations section 53.4945-5 | ō(d) | | _ | . | | | |
| # Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 6 a Did the foundation, during the year, receive any on a personal benefit contract? | funds, directly or indire | ctly, to pay premiums | √ Yes X | No | | | | |
| 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Part VIII | | ms, directly or indirectly | , on a personal benefit | contract? | 61 | X | | | |
| b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | • | | | | , | | | | |
| Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). | | • • • | | | _ | <u>.</u> | | | |
| Table 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (fit not paid, enter -0-) (fit not | | | | | |) | | | |
| (a) Name and address by the following per week devoted to position by the following per week the following per week and the following per week the following per | and Contractors | sciois, musices, ro | unuauon manayers | , mighiy Palu Empi | ioyees, | | | | |
| (a) Name and address by the following per week devoted to position by the following per week the following per week and the following per week the following per | 1 List all officers, directors, trustees, foundation | managers and their co | mpensation (see instru | ctions). | | | | | |
| DEFFREY T ERICKSON DIRECTOR O | | (b) Title, and average | | (d) Contributions to | (e) Exper | ise account, | | | |
| 3616 E TREMAINE COURT 0 GILBERT, AZ 85234 CHRISTINE E ERICKSON DIRECTOR 0. 0. 0. 0. 3616 E TREMAINE COURT 0 GILBERT, AZ 85234 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE' (a) Name and address of each employee paid more than \$50,000 bit of the paid more than \$50,000 compensation devoted to position NONE (b) Title, and average hours per week devoted to position devoted to position of the allowances of the railowances of | (a) Name and address | | | plans and deferred | other | allowances | | | |
| GILBERT, AZ 85234 CHRISTINE E ERICKSON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | DIRECTOR | 0. | 0. | | 0 | | | |
| 3616 E TREMAINE COURT GILBERT, AZ 85234 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances | | 0 | | | | | | | |
| Z Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position NONE NONE ORDERATION (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (de) Expense account, other allowances | | DIRECTOR | 0. | 0. | | 0 | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | 0 | | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | | - | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | ŀ | - | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | | | | ļ | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | | | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | | 1 | | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE NONE | 2 Compensation of five highest-paid employees | s (other than those inclu | uded on line 1 — see ins | tructions). If none, ent | er 'NONE.' | | | | |
| devoted to position plans and deferred compensation | (a) Name and address of each employee | | (c) Compensation | | | | | | |
| NONE | paid more than \$50,000 | | | | other | allowances | | | |
| | NONE | | | | | | | | |
| Total number of other employees paid over \$50,000 . | <u> 1101∤⊑ </u> | 1 | | | | | | | |
| Total number of other employees paid over \$50,000 . | | | | | | | | | |
| Total number of other employees paid over \$50,000. | | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | 1 | | | | | |
| Total number of other employees paid over \$50,000 . | | | | | | | | | |
| Total number of other employees paid over \$50,000 . | | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | + | | | | |
| Total number of other employees paid over \$50,000 | | | | | | | | | |
| Total number of other employees paid over \$50,000 . | | | | | - | | | | |
| Total number of other employees paid over \$50,000 . | | | | | | | | | |
| | Total number of other employees paid over \$50,000 | | · · · | | > | (| | | |

| Form 990-PF (2014) T GOLDEN FOUNDATION | 47. 25 | 00724 Dans 7 |
|--|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued) | ation Managers, Highly Paid Emp | 89734 Page 7 |
| 3 Five highest-paid independent contractors for professional services (see in | nstructions). If none, enter 'NONE.' | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | <u> </u> | |
| | | |
| | 4 | |
| | 4 | |
| | | |
| | 1 | |
| | 7 | |
| | | |
| | _ | |
| | | |
| | 4 | |
| | 1 | |
| Total number of others receiving over \$50,000 for professional services | | - 0 |
| | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ical information such as the number of | Expenses |
| 1 N/A | | |
| | | _ |
| | | |
| 2 | | _ |
| | | - |
| 3 | | |
| | | 7 |
| | | |
| 4 | | _ |
| | | _ |
| | | |
| Part IX-B Summary of Program-Related Investments (see ins | | |
| Describe the two largest program-related investments made by the foundation du | ring the tax year on lines 1 and 2. | Amount |
| 1 | | _ |
| <u>N/A</u> | | _ |
| 2 | | |
| <u> </u> | | - |
| | | - |
| All other program-related investments. See instructions | | |

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Total. Add lines 1 through 3

