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Return of Private Foundation

OMB No 1545-0052

Department of the Treasu Internal Revenue Service

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

➤ Do not enter social security numbers on this form as it may be made public.

➤ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Forc	alend	lar year 2015 or tax year beginning JUL	1, 2015		JUN 30, 2016	
Nam	ne of	foundation	A Employer identification	number		
M	C (COMPANIES - SHARING THE				
F	IU C	DATION	27-4204659			
Num	ber an	d street (or P O box number if mail is not delivered to street	B Telephone number			
2	910	N. SWAN ROAD		204	520-790-81	00
City	or to	wn, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is po	ending, check here
		SON, AZ 85712				
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	mputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	tus was terminated
		The state of the s	Other taxable private founda	tion	under section 507(b)(1)	
1 Fa		ket value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a 6	60-month termination
		ert II. col. (c). line 16)	her (specify)		under section 507(b)(1)	
\		27,428. (Part I, colui	mn (d) must be on cash b	oasis.)		
	<u>rt I</u>	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	- -	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	54,287.	** ×	N/A	* 1
		Check I the foundation is not required to attach Sch. B	* * * * * * * * * * * * * * * * * * *	À . 45 /	ž.	* * * * * * * * * * * * * * * * * * *
1	3	Interest on savings and temporary cash investments				\$ & 2. 1. P
	4	Dividends and interest from securities				*
	5a	Gross rents				
		Net rental income or (loss)	100	×*,	\$\$************************************	
	_	Net gain or (loss) from sale of assets not on line 10	, , , , , , , , , , , , , , , , , , ,	,	<i>2</i>	
Revenue	h	Gross sales price for all assets on line 6a	*** & **	* *,	x" , ; \$.	*
Ver	7	Capital gain net income (from Part IV, line 2)	4	0.	- /(* * }	in the second
æ	8	Net short-term capital gain	.X	, V		, i'
	9	Income modifications	4	2 × ×		
9	10a	Gross sales less returns and allowances	3, ^{3, 3, 3}	- Ai 5	**	, , , , , , , , , , , , , , , , , , , ,
2016		Less Cost of goods sold		73 ·		j
2		Gross profit or (loss)		47 "		
6	11	Other income				, , , , , , , , , , , , , , , , , , ,
ر	12	Total. Add lines 1 through 11	54,287.	0.		
ב	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
		Pension plans, employee benefits				
-0		Legal fees STMT 1	47.	0.		47.
S	h	Accounting fees STMT 2	1,200.	0.		1,200.
Operating and Administrative Expense	0	Other professional fees	- 1		,	
Œ,	17	Interest	,			
aţi	18	Taxes	-(3)			
istr	19	Depreciation and depletion	3 ~ ` ;			(4)
n L	20	Occupancy NOV 2 1 2016				
Adr	21	Travel, conferences, and meetings				
þ	22		,			
g	23	Printing and publications Other expenses	MATE .			
Ę	24	Total operating and administrative				
ěra		expenses. Add lines 13 through 23	1,247.	0.		1,247.
Q	25	Contributions, gifts, grants paid	43,568.			1,247. 43,568.
		Total expenses and disbursements.				
		Add lines 24 and 25	44,815.	0.	.[44,815.
_	27	Subtract line 26 from line 12:	24,013.	<u> </u>	1	
	l		9,472.			
	l	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	7, 4, 20	0.		
		Adjusted net income (if negative, enter -0-)			N/A	
E225		Aujusteu net income (ii negative, enter -0-)		·	***************************************	F 000 PE (2015)

