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Form **990-PF**

EXTENDED TO AUGUST 17, 2015

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
that social security numbers on this form as it may be man

OMB No 1545-0052

Depa Intern	rtment al Rev	t of the Treasury enue Service	▶ Inf		social security numbers of m 990-PF and its separate				990pf.	Open to Public Inspection
			or tax year beg	inning		, aı	nd ending			T Open to t abile improving
Nar	ne of	foundation					-	A Employ	er identification	number
М	AK	FOUNDA	TION					47-	2609668	
			_	is not delivered to stree	address)		Room/suite	B Telepho		
1	84	5 MCCUL	LOCH BL	VD			B-4		-854-85	02
City	or to	own, state or pr	ovince, country,	and ZIP or foreign p	ostal code			C If exempt	ion application is pe	ending, check here
L	AK:	E HAVAS	U CITY,	AZ 8640	3					
G C	heck	all that apply:	X Initia	al return	Initial return of a f	ormer pub	lic charity	D 1 Fore	gn organizations	, check here 🔻 🗀
			<u></u> Fina	l return	Amended return			2		street the SEC test
				ress change	Name change			check	n organizations med here and attach cor	mputation
<u>H_C</u>	_	type of organiz			xempt private foundation			E If private	e foundation stat	us was terminated
) nonexempt ch		Other taxable private found			under s	ection 507(b)(1)i	(A), check here $ ightharpoonup$
			assets at end o	, l —		، لــــا	Accrual			0-month termination
		Part II, col. (c),	line 16)	O O //Port / oo/	ther (specify) imn (d) must be on cash	haara l		under se	ection 507(b)(1)	(B), check here $ ightharpoonup$
	\$ u ct 1	Analysis of R	evenue and Exp		1				1	(d) Diebuseassete
<u> </u>	<u> </u>	The total of amo	ounts in columns (t al the amounts in c	o), (c), and (d) may not	(a) Revenue and expenses per books	(b) N	et investment income		djusted net ncome	(d) Disbursements for charitable purposes (cash basis only)
	1		gifts, grants, etc		100,000.			 		(cash basis only)
	2			required to attach Sch B	100,000.					
	3	Interest on saving	s and temporary	required to diament con B						
	4		interest from se	curities			·			
		Gross rents					·- · · · · · · · · · · · · · · · · · ·			
		Net rental income	or (loss)							
•	6a	Net gain or (loss)	from sale of assets	not on line 10						
Revenue	b	Gross sales price assets on line 6a	for all							
e e			ncome (from Part IV	/, line 2)			0.			
Œ	8	Net short-term	capital gain						0.	
	9	Income modific								
	10a	Gross sales less and allowances	returns /							
	b	Less Cost of goo	ds sold					<u> </u>		
	C	Gross profit or	(loss)				·			
	11	Other income			100 000			<u> </u>		
	12		s 1 through 11		100,000.		0.	<u> </u>	0.	
	13	•	officers, directors,		0.		0.	<u> </u>	0.	0
	14		e salaries and w	•						
S	15		employee bene	TITS		 	DECE			
nse.	ı	Legal fees	•			 	RECE	MPD)		
Expenses	ı	Accounting fee Other profession								
	17	Interest	טומו וכבט			ခြွ	JUL 28	2015		
and Administrative	18	Taxes				163			8	
istr	19	Depreciation a	nd depletion					UT		
i.	20	Occupancy	ia aopionon			† *	77(-71-71-11			
Adi	21		nces, and meet	inas						
Б	22	Printing and pu								-
	23	Other expenses								
atir	24	Total operatin	g and administ	rative		1				
Operating		-	l lines 13 throu		0.		0 .		_0.	0
0	25	Contributions,	gıfts, grants paı	d	0.					C
	26	Total expense	s and disburse	ments.						
		Add lines 24 a	nd 25		0.		0 .	,	0.	0
	27	Subtract line 2	6 from line 12:	-				1		
	a	Excess of revenue	e over expenses a	nd disbursements	100,000.		· · · · · · · · · · · · · · · · · · ·			
	b	Net investmen	t income (if nega	ative, enter -0-)			0 .			<u> </u>
		Adjusted not in	ncome (if neastiv	e enter -O-)	1	1			0	

LHA For Paperwork Reduction Act Notice, see instructions.