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| see instructions.) | | |
|---|-------------------|---------------|
| 1 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 | 1 a | |
| b Average of monthly cash balances | 1 b | |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 0. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | | |
| 2 Acquisition indebtedness applicable to line 1 assets | . 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| Part XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private or and certain foreign organizations check here ► ☐ and do not complete this part | | ations |
| 1 Minimum investment return from Part X, line 6 | 1 | |
| 2 a Tax on investment income for 2014 from Part VI, line 5 | N.A. | |
| b Income tax for 2014. (This does not include the tax from Part VI) . 2b | - 1 (F) | |
| c Add lines 2a and 2b | 2 c | |
| 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 | 0. |
| Part XII Qualifying Distributions (see instructions) | | |
| Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | |
| b Program-related investments — total from Part IX-B | 1 b | |
| 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) | 3 a | |
| 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 | 0. |
| 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 (see instructions) | 5 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | . 6 | 0. |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years | er the foundation | |
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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|---------------|----------------------------|--------------------|--------------------|
| Distributable amount for 2014 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2014 | | | | 0. |
| a Enter amount for 2013 only | | | | |
| b Total for prior years: 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2014: | | Ų. | | |
| a From 2009 | | | | |
| b From 2010 . | | | | |
| c From 2011 | , | | | |
| d From 2012 | | | | |
| e From 2013 . | | | | , |
| f Total of lines 3a through e | 0. | | | ļ |
| 4 Qualifying distributions for 2014 from Part | | | , | |
| XII, line 4: ► \$ | | | | |
| 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. | | | ı |
| d Applied to 2014 distributable amount | 0. | <u>-</u> | | 0. |
| e Remaining amount distributed out of corpus . | 0. | | | |
| 5 Excess distributions carryover applied to 2014 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as | ļ | | | |
| indicated below: | | ļ | , | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | · · |
| c Enter the amount of prior years' undistributed | | | | |
| income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | |
| tax has been previously 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 instructions. | | | 0. | |
| 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 | | | | 0. |
| 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 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2015. | <u>_</u> | † | | |
| Subtract lines 7 and 8 from line 6a . | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2010 | _ | | | |
| b Excess from 2011 | _ | | [| |
| c Excess from 2012 |] | | 1 | |
| d Excess from 2013 | 1 | | | |
| e Excess from 2014 | | | <u> </u> | |
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| orm 990-PF (2014) T GOLDEN FOUNDATION | | | | 47-2589734 | Page 10 |
|--|--|--|---|--------------------------|-------------------------|
| Part XIV Private Operating Foundati | | | | | N/A |
| 1 a If the foundation has received a ruling or determined is effective for 2014, enter the date of the ruli | ing | •• | | * | |
| b Check box to indicate whether the foundation | | ating foundation des | | 4942(J)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| investment return from Part X for each year listed | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| 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 | | <u> </u> | | | |
| (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 | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Information (assets at any time during the | e year – see i | s part only if th | e foundation h | ad \$5,000 or mo | re in |
| Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have of JEFFREY T ERICKSON | ve contributed mo | re than 2% of the to han \$5,000). (See s | otal contributions rec section 507(d)(2).) | ceived by the foundation | on before the |
| b List any managers of the foundation who ow a partnership or other entity) of which the for NONE | n 10% or more of undation has a 10 | the stock of a corpo % or greater interes | oration (or an equal st. | ly large portion of the | ownership of |
| 2 Information Regarding Contribution, Grant, Check here | akes contributions gifts, grants, etc (| to preselected char see instructions) to | ritable organizations individuals or organ | nizations under other o | unsolicited conditions, |
| a The name, address, and telephone number | or e-mail address | of the person to wh | nom applications sho | ould be addressed | |
| b The form in which applications should be su | bmitted and inforn | mation and material | s they should includ | le | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on awards, su | | | | | |

| 3 Grants and Contributions Paid During the Y | ear or Approved for Futu | | N/A | | |
|--|---|--------------------------------|----------------------------------|--------|--|
| Recipient | 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 | |
| Name and address (home or business) | substantial contributor | recipient | 00/10/10/10/10 | | |
| a Paid during the year | substantial contributor | Гесіріен | | | |
| Total | | | . > 3: | 3 | |
| b Approved for future payment | | | | | |