For	m 99	0-PF (2015) FOUNDATION		27-	4204659 Page 2
=			Beginning of year	End o	f year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	16,901.	26,113.	26,113.
•	,		10,301.	20,113.	20,113.
		Savings and temporary cash investments	à		* * , , ,
	3	Accounts receivable ► 1,315.			
		Less: allowance for doubtful accounts	1,055.	1,315.	1,315.
	4	Pledges receivable ►		i i i	
		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 ▶	j		
s	8	Inventories for sale or use	<u> </u>		
Assets	ľ	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	1	·		 	<u></u>
		Investments - corporate bonds			-*
	וון	Investments - land, buildings, and equipment, basis			· ** **
		Less accumulated depreciation			
	12	Investments - mortgage loans		ļ	
	13	Investments - other		,	
	14	Land, buildings, and equipment; basis		. 3.	
		Less accumulated depreciation			<u></u>
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
]	instructions. Also, see page 1, item I)	17,956.	27,428.	27,428.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			* \$ * ** ;
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			` `
Ē	21	Mortgages and other notes payable			1
Ë	l	Other liabilities (describe)			
		Carol national (document)			
	23	Total liabilities (add lines 17 through 22)	0.	_0.	
	20				
	i	Foundations that follow SFAS 117, check here			* * * * * * * * * * * * * * * * * * * *
S		and complete lines 24 through 26 and lines 30 and 31.			
õ	24	Unrestricted		 	
Net Assets or Fund Balances	25	Temporarily restricted			
8	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
눈		and complete lines 27 through 31.	_		*
ts	27	Capital stock, trust principal, or current funds	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	13, 11
ž	29	Retained earnings, accumulated income, endowment, or other funds	17,956.	27,428.	
Ž	30	Total net assets or fund balances	17,956.	27,428.	į į
					, ,
	31_	Total liabilities and net assets/fund balances	17,956.	27,428.	
		III Analysis of Changes in Net Assets or Fund B	alances		
<u>_</u>	art	III Analysis of Changes in Net Assets of Falla b			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	-	
	(mus	st agree with end-of-year figure reported on prior year's return)		1	17,956.
2	Enter	amount from Part I, line 27a		2	9,472.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	27,428.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	27,428.

	and Lo	sses for Tax on In	vestment	Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			[P	How acquired - Purchase - Donation	(c) Date ac (mo., day		(d) Date sold (mo., day, yr.)		
1a									
b NO	NE								
<u>C</u>									
<u>d</u>			····					_	
<u>e</u>	(6) [Consequence allowed	(a) Co	st or other basis			/b) Gau	n or (loss	<u> </u>
(e) Gross sales price	(1) (Depreciation allowed (or allowable)		st or other basis expense of sale			(e) plus (
<u>a</u>									
b		· -							
d d		 						-	
e						·			
Complete only for assets shown	a gain in	column (h) and owned by t	the foundation	on 12/31/69			(I) Gains (Col	L (h) gain	minus
		j) Adjusted basis		cess of col. (i)		С	òl. (k), but no	t less tha	n -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any			Losses (f	rom col. (h))
<u>a</u>			-						
<u>b</u>									
C						<u> </u>			· · · · · · · · · · · · · · · · · · ·
d			-						
e		C. W	- D- 41 l		$\overline{}$				
Capital gain net income or (net ca	pital loss)	If gain, also enter $\left\{\begin{array}{l} \text{If (loss), enter -0}. \end{array}\right.$			}	2			
Net short-term capital gain or (los	s) as defi	ned in sections 1222(5) an	nd (6):						
If gain, also enter in Part I, line 8,	column (d	c).							
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor C	cation 4040(a) for	Poduoos	l Tay on Not	رر	3 rostmont lr	oome.		
as the foundation liable for the sect "Yes," the foundation does not qual	ıfy under	section 4940(e). Do not co	mplete this pa	ırt.					Yes X No
Enter the appropriate amount in e	each colui		nstructions be	fore making any e	ntries	3.			(d)
Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) ncha	rıtable-use asse		Distrit ol. (b) div	oution ratio vided by col. (c))
2014			<u>6,500.</u>			12,57			.51689
2013		1	4,155.			7,70	8.		1.83640
2012				-					
2011									<u>. </u>
2010	1						 		
1. Tatal of line 1. column (4)							2		2.35330
! Total of line 1, column (d)	E waar ba	an narrad - duuda tha tatal i	on line O by E	or by the number	of w	1050	2		2.33330
Average distribution ratio for the the foundation has been in existent			on line 2 by 5,	or by the number	Oi ye	ars	3		1.17665
Enter the net value of noncharitab	le-use as	sets for 2015 from Part X,	line 5				4		23,019
5 Multiply line 4 by line 3					5		27,085		
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		0		
Add lines 5 and 6	,	, ,					7		27,085
	n Dard VII	line 4					8	-	44,815
B Enter qualifying distributions from	-		. 4h 4h	nlata that ac≠ ····		0/ tov =====			44,UIJ
If line 8 is equal to or greater than See the Part VI instructions.	ı iine /, ch	ieck the dox in Part VI, line	: 10, and comp	piete triat part usir	ıg a 1	70 tax rate.			
523521 11-24-15								······································	Form 990-PF (201

MC COMPANIES - SHARING THE GOOD LIFE

	m 990-PF (2015) FOUNDATION		<u> 27 – </u>	4204	<u>659</u>	F	Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b	b), 4940(e), or 49	948 -	- see i	nstru	ction	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line	e 1.	· *	· -	1		Aúr.
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%						0.
	of Part I, line 27b						Ž.
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 1	12, col. (b). 🕽 📑	Æ.	San N		*	1
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1	2				<u>0.</u>
		[-	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	' <u>}</u>	_4_				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5		*		<u>,0.</u>
6	Credits/Payments:	,	nne Ny	, 3	*		*
	a 2015 estimated tax payments and 2014 overpayment credited to 2015	_ 	*	î.	j. je	× -	*
	b Exempt foreign organizations - tax withheld at source 6b		ass.	,, ,,*	, 286.	* 1 × 7	•
	c Tax paid with application for extension of time to file (Form 8868)		3	~®,	Ŝ	11	e a
	d Backup withholding erroneously withheld			380~	»·	\$. \x	٠.»
	Total credits and payments. Add lines 6a through 6d	-	7				<u>0.</u>
	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	Defunded	10 11				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ art VII-A Statements Regarding Activities	Refunded -	_!	L			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pr	participate or intervene i			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	No
,,	any political campaign?	rantiolipato of lintor vorio			1a	-	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?							X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or							
distributed by the foundation in connection with the activities.							&
c Did the foundation file Form 1120-POL for this year?							X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:							
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.							4
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposes	ed on foundation			<i>[</i> **`	Ĭ	*
	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.				*	z '	C.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artic	cles of incorporation, or	•		, ž	·	*
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-		3		<u>X</u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	1	<u>X</u>
e	If "Yes," attach the statement required by General Instruction T.				, ,	á. 4.	\$ S
D	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or					ź.	Ž.W.
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 	t conflict with the state	law		A		* 1
	remain in the governing instrument?	t commet with the state	1411		6	x	-1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, o	col (c) and Part XV			7	X	
·	but no realisation has a realist acting the year of the party and year.	(-),			,		. 1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						* ,
	AZ						. 1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						{	
	of each state as required by General Instruction G? If "No," attach explanation	- ,			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)) or 4942(j)(5) for caler	ıdar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part X	XIV			9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their name	nes and addresses			10	X	
				For	m 990	PF	(2015)

Pa	art VII-A Statements Regarding Activities (continued)			
	,		Yes	No
.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 person had advisory privileges?			 -
-	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	-22
	Website address ► N/A	_ 13_}		L
14	The books are in care of ► ROSS MCCALLISTER Telephone no. ► 520 – 79	N - 8	100	
17	Located at ► 2910 N SWAN ROAD, SUITE 204, TUCSON, AZ ZIP+4 ►85		100	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	114	_	$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	NT	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?		103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	-	
	foreign country	* *	,* :	, .
Pa	art 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
12	During the year did the foundation (either directly or indirectly):	<u> </u>		.,,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1	*	*
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	st.	*	,
	a disqualified person?	F,	* 1	*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	* "	ψ _α ²	X, X,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	* 2°	ಟ್ಟ	* \$
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 ×		Ŷ
	for the benefit or use of a disqualified person)?	455	*	, All
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	, SS	<i>(</i>	, .
	If the foundation agreed to make a grant to or to employ the official for a period after		1,	
	termination of government service, if terminating within 90 days.)	7 9	۰,*٬	\$ X
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	Äx «	*. *
•	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	3.5		*
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	4 1	ż	
_	before the first day of the tax year beginning in 2015?	* 1c	* 1	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));	2 4	,,, ×	. *
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	<i>~</i> .	*	4
	before 2015?		, , , ,	
	If "Yes," list the years •	\ \ \ \	*	. 4
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	,e3	,,îe	, , ,
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	ŵ "	
	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 2015 as a result of (1) any purchase by the foundation or disqualified persons after		1	
	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,	ŀ	}	
	Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	3b		, ,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
		m 990	-PF	

15085

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

0.