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For	m 99	0-PF (2014) MAK FOUNDATION		47-2	2609668 Page 2
=		Ralance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	٠1	Cash - non-interest-bearing		100,000.	100,000.
	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 ▶			
g)	8	Inventories for sale or use	_		
Assets		Prepaid expenses and deferred charges	-		
As	I	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis	· · · · · · · · · · · · · · · · · · ·	-	
	17	Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the		<u> </u>	· · · ·
	10	instructions. Also, see page 1, item I)	0.	100,000.	100,000.
_	17	Accounts payable and accrued expenses		2007000.	
	18	Grants payable			
	l	Deferred revenue			
Liabilities	19				
Ē	Į	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable	-		
Ë	I	Other liabilities (describe			
	22	Other habilities (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
-	23	Foundations that follow SFAS 117, check here			
S	24	and complete lines 24 through 26 and lines 30 and 31 Unrestricted			
Š	24	Temporarily restricted			
Sala	25	Permanently restricted			
Net Assets or Fund Balances	26	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS	29	Retained earnings, accumulated income, endowment, or other funds	0.	100,000.	
et/		Total net assets or fund balances	0.	100,000.	
Z	30	Total liet assets of fully paramees	0.	100,000	
	24	Total liabilities and net assets/fund balances	0.	100,000.	
=				100,000.	· · · · · · · · · · · · · · · · · · ·
F	art	III Analysis of Changes in Net Assets or Fund B	Balances		
<u>-</u>	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	, 00	1	0.
9		r amount from Part I, line 27a		2	100,000.
3		er increases not included in line 2 (itemize)		3	0.
A		lines 1, 2, and 3		4	100,000.
5		reases not included in line 2 (itemize)		5	0.
-		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (h) line 30	6	100,000.
<u>6</u>	ı Ulâ	ii net assets of tunu valances at enu of year (line 4 minus line 5) - Part II, C	rolemii (u), iiiis oo		Form 990-PF (2014)

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8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

orm	1 990-PF (2014) MAK FOUNDATION			2609			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 49	48	- see ir	ıstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.)		İ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	}	1				<u> 0 </u>
	of Part 1, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	'		,			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	2				<u>0.</u>
	Add lines 1 and 2	-	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	4_				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5				0.
-	Credits/Payments:						
	2014 estimated tax payments and 2013 overpayment credited to 2014						
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6c						
	Backup withholding erroneously withheld 6d		_				^
	Total credits and payments. Add lines 6a through 6d	\vdash	7_				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2015 estimated tax		10 11	-			
	art VII-A Statements Regarding Activities	eu					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	itervene ir	1	I		Yes	No
14	any political campaign?	101 70110 11		ŀ	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the di	efinition)?)	Ī	1b		X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p						
	distributed by the foundation in connection with the activities.						
c	Did the foundation file Form 1120-POL for this year?				1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers. ► \$ 0.				:		
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 governing instrument, articles of incorpo	ration, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		<u> </u>
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						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	the state i	aw		_		.,
_	remain in the governing instrument?	0-134			6	v	X
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	Paπ XV			7_	Х	-
0-	Enter the states to which the foundation reports or with which it is registered (see instructions)						1
бa	Enter the states to which the foundation reports or with which it is registered (see instructions) ►						
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	١					
U	of each state as required by General Instruction G? If "No," attach explanation	,			8b	Х	
9		for calen	dar	ŀ	30		
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	, ioi odicii	Jui		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	26		ŀ	10	Х	 -
	The state of the s			Forn			(2014)