Part XVI-A Analysis of Income-Producing Activities

| Inter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded | by section 512, 513, or 514 | (2) | | |
|---|--|---|--|--|--|--|--|--|
| • | ogram service revenue· | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | (e) Related or exempt function income (See instructions) | | |
| а | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f _ | | | | <u> </u> | | | | |
| _ | es and contracts from government agencies | | | | | | | |
| | embership dues and assessments | | | <u> </u> | | | | |
| | erest on savings and temporary cash investments | | | ļ | | | | |
| | vidends and interest from securities | art 2+ | مراد و المراد و در المراد و در المراد و المراد | l | | | | |
| | et rental income or (loss) from real estate: | - 4 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 新工作。第一个一个 | 85 11 | e de la companya de l | the state of the s | | |
| | ebt-financed property . | | | | | | | |
| | ot debt-financed property | | | ├ | | | | |
| | t rental income or (loss) from personal property ther investment income | | | | | | | |
| | ner investment income | <u> </u> | | <u> </u> | | | | |
| | et income or (loss) from special events | | | | | | | |
| | ross profit or (loss) from sales of inventory | | | ├ | | | | |
| | ther revenue: | | - | | | | | |
| a | inci revenue. | <u> </u> | | + | <u> </u> | | | |
| | | | | | | | | |
| ~ _ | | | | | - | - | | |
| ď | | | | | | | | |
| е — | | | | | | | | |
| . — | | i. —— | † | | | | | |
| 12 St | ubtotal. Add columns (b), (d), and (e) | ١ ، | | - 1 | | | | |
| | ubtotal. Add columns (b), (d), and (e) | | | <u>1</u> | 13 | 0. | | |
| 13 To | | | | 1 | 13 | 0. | | |
| 13 To (See wo | otal. Add line 12, columns (b), (d), and (e) | s) | lishment of Exemp | t Purp | | 0. | | |
| 13 To (See wo | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B) Relationship of Activities to the | Accomp | · - · · · · · · · · · · · · · · · · · · | | oses | | | |
| 13 To | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| 13 To (See wo | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
| Part > | otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation (VI-B Relationship of Activities to the Explain below how each activity for which inconcomplishment of the foundation's exempting | Accomp | rted in column (e) of Pai | rt XVI-A | Oses | to the | | |
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Form 990-PF (2014)

| Part XVII | Information Reg | arding Trans | fers To and T | ransactions a | nd Rel | ationships W | | ble | | <u> </u> |
|-------------------------------|---|--|--|--|------------------------------|--|-------------------------------|---------------------------------------|-----------------------|---------------------|
| , | Exempt Organia | zations | | | | | | 1.47. | Vaal | |
| describe | organization directly ed in section 501(c) o to political organizati | of the Code (othe | age in any of the er than section 50 | e following with a 01(c)(3) organiza | any other ations) oi | organization in section 527, | | | Yes | No |
| - | rs from the reporting | | noncharitable ex | kempt organizati | on of: | | | " " " " " " " " " " " " " " " " " " " | 1 237 | |
| (1) Cas | h . | | | | | | | 1 a (1) | | X |
| | er assets | • | • | | | • | | 1 a (2) | | X |
| | ansactions: | | | | | | | الشاج بدارا | ~ | |
| | es of assets to a non chases of assets fror | | , , | | • | • • | | 1 b (1) | | <u> X</u> |
| • • • | ital of facilities, equip | | | 12411011 | | • • | | 1 b (2) 1 b (3) | | <u>X</u> |
| \- | mbursement arrange | · · | | | | | | 1 b (3) | | $\frac{\Lambda}{X}$ |
| ` ` ` | ns or loan guarantee | | | ••• | | , | | 1 b (5) | | X |
| (6) Peri | formance of services | or membership | or fundraising s | olicitations . | | | | 1 b (6) | | X |
| c Sharing | of facilities, equipme | ent, mailing lists | s, other assets, o | r paid employee | es . | | | 1 c | | X |
| any trar | nswer to any of the a ds, other assets, or s nsaction or sharing a (b) Amount involved | rrangement, she | ow in column (d) |) the value of the | e goods, | other assets, or | services received | <u></u> | | |
| (a) Line no. | (B) Amount involved | (c) Name o | f noncharitable exem | pt organization | (a) | Description of trans | fers, transactions, and | snaring arran | gements | |
| N/A | | - | | | - | | | | | |
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| describ b If 'Yes,' | oundation directly or ed in section 501(c) or complete the follow a) Name of organizat | of the Code (oth ing schedule. | er than section 5 | | ection 52 | 777 | | Yes | X | No |
| N/A | a) Name of organizat | .1011 | (в) туре | e or organization | | (6) | Description of re | nationship | | - |
| 11/ 21 | | | | | | | | | | |
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| Sign | penalties of perjury, I declare t, and complete Declaration | e that I have examined on of preparer (other | l this return, including a than taxpayer) is base | accompanying scheduled on all information of | es and state of which pre | ments, and to the best parer has any knowle | of my knowledge and be dge | May the | IRS disc | uss |
| Here Sign | nature of officer offrustee | mde | | 11 16 15 Date | | DIRECTOR | | this retu preparer (see ips | rn with th shown t | he below)? |
| L. | Print/Type preparer's n | ame | Preparer's | anature | • | Date | Check If | DTIN | 1169 | No |
| Paid | THOMAS M UD | DALL | | allu | U | 11/16/1 | self-employed | P0016 | 9502 | |
| Preparer | | | GROUP PLL | <u> </u> | | | Firm's EIN > 27- | 4171111 | | |
| Use Only | Firm's address | 1528 W WA | RM SPRINGS | | 120 | | | <u></u> | | |
| | <u> </u> | HENDERSON | NV 89014 | | | | Phone no (70 | 2) 433- | 5757 | , |