N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Form 990-PF (2015) FOUNDATION

27-4204659 Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	23,370.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	23,370.
	Reduction claimed for blockage or other factors reported on lines 1a and	× v	
	1c (attach detailed explanation) 1e 0.	* :	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,370.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	351.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,019.
6	Minimum investment return. Enter 5% of line 5	6	1,151.
Р	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	1,151.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	*	
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,151.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,151.
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	1,151.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	\$ '	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,815.
þ	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:	x «	
a	Suitability test (prior IRS approval required)	3a	
þ	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	44,815.
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. 44,815.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,815.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the	section

Form **990-PF** (2015)

Form 990-PF (2015) FOUNDATION 27-4204659 Page 9

Part XIII Undistributed Income (s	see instructions)			
•	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI, line 7			· mi · j'j	1,151.
2 Undistributed income, if any, as of the end of 2015	, , , , , , , , , , , , , , , , , , , ,		\ \ \\	\$
a Enter amount for 2014 only	3	<u> </u>	0.	<u> </u>
b Total for prior years:	14 Jan 14	0.		
3 Excess distributions carryover, if any, to 2015:	4	. 3.	Ä.	
a From 2010	. * ;		~ ~ ~	
b From 2011	, , ,	**, **,	À.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
c From 2012		* · · · · · · · · · · · · · · · · · · ·	·	, "**
d From 2013 13,770.			A. 18. 3.	
e From 2014 5,871.		*	% vs	
f Total of lines 3a through e	19,641.			
4 Qualifying distributions for 2015 from	· · · · · · · · · · · · · · · · · · ·	**	<u> </u>	, 18 81 W 10 A
Part XII, line 4: ► \$ 44,815.			k 41 è	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior	.*	- MX	×	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	<u> </u>	***	* * *	
(Election required - see instructions)	0.		i i	233
d Applied to 2015 distributable amount		<i>*</i>		1,151.
e Remaining amount distributed out of corpus	43,664.		***	** '* '
	0.	*** *** ***		0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))		* 4		¥
6 Enter the net total of each column as			Ž.	
indicated below:	· · · · · · · · · · · · · · · · · · ·	· 7. %		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	63,305.	<u> </u>		3.4 3.5
b Prior years' undistributed income. Subtract	, , , , , , , , , , , , , , , , , , ,	^		
line 4b from line 2b	<u> </u>	0.	***	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.	***	
d Subtract line 6c from line 6b. Taxable			1 , , ,	. *
amount - see instructions			2) / (*	
e Undistributed income for 2014. Subtract line		2 30 36		, , , , , , , , , , , , , , , , , , , ,
4a from line 2a. Taxable amount - see instr.		x *	0.	
f Undistributed income for 2015. Subtract	A		` * * * *	
lines 4d and 5 from line 1. This amount must	, * ,	*		
be distributed in 2016	, , , , , , , , , , , , , , , , , , ,			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 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	63,305.			
10 Analysis of line 9:				
a Excess from 2011				ĺ
b Excess from 2012				
c Excess from 2013 13,770.				
d Excess from 2014 5,871.				ļ
e Excess from 2015 43,664.	<u> </u>		L	

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

FOUNDATION

27-4204659

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ARIZONA DEMOLAY - GLENDALE NONE PUBLIC PROGRAM SUPPORT 6831 N. 58TH AVENUE 500. GLENDALE, AZ 85301 ARIZONA DEMOLAY - TUCSON NONE PUBLIC PROGRAM SUPPORT 3959 E. MABEL STREET TUCSON, AZ 85712 500. ARIZONA HELPING HANDS NONE PUBLIC PROGRAM SUPPORT 7850 E. GELDING DRIVE SCOTTSDALE, AZ 85260 500. AUTISM SPEAKS, INC. NONE PUBLIC PROGRAM SUPPORT 1 E. 33RD STREET, 4TH FLOOR NEW YORK, NY 10016 37,568. CHROMOSOME 18 REGISTRY & RESEARCH NONE PUBLIC PROGRAM SUPPORT SOCIETY 7155 OAKRIDGE DRIVE SAN ANTONIO TX 78229 500. SEE CONTINUATION SHEET(S) ➤ 3a 43.568 Total b Approved for future payment NONE **▶** 3b **Total**

Form 990-PF (2015)

FOUNDATION FOUNDATION		. <u> </u>		27-4	1204659 Page 12
Part XVI-A Analysis of Income-Produ	cing Activitie	s			
nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
Program service revenue:	Business Amount		(C) Exclu- sion code	(d) Amount	Related or exempt function income
3	- 5000				
b					
c					
d	1 1				
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash			}		
investments			ļ		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	3 3	· · · · · · · · · · · · · · · · · · ·	, 5	*	
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			<u> </u>		,
7 Other investment income			-	 	···
8 Gain or (loss) from sales of assets other					
than inventory			├		
9 Net income or (loss) from special events			<u> </u>	 	
O Gross profit or (loss) from sales of inventory	——		 	 	
1 Other revenue:]]				
a	-	<u> </u>	 		
b	·		-		
c			 		
d			 	 	
e 2 Subtotal. Add columns (b), (d), and (e)	·	0.	1 %	0.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	
See worksheet in line 13 instructions to verify calculations.)				13 <u>—</u>	<u> </u>
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inci-	ome is reported in c	olumn (e) of Part XVI-A	contrit	buted importantly to the accom	plishment of
the foundation's exempt purposes (other than				,	

12

FOUNDATION 27-420465	9 Page 13
	

Part XV	II Information Re Exempt Organ	-	sfers To a	and Transactions a	and Relation	ships With Nonch	aritable	9	
.1 Did the	organization directly or indi		of the following	ig with any other organization	on described in se	ction 501(c) of		Yes	No
the Coo	de (other than section 501(c)(3) organizations) oi	r in section 52	27, relating to political organ	nizations?			. !	777
a Transfe	ers from the reporting found	ation to a noncharital	ble exempt or	ganızatıon of:) j	. 3
(1) Ca							1a(1)		<u>X</u>
	her assets						1a(2)		X
	ransactions: iles of assets to a noncharita							ı î	
		1b(1)		X					
	irchases of assets from a no		rganization				1b(2) 1b(3)		X
	intal of facilities, equipment, imbursement arrangements						1b(4)	 	X
	ans or loan guarantees						15(5)		X
, ,	rformance of services or me	mbership or fundrais	sing solicitatio	ons			1b(6)		X
	g of facilities, equipment, ma						10		X
d If the a	nswer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should al	ways show the fail	r market value of the good	s, other ass	sets,	
or serv	ices given by the reporting f	oundation. If the four	ndation receiv	ed less than fair market vali	ue in any transacti	on or sharing arrangemen	t, show in		
	(d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Descripti	ion of transfers, transactions, a	nd sharing ar	Tangeme	nts
			N/A						
									
					 				
		 			+				
									
									
							 .	 .	
		<u></u>				 			
					. 				
				 					
