

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



EXTENSION GRANTED UNTIL 5/15/17 Return of Private Foundation

Form , 9904PF 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.irs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2015 or tax year beginning DEC 9, 2015 , and ending JUN 30, 2016 Name of foundation A Employer identification number 81-0825251 YOU GOT THIS FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 201 520-886-6981 1595 E RIVER RD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here

	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s, check here			
	Final return	Amended return		2 Foreign organizations m	eeting the 85% test,			
	Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation **Full private foundation status was terminated** **F							
		Other taxable private founda	tion	E If private foundation sta under section 507(b)(1				
L E	Fair market value of all assets at end of year J Accounting							
	· I	ther (specify)	71001001	F If the foundation is in a under section 507(b)(1				
	▶\$ 98,680. (Part I, colu	mn (d) must be on cash b	asis)	})(1), chick have \$ 2.50			
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1 Contributions, gifts, grants, etc., received	101,170.		N/A				
	2 Check If the foundation is not required to attach Sch. B	1						
2017	Interest on savings and temporary cash investments							
	4 Dividends and interest from securities							
6	5a Gross rents							
୬	b Net rental income or (loss)							
MAN	6a Net gain or (loss) from sale of assets not on line 10			DECEMBO	_			
ED MA	b Gross sales price for all assets on line 6a			RECEIVED				
	7 Capital gain net income (from Part IV, line 2)		<u>,0</u> .		<u> </u>			
SCANNED	8 Net short-term capital gain		808	MAY 2 2 2017	SO SS			
Z	9 Income modifications Gross sales less returns		<u>"</u> _		<u> </u>			
	10a and allowances			OGDEN, UT				
T,	b Less Cost of goods sold			<u> </u>				
	c Gross profit or (loss)							
	11 Other income	104 170			 			
	12 Total Add lines 1 through 11	101,170.	0.		 			
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.			
	14 Other employee salaries and wages							
Ś	15 Pension plans, employee benefits	1 000		<u> </u>	 			
nse	16a Legal fees STMT 1	1,990.	0.		0.			
e e	b Accounting fees	ļ	<u> </u>		 			
ÚL O	C Other professional fees				 			
ativ	17 Interest							
stra	18 Taxes				 			
Ē	19 Depreciation and depletion 20 Occupancy				 			
Administrative Expenses	20 Occupancy 121 Travel, conferences, and meetings	 			 			
					 			
ā	2 23 Other expenses				 			
ţ	5 24 Total operating and administrative	 			 			
Operating and	expenses. Add lines 13 through 23	1,990.	0.		0.			
õ	25 Contributions, gifts, grants paid	500.			500.			
	26 Total expenses and disbursements.							
	Add lines 24 and 25	2,490.	0.		500.			
	27 Subtract line 26 from line 12:		<u>.</u>					
	Excess of revenue over expenses and disbursements	98,680.						
	b Net investment income (if negative, enter -0-)		0.					
	c Adjusted net income (if negative, enter -0-)			N/A				
5235 11-2	¹⁵⁰¹ LHA For Paperwork Reduction Act Notice, see	instructions.		15	Form 990-PF (2015)			

Part II Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of	
드	ar t	Balance Sneets column should be for end-of-year amounts only	(a) Book Value		(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		0.	98,680.	98,680.
	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				
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	102	Investments - U.S. and state government obligations				
	1	Investments - corporate stock				
	1	Investments - corporate bonds				
	1	Investments - land, buildings, and equipment basis		$^{+}$		
	''	Less accumulated depreciation				
	12	Investments - mortgage loans	·	_		
	12 13	Investments - other	-			
		Land, buildings, and equipment: basis		-		
	14	Less accumulated depreciation				
	4.5	·				
	1	Other assets (describe				
	16	Total assets (to be completed by all filers - see the		0.	98,680.	98,680.
_	47	Instructions. Also, see page 1, item I)	*		30,000.	
		Accounts payable and accrued expenses			·———	
	18	Grants payable				
Liabilities	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons		_		
Ë	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
		Tatal Parl 1991 - (add lease 47 Abranch 200)		^	_	
	23_	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here		0.	0.	
		,				
es		and complete lines 24 through 26 and lines 30 and 31		0.	98,680.	
ĕ		Unrestricted		 	30,000.	
<u>a</u>	25	Temporarily restricted		-+		
Net Assets or Fund Balanc	26	Permanently restricted				
ڃ		Foundations that do not follow SFAS 117, check here				
卢		and complete lines 27 through 31				
ts	27	Capital stock, trust principal, or current funds		\rightarrow		
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund		+		
Ţ	29	Retained earnings, accumulated income, endowment, or other funds		_		
ž	30	Total net assets or fund balances		0.	98,680.	
					00 600	
	31	Total liabilities and net assets/fund balances		0.	98,680.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30			
	(mus	st agree with end-of-year figure reported on prior year's return)			1	<u> </u>
2	Ente	r amount from Part I, line 27a			2	98,680.
3	Othe	r increases not included in line 2 (itemize)			3	0.
4	Add	lines 1, 2, and 3			4	98,680.
5	Decr	eases not included in line 2 (itemize)			5	0.
6	Total	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30		6	98,680.

