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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Inter	nal Reve	nue Service Inform	nation ab	out Form 990-PF and its s	eparate instru	ctions	s is at w	ww.irs.gov/	form990pf. O	pen to Public Inspection
Fo	rcaler	dar year 2016 or tax	year be	ginning		, 201	6, and	ending		, 20
Na	me of fo	undation						A Employe	r identification nu	mber
TO	UCHST	ONE FOUNDATION							86-10443	93
Nu	mber an	d street (or P O box numbe	er if mail is i	not delivered to street address)		Room	/suite	B Telephor	ie number (see inst	ructions)
43	20 N C	MPBELL AVE				2	250		520-202-4	375
Cit	y or tow	n, state or province, country	, and ZIP o	or foreign postal code				C If exempt	tion application is p	ending, check here
TU	CSON,	AZ 85718								_
G	Check	all that apply: 🔲 I	nitial retu	urn 🔲 Initial retur	n of a former	public	charity	D 1. Foreigi	n organizations, chi	eck here
		□ F	-inal retu	ırn 🗌 Amended	return			2 Foreign	n organizatione me	eting the 85% test,
			Address	change 🔲 Name cha	nge				here and attach co	
Н	Check	type of organization:	☑ S	ection 501(c)(3) exempt p	rivate founda	ation			foundation status v 07(b)(1)(A), check h	was terminated under
	Section	n 4947(a)(1) nonexem	npt charit	able trust 🔲 Other ta	xable private	found	dation	Section 5	or(b)(1)(A), check ii	ele –
ı		arket value of all ass		J Accounting method	i: 🗹 Cash	□ A	ccrual	F If the four	ndation is in a 60-m	onth termination
		f year <i>(from Part II, c</i>	ol. (c),	Other (specify)					ction 507(b)(1)(B), c	
	line 16		11,674	(Part I, column (d) must be	e on cash basis	s. <i>)</i>				
Р	art l				(a) Revenue	and	(h) Not		(a) Adv. atad aa	(d) Disbursements
				may not necessarily equal	expenses p	er		investment come	(c) Adjusted ne income	purposes
		the amounts in column (a	i) (see instr	uctions).) 						(cash basis only)
	1			received (attach schedule)		0,000		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	2			ot required to attach Sch B						
	3	-		orary cash investments		13				7.9%
	4	Dividends and intere		securities				_		2.000
	5a	Gross rents			- 7 > 7 0 0 0 0 7		500. W. C. D.	. (% ()) 2000		4.7
	b	Net rental income or		<u> </u>		34	(((((((((((((((((((
9	6a			f assets not on line 10	\$250002007\$8000 k Z		35 (2)	2/9/2/2/		
ē	_ b	Gross sales price for all							Carlo Car	
Revenue	7			n Part IV, line 2)		2000 XX X	80 to 200 80 50	** ************ **	A. C. V. A. W 11, 37	
	8	· ·	-		200 (1) (1) (1) (1) (1) (1) (1)	7.65 G		28 2 C		
	1 [Income modification			49	อะมังสห์~เร	350 2380 350 238	20.4%	^36509922488 \$ 3888	25 Sept. 20
2012	10a b	Gross sales less returns				95 80 3 1877 (Commence Com	. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	```@#\$\$*\@\\$\\$ ``G#\$*\\$\\$\\$\\$\\$\\$\\$\\$\\$	
N N	C	Less: Cost of goods Gross profit or (loss)		· · L	· 33(3)(16/0-) · 23(6/0, 17/0)	Marine ()	108 403 30	Same Same	F. 382 C 24 482 1 187 23	1- 27 ALCO ACCUS
©	11	Other income (attach		· · · · · · · · · · · · · · · · · · ·			**************************************	936 TH 499		\$6.04 1 (39.5) \$2.45 \(\tilde{\chi} \)
80	12			l <u>.</u>		0,013				
<u> </u>	13			ectors, trustees, etc.	<u> </u>	0,013			 	\$5-730 XX.75.795 4.49965.80
WAY ses	14			wages		-			1	
	15	Pension plans, empl		•						
SECTION NAMED IN A SECTION NAMED	16a	Legal fees attach so	Decule)	VED: 1						
	b								,	
SCM と strative E	С	Accounting tees (atta Other professional fe	ees (attac	chachedule ?						-
a	17	Interest Ol 191	AI.T	ر ا (ن ا						
<u>s</u>	18	Taxes (attach schedule	e) (see ins	tructions) 🚾						
ä	19	Depreciation (attach-	schedul	and depletion						
퉏	20	Occupancy								
Α	21	Travel, conferences,	and med	etings					-	
aĽ	22	Printing and publicat	tions .							
Ď	23	Other expenses (atta								
Ĕ	24			inistrative expenses.						
<u> </u>										
SCAଧ୍ୟା Operating and Administrative E	25	_		aid	1	<u>0,639</u>				10,639
_	26			ents. Add lines 24 and 25	1	0,639				10,639
	27	Subtract line 26 from								
	a			ses and disbursements		(626)				
	b			egative, enter -0-) .						
	C	Adjusted net incom	e (if neg	ative, enter -0-)	I					

Dء	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year		of year
		———————	should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-l	•	12,301	11,674	11,674
	2	Savings and tempora	ary cash investments			
	3	Accounts receivable	>		3/4	
		Less: allowance for o	doubtful accounts ▶			
	4	Pledges receivable ▶	•			
		Less: allowance for d	loubtful accounts ▶			
	5					
	6		m officers, directors, trustees, and other		-	
		disqualified persons	(attach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) ►			
		Less: allowance for dou	ubtful accounts ▶			
ţ	8	Inventories for sale o	ruse			
Assets	9	Prepaid expenses an	nd deferred charges			
As	10a	Investments-U.S. and	state government obligations (attach schedule)			
	b	Investments-corpor	rate stock (attach schedule)			
	С	Investments-corpor	rate bonds (attach schedule)			
	11	investments-land, build	lings, and equipment: basis ▶			
		Less: accumulated depre	ciation (attach schedule) ▶			
	12	Investments-mortga	age loans			
	13	Investments-other (attach schedule)			
	14	Land, buildings, and eq	uipment: basis ▶		10 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Less: accumulated depi	reciation (attach schedule) ▶			
	15	Other assets (describ	pe ▶)			
	16	Total assets (to	be completed by all filers-see the			
		ınstructions. Also, se	e page 1, item I)	12,301	11,674	11,674
	17	Accounts payable an	nd accrued expenses			3,660
ß	18					
tie	19	Deferred revenue .				
Liabilities	20	Loans from officers, dire	ectors, trustees, and other disqualified persons			
ial	21	Mortgages and other	notes payable (attach schedule)			
_	22	Other liabilities (desc	ribe ▶)			
	23	Total liabilities (add	ribe ►) lines 17 through 22)	NONE	NONE	
s		Foundations that fo	llow SFAS 117, check here . ▶ 🗌			4.642
Balances			24 through 26 and lines 30 and 31.			
an	24					
3al	25		d			
┰	26	•	ed		 	
Fun		Foundations that do	not follow SFAS 117, check here ▶ □			
or F		and complete lines	•			
S O	27		rincipal, or current funds	1,000	1,000	
et	28		plus, or land, bldg