									
ın secti	oundation directly or indirection 501(c) of the Code (other complete the following sch	r than section 501(c)			izations described		Yes	X	
	(a) Name of org			(b) Type of organization		(c) Description of relation	nship		
	N/A								
									
	· · · · · · · · · · · · · · · · · · ·								
	<i>}</i>				 	 		 .	
	Hara IIII/V/// PAEC/AEX								
1 2	Signature of officer or trustee			Date	Title	<u>'</u> [162		J No
	Print/Type preparer's na		Preparer's s	 	Date	Check if PTI	N		
	EVAN C. FE		(_X)	14. 4.	self- employed			
Paid	CPA		一 へ	Adhaman	11/10/16	P	01232	539	
Prepare	1 1111 0 1141110 7 2222	CHFLEISCH	MAN PC			Firm's EIN ► 86-			
Use Onl	- 								
	•			OAD, SUITE 2	01				
	TU	CSON, AZ	85718			Phone no. 520 -			
							Form 99	U-PF	(2015)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2015

Name of the organization

MC COMPANIES - SHARING THE GOOD LIFE FOUNDATION

Employer identification number

27-4204659

Organization type (check one):								
Filers of:		Section:						
Form 990) or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	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-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							
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year							
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization MC COMPANIES - SHARING THE GOOD LIFE FOUNDATION

Employer identification number

27-4204659

· **				
Part I	Contributors ((see instructions)	Use duplicate copies of	Part I if additional space is needed.

<i>2</i>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MC RESIDENTIAL COMMUNITIES, LLC 15170 NORTH HAYDEN ROAD, SUITE #1 SCOTTSDALE, AZ 85260-2571	\$34,933.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOSEPH CLAYTON AKIWENZIE, JR. 6 KENYON AVENUE KENSINGTON, CA 94708-1025	\$9,375.	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 Oncash Occash (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
522452 10.2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

MC COMPANIES - SHARING THE GOOD LIFE FOUNDATION

Employer identification number

27-4204659

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		s	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			00 000 E7 or 000 PE\/2015

523454 10-26-15 Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF	LEGAL	FEES	<u> </u>	STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	47.	0.		47.	
TO FM 990-PF, PG 1, LN 16A	47.	0.		47.	
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1,200.	0.		1,200.	
TO FORM 990-PF, PG 1, LN 16B	1,200.	0.		1,200.	

FORM 990-PF PART VIII - LIST TRUSTEES AND	F OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
ROSS MCCALLISTER 2910 N. SWAN ROAD, SUITE 204 TUCSON, AZ 85712	PRESIDENT/DIRE 5.00		0.	0.
KENNETH MCELROY 15170 N. HAYDEN ROAD, SUITE 1 SCOTTSDALE, AZ 85260	SECRETARY/DIRE	CTOR 0.	0.	0.
PATTY MCCALLISTER 2910 N. SWAN ROAD, SUITE 204 TUCSON, AZ 85712	DIRECTOR 3.00	0.	0.	0.
LAURA MCELROY 15170 N. HAYDEN ROAD, SUITE 1 SCOTTSDALE, AZ 85260	DIRECTOR 2.50	0.	0.	0.
LINDA CLAIBORNE 3420 COUNTRY SQUARE DRIVE CARROLLTON, TX 75006	DIRECTOR 5.00	0.	0.	0.
MONICA ALARCON 15170 N. HAYDEN ROAD, SUITE 1 SCOTTSDALE, AZ 85260	DIRECTOR 5.00	0.	0.	0.
SHANNON ARTHUR 15170 N. HAYDEN ROAD, SUITE 1 SCOTTSDALE, AZ 85260	DIRECTOR 5.00	0.	0.	0.
FREDDIE THORNTON 15170 N. HAYDEN ROAD, SUITE 1 SCOTTSDALE, AZ 85260	TREASURER 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

27-4204659 FOUNDATION

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
any toundation manager or substantial contributor		COMMUNICIT	7 10 110 0111
	1		
NONE	PUBLIC	PROGRAM SUPPORT	
			50
			<u></u>
NONE	PUBLIC	PROGRAM SUPPORT	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
	1 02210	I NOOMAN BOTTON	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
			50
NONE	PUBLIC	PROGRAM SUPPORT	
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	NONE NONE NONE	NONE PUBLIC NONE PUBLIC NONE PUBLIC NONE PUBLIC	NONE PUBLIC PROGRAM SUPPORT NONE PUBLIC PROGRAM SUPPORT NONE PUBLIC PROGRAM SUPPORT NONE PUBLIC PROGRAM SUPPORT NONE PUBLIC PROGRAM SUPPORT