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	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address ► N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no. ▶ 928 – 85		<u> 502</u>	
	Located at ► 1845 MCCULLOCH BLVD, LAKE HAVASU CITY, AZ ZIP+4 ►86	<u>403</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	, [Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country	Ĺ		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 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 X No		Ì	
U	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16	Ì	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here	- ''' -		
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2014?	1c	İ	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2014?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u> _
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?	4b		_X_

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

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see ir	nstructions)
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	1a	0.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	l I.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
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.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2014 from Part VI, line 5		
þ	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	.0.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	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	5	0.
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 the foundation 4940(e) reduction of tax in those years	qualifies for the s	ection

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Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		·		
line 7				0.
2 Undistributed income, if any, as of the end of 2014				-
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
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.			
d Applied to 2014 distributable amount	•		·	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))	· ·			<u> </u>
6 Enter the net total of each column as indicated below:				
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'		į		
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.			
9 Excess distributions carryover to 2015.				
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				
d Excess from 2013				
e Excess from 2014				
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Part Av Supplementally informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
NONE				
NONE				
Total		r	▶ 3a	0.
b Approved for future payment				
NONE				
•				
			1	
		1		
			<u> </u>	
Total			▶ 3b	0.

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nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	Amount	
a	-	 -			· <u>- · · · · · · · · · · · · · · · · · ·</u>
b			+ +		
c	1		+ +		
d			 		
e	-		 		
Total and a second from a second second	-				
g Fees and contracts from government agencies					
Membership dues and assessments			+		
Interest on savings and temporary cash					
investments Dividends and interest from securities			+		· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from real estate:					-
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal			 		
property Other investment income					
Gain or (loss) from sales of assets other			1 1		
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			1		• • •
Other revenue:					
a					
b			1		
c				•	
d	1				
e		· · · · · - ·			
Subtotal. Add columns (b), (d), and (e)		0		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations.)	ı				
Part XVI-B Relationship of Activities	to the Accom	nlishment of F	vemn	t Purnoses	
Tielationiship of Activities					
ine No. Explain below how each activity for which in			A contrib	uted importantly to the accord	nplishment of
▼ the foundation's exempt purposes (other than the foundation) is exempt purposes.	an by providing funds	for such purposes).			
	·			<u>-</u>	
	.				
	 				
	-				
1					

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Page 13

	Exempt Organ	izations							
1 - Did the or	rganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
the Code	(other than section 501(c)	(3) organizations) o	r ın section 52	7, relating to political organ	nizations?				
a Transfers	from the reporting founda	ation to a noncharita	ble exempt ord	anization of:			1 1		
(1) Cash	· -		•	•			1a(1)		X
(2) Other							1a(2)		X
b Other tran							14(-)		
		hle avernet ergenize					1b(1)		v
. ,	s of assets to a noncharital	· -							X
	hases of assets from a nor		irganization				1b(2)		
	al of facilities, equipment, (1b(3)		X
` '	bursement arrangements						1b(4)		X
	is or loan guarantees		_				1b(5)		X
	ormance of services or me	•	•				1b(6)	-	X
•	of facilities, equipment, mai	• .	•	•			10		X
	•		-	dule. Column (b) should al				ets,	
				ed less than fair market valu	ue in any transaction	or sharing arrangement,	show in		
	d) the value of the goods,				(4)				
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and	sharing arr	angeme	nts
			N/A						
						· · · · · ·			
						 -			
		<u> </u>			_				
2a Is the fou	indation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described	_			_
ın sectior	n 501(c) of the Code (other	r than section 501(c	(3)) or in sect	ion 527?			Yes	LX	No
b If Yes, c	complete the following sche	edule.							
	(a) Name of org	anization		(b) Type of organization	1	(c) Description of relations	ship		
	N/A								
								_	
								_	
				g accompanying schedules and			ay the IRS o	discuss	this
Sign L	pelief, it is true correct, and con	notete Deciaration of pr	eparer (other thai	n taxpayer) is based on all inform	mation of which preparer	rei	urn with the own below	e prepar	er
Here	same,	DUM		7/1/3/13	TRUSTE		X Yes	_	oN ⊡
Sig	nature of officer or trustee			Date	Title				
	Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check If PTIN			
	PHILLIP R.	WUOLLET	-000	(1) 100		self- employed			
Paid	CPA M.TAX		Par	allar	07/02/15	P0	0452	662	
Preparer	Firm's name ► EPS	TEIN SCHN	EIDER,	PLC		Firm's EIN ► 26-3			
Use Only	·		·						
	Firm's address ▶ 89	90 E RAIN	TREE D	RIVE, STE 10)2				
	· ·	OTTSDALE,		-		Phone no. 480.4	83.3	024	
							orm 99 0		