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

| Name of the organization | | Employer identification number | | | |
|--|---|---|--|--|--|
| T GOLDEN FOUNDATION | | 47-2589734 | | | |
| Organization type (check one) | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | i01(c)() (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated | d 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 | | | | |
| | | | | | |
| Check if your organization is covered by the | General Rule or a Special Rule | | | | |
| Note. Only a section 501(c)(7), (8), or (10) or | ganization can check boxes for both the General Rule and | d a Special Rule. See instructions. | | | |
| General Rule | - | · | | | |
| X For an organization filing Form 990, 990- | EZ, or 990-PF that received, during the year, contribution | s totaling \$5,000 or more (in money or | | | |
| property) from any one contributor Comp | lete Parts I and II. See instructions for determining a cor | itributor's total contributions. | | | |
| | | | | | |
| Special Rules | | | | | |
| For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section ! | 501(c)(7), (8), or (10) filing Form 990 or 990-FZ that rece | ived from any one contributor | | | |
| 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. | | | | | |
| purposes, or for the prevention of cruenty | to children or animals. Complete Parts 1, 11, and 111. | | | | |
| The an experimental described in section is | 501(a)(7) (9) or (10) filter Form 000 or 000 FZ that reco | wad from any and another. | | | |
| | 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece for religious, charitable, etc , purposes, but no such cor | | | | |
| \$1,000. If this box is checked, enter here | the total contributions that were received during the year | for an exclusively religious, | | | |
| | e any of the parts unless the General Rule applies to the table, etc., contributions totaling \$5,000 or more during the | | | | |
| it received <i>Hohexclusively</i> religious, chart | table, etc., contributions totaling \$5,000 or more during to | ie yeai | | | |
| | | | | | |
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| Caution: An organization that is not covered | by the General Rule and/or the Special Rules does not fil | le 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 the filing requirements of Schedule B (Form 990, 990-EZ) | Form 990-EZ or on its Form 990-PF, | | | |
| | | | | | |
| BAA For Paperwork Reduction Act Notice, or 990-PF. | see the instructions for Form 990, 990EZ, Sche | edule B (Form 990, 990-EZ, or 990-PF) (2014) | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2014) | Page | 1 of 1 of Part 1 |
|------------------------|--|-------------------------------|--|
| Name of orga T GOLD | EN FOUNDATION | | identification number 589734 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional spa- | ce is needed. | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JEFFREY T ERICKSON 3616 E TREMAINE COURT GILBERT, AZ 85234 | \$ <u>175,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | φ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Numbe | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |

Page

1 to

of Part II

Name of organization

Employer (dentification number

T, GOLDEN FOUNDATION

Part II: Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

47-2589734

| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|---------------------------|
| Part I | | (see instructions) | |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| BAA | Sche | dule B (Form 990, 990-EZ | , or 990-PF) (2014) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page Name of organization
T GOLDEN FOUNDATION Employer identification number 47-2589734 Part III 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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) 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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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 (b) Purpose of gift (c) Use of gift (a) No. from (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

2014

FEDERAL STATEMENTS

PAGE 1

T GOLDEN FOUNDATION

47-2589734

STATEMENT 1 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

JEFFREY T ERICKSON

3616 E TREMAINE COURT GILBERT, AZ 85234