81-0825251

Page 2

Form **990-PF** (2015)

Form 990-PF (2015)

YOU GOT THIS FOUNDATION

	990-PF (2015) YOU GOT THIS FOUNDATION		<u>81-</u>	<u> 0825</u>	<u> 251</u>		Page 4
Part		940(e), or	4948	- see ii	nstru	ctio	ns)
1a E	exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.)	1	l .			
D	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ns)	ļ	1			
b D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%)	1_1_	L			0.
0	of Part I, line 27b						
сA	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col.	(b).	İ				
2 T	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3 A	Add lines 1 and 2		3_				0.
4 S	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4_				0.
5 T	Fax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6 C	Credits/Payments:		- (
a 2	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a						
bΕ	xempt foreign organizations - tax withheld at source		╛				
c T	Fax paid with application for extension of time to file (Form 8868)		_				
d B	Backup withholding erroneously withheld 6d		_				
	Total credits and payments. Add lines 6a through 6d		7_				0.
8 E	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9 T	Fax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9				0.
10 0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
		Refunded 	11				
Part	t VII-A Statements Regarding Activities						
1a D	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip	ate or interve	ne in			Yes	
a	any political campaign?				1a		X
b D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions f	or the definiti	on)?		1b		X
lt	f the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any mai	terials publis	hed or				
d	distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?					<u>1c</u>		X
d E	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					l	ĺ
	1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0	•			İ	
еE	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on f	oundation					
n	nanagers. ▶ \$ 0 .						
2 H	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
lt	f "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 incorporation, or							
b	oylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a D	Old the foundation have unrelated business gross income of \$1,000 or more during the year?				4 <u>a</u>		X
b lf	f "Yes," has it filed a tax return on Form 990-T for this year?		I.	1/A	4b		
5 V	Nas there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
lt	f "Yes," attach the statement required by General Instruction T.						
6 A	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that confl	ict with the sta	ate law			:	
	remain in the governing instrument?				6	_X_	
7 D	Old the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (o), and Part)	<v< td=""><td></td><td>7</td><td>_X_</td><td></td></v<>		7	_X_	
8a E	Enter the states to which the foundation reports or with which it is registered (see instructions) 🕨						
_	AZ					1	
b lf	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	signate)					
0	of each state as required by General Instruction G? If "No," attach explanation				8b	_X_	
9 ls	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	42(j)(5) for ca	alendar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		Х
10 D	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	addresses	<u>STMT</u>	1 2	10	X	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015.)

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 2015?

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 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 **990-PF** (2015)

X

3b

4a

Yes X No

N/A

during the year?

orm 990-PF (2015) YOU GOT THIS FOUNDATION			<u>81-08252</u>	<u>51</u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No	-	
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	es X No	İ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Ye	s X No	-	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)		Y6	es X No	ļ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for		- 1	
the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , , ,		s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instri	·	• • • •	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t		uned			
expenditure responsibility for the grant?		√A	es No		
If "Yes," attach the statement required by Regulations section 53 494		•,, •••	,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay promiumo on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nerennal henefit contract?	10		Sb	x
If "Yes" to 6b, file Form 8870.	personal benefit contract.		<u> </u>	-	
•	ahaltar transaatian?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		16		7b	
<u>b If "Yes," did the foundation receive any proceeds or have any net income attrib</u> Part VIII Information About Officers, Directors, Trust		nagara Highl		u	
Paid Employees, and Contractors	lees, Foundation Ma	anayers, riigin	,		
List all officers, directors, trustees, foundation managers and their	compensation.			_	
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	ount, other owances
SCOTT N SHEFTEL	DIRECTOR	Citter 0)	compensation		<u> </u>
595 E RIVER RD STE 201	Dinderon				
CUCSON, AZ 85718	1.00	0.	o .l		0.
ELIZABETH SHEFTEL ALMLI	DIRECTOR	· · · · · ·	<u> </u>		
1595 E RIVER RD STE 201	DIRECTOR				
TUCSON, AZ 85718	1.00	0.	o.		_ 0.
TUCSON, AZ 65/16	1.00	<u> </u>		_	
	-				
	-				
	 				
	-				
	_				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "			
Compensation of five highest-paid employees tother than those in	(b) Title, and average	enter NONE.	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	acco	unt, other
	devoted to position		compensation	allo	owances
NONE	_				
	· · · · · · · · · · · · · · · · · · ·				
	-	1			
		<u> </u>			
	4				
	_				
	_				
	<u> </u>				
Total number of other employees hald over \$50,000			.		0

Form 990-PF (2015) YOU GOT THIS FOUNDATION	81-0	0825251	Page 7
Part VIII ' Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)	Managers, Highly		·
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
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 statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e	ermation such as the tc.	Expenses	
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 to 1.	and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
Total Add lines 1 through 2		 	0

Part X Minimum Investment Return	(All domestic foundations must complete this part Foreign foundat	ions, 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	1a	0.
b Average of monthly cash balances	1b	99,491.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	99,491.
e Reduction claimed for blockage or other factors repor	ted on lines 1a and	
1c (attach detailed explanation)	1e 0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	99,491.
4 Cash deemed held for charitable activities Enter 1 1/2	% of line 3 (for greater amount, see instructions)	1,492.
5 Net value of noncharitable-use assets Subtract line	4 from line 3. Enter here and on Part V, line 4	97,999.
6 Minimum investment return Enter 5% of line 5 AI	DJUSTED FOR SHORT TAX PERIOD 6	2,744.
	uctions) (Section 4942(j)(3) and (j)(5) private operating foundations and cell and do not complete this part.)	rtain
1 Minimum investment return from Part X, line 6	1	2,744.
2a Tax on investment income for 2015 from Part VI, line	5 2a	
b Income tax for 2015. (This does not include the tax fro	om Part VI.)	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line	e 2c from line 1	2,744.
4 Recoveries of amounts treated as qualifying distribution	ons 4	
5 Add lines 3 and 4	5	2,744.
6 Deduction from distributable amount (see instructions	6	0.
7 Distributable amount as adjusted. Subtract line 6 from	m line 5. Enter here and on Part XIII, line 1 7	2,744.
Part XII Qualifying Distributions (see in	structions)	
1 Amounts paid (including administrative expenses) to a	accomplish charitable, etc., purposes:	
a Expenses, contributions, gifts, etc total from Part I,	column (d), line 26	500.
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	
3 Amounts set aside for specific charitable projects that	satisfy the:	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	<u>3b</u>	
4 Qualifying distributions Add lines 1a through 3b. En	ter here and on Part V, line 8, and Part XIII, line 4	500.
5 Foundations that qualify under section 4940(e) for the		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions Subtract line 5 from		500.
•	umn (b), in subsequent years when calculating whether the foundation qualif	fies for the section

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				2,744.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only		}	0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013		İ		
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 500.			_	
a Applied to 2014, 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 2015 distributable amount				500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract	·			
lines 4d and 5 from line 1. This amount must				
				2,244.
be distributed in 2016				4,444.
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	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013	}	1		
d Excess from 2014				
e Excess from 2015				
E FVC629 HAIH 50 10				

	THIS FOUND				825251 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2015, enter the date of	the ruling	>		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described	ın section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<u> </u>		
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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(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	<u> </u>	<u></u> _			<u></u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or n	nore in assets
at any time during t	ne year-see inst	ructions.)			
Information Regarding Foundation List any managers of the foundation wh year (but only if they have contributed in	o have contributed more		tributions received by th	e foundation before the c	lose of any tax
SCOTT N SHEFTEL			/		
b List any managers of the foundation who ther entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnersnip or
NONE					
2 Information Regarding Contribution Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	•	•
a The name, address, and telephone num	ber or e-mail address of	the person to whom appl	ications should be addre	essed:	
b The form in which applications should b	ne submitted and informa	tion and materials they s	hould include:		
	e submitted and informa	non and materials mey s	noula include.		
c Any submission deadlines:				_	
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

≥ 3b

Total

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			 		
b					 _
	1 1	-			
d	- 1		1		
e					
f	_		 		
g Fees and contracts from government agencies	_		 		
Membership dues and assessments			 		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities		<u> </u>			
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			1 1		
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			1 1		
Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
С	i i				
d					
e					
Subtotal. Add columns (b), (d), and (e)		0.	,	0.	
Subtotal. Add Columns (b), (d), and (e)				13	
Total. Add line 12, columns (b), (d), and (e)	.)				
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations		nlichment of E	vomnt	Durnocoo	
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations		plishment of E	kempt	Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations eart XVI-B Relationship of Activities	s to the Accom				nplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations eart XVI-B Relationship of Activities	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			oplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities The No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			iplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			nplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			iplishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which it	s to the Accom	olumn (e) of Part XVI-A			iplishment of

orm 990	-PF (2015) YOU G	OT THIS F	OUNDAT	ION		81-(0825251	Page 13
Part X	(VII) Information Re	egarding Tran	sfers To a	and Transactions a	nd Relations			
	Exempt Organ		- f 4b - f-11			to = 504(a) af		Yes No
	the organization directly or indi Code (other than section 501(c					ation 50 i(c) of		163 140
	nsfers from the reporting found				iizations.			
	Cash	ation to a monomarita	on oxompt or	gamzanon or.			1a(1)	X
٠,,	Other assets						1a(2)	Х
	er transactions:							
(1)	Sales of assets to a noncharita	ble exempt organiza	tion				1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt o	organization				1b(2)	X_
(3)	Rental of facilities, equipment,	or other assets					1b(3)	X_
(4)	Reimbursement arrangements						1b(4)	X
	Loans or loan guarantees						1b(5)	X
,	Performance of services or me	•	-				1b(6)	X
	ring of facilities, equipment, ma				wave about the four	market value of the		X x
	e answer to any of the above is ervices given by the reporting f							E15,
	imn (d) the value of the goods,			ed 1035 than ian market vale	ic in any nanoaone	in or onaring arrange		
(a) Line no	· T - ' · · · · · · · · · · · · · · · · · ·			e exempt organization	(d) Description	on of transfers, transactio	ns, and sharing arr	angements
		-	N/A					
					-			
								
		-						
					-			
			<u> </u>		-			
ın s	ne foundation directly or indirect ection 501(c) of the Code (othe 'es," complete the following sch	r than section 501(c			zations described		Yes	X No
	(a) Name of or			(b) Type of organization		(c) Description of re	lationship	
	N/A							
	Under penalties of perjury, I declare	that I have everying th	uo rotura uachudur	ag accompanying schodules and	statements and to th	e best of my knowledge		
Sign	and belief, it is true, correct, and co	parpriete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	nation of which prepar	er has any knowledge	May the IRS d	e preparer
Here		> /		15-15-17	DIREC	TOR	shown below	(see instr)?
	Signature of officer or truster	e		Date	Title			
	Print/Type preparer's n		Preparer's s		Date	Check if	PTIN	
		_	 	- 1		self- employed		
Paid	DAVID S CU	TLER, CPA		<u>- un</u>	5-14-17		P01294	794

Firm's EIN ▶ 86-0751218

Phone no. 520-886-6981 Form **990-PF** (2015)

Preparer

Use Only

Firm's name ► DAVID S CUTLER, CPA, PC

Firm's address ▶ 5995 E GRANT RD STE 200

TUCSON, AZ 85712-2355

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.

OMB No 1545-0047

2015

Employer identification number Name of the organization YOU GOT THIS FOUNDATION 81-0825251 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 X 501(c)(3) exempt private foundation Form 990-PF 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.

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor'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-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
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file 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 Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Employer identification number

YOU GOT THIS FOUNDATION

81-0825251

Part I Contributors (see instruct	ons). 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	SCOTT SHEFTEL 3613 E LONE HILL PL TUCSON, AZ 85718-1411	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(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)

Name of organization

Employer identification number

YOU GOT THIS FOUNDATION

81-0825251

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(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
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization **Employer identification number** YOU GOT THIS FOUNDATION 81-0825251 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held 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

FORM 990-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	1,990.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	1,990.	0.		0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT 2	

NAME OF CONTRIBUTOR

ADDRESS

SCOTT N SHEFTEL & ELIZABETH SHEFTEL 3613 E LONE HILL PLACE ALMLI

TUCSON, AZ 85718