'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.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

	47-2609668						
Organization type (chec	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ							
	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 charatable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.					
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	= · · · · · · · · · · · · · · · · · · ·					
Special Rules							
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounteEZ, line 1 Complete Parts I and II	, or 16b, and that received from					
year, total cont	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, contributi is checked, ent purpose. Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled mater here the total contributions that were received during the year for an exclusively religious of complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, chantable, etc ,					
_	on that is not covered by the General Rule and/or the Special Rules does not file Schedule I on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F	· · · · · · · · · · · · · · · · · · ·					

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MAK	FOU	\mathbf{NDAT}	'ION

47-2609668

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	W, FLOYD SAMONS 5535 E ESTRID AVE PHOENIX, AZ 85044	\$\$	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			
		\$	Person Payroll Oncash 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 Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Oncash Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

MAK FOUNDATION

47-2609668

art II	Noncash Property (see instructions). Use duplicate copies of F	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
		\$	
(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
		s	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-14		990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number 47-2609668 MAK FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 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 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

423454 11-05-14

Form '8868

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		•	X
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not co	mplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6 months for a corp	oration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	868 to request an e	extension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers .	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	ctronic filing of this	form,
	ırs.gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only	•				•	· 🗀
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	
	ome tax returns.			Enter file	er's identifying nu	mber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or		
print						
File by the	MAK FOUNDATION				47-2609668	
due date for	Number, street, and room or suite no. If a P O box, s		tions.	Social security number (SSN)		٧)
filing your return See	1845 MCCULLOCH BLVD, NO. B					
instructions	City, town or post office, state, and ZIP code. For a fo	. •	ress, see instructions			
	LAKE HAVASU CITY, AZ 8640	3				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		1	I			1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990		02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720 (other than individual)	<u>1)</u>		09
Form 990-PF						10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
			45 MCCULLOCH BLVD,	NO.	B-4 - LAK	€ .
	boks are in the care of HAVASU CITY, A	Z 864				
	one No ► <u>928-854-8502</u>		Fax No 🕨			
	organization does not have an office or place of business				•	٠
. r	s for a Group Return, enter the organization's four digit	- '	· · · · · · · · · · · · · · · · · · ·		r the whole group,	
box ▶ [If it is for part of the group, check this box				ers the extension i	s for
1 I re	quest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above	The extension	
	or the organization's return for					
▶l	X calendar year 2014 or					
►l	tax year beginning	, an	d ending		_	
				_		
2 If th	he tax year entered in line 1 is for less than 12 months, c \Box	heck reas	on: Initial return	Fınal retur	n	
	Change in accounting penod					
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		_	•
	nonrefundable credits. See instructions			3a	<u> </u>	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^
	mated tax payments made. Include any pnor year overp			3b_	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa	-	•			Λ
	using EFTPS (Electronic Federal Tax Payment System)			3c	1 3	0.
instruction.	If you are going to make an electronic funds withdrawal ns	(airect de	DIL) WITH THIS FORM 8868, See FORM 8	453-EO a	na rom 88/9:E0 f	or payment
	or Privacy Act and Paperwork Reduction Act Notice,	see inch	uctions		Form 8868 (F	
	or a mady not used upor work frequencial not fitting,	ACC 11120.	40 UOIIQ.		1 OHIH 0000 (F	10V 1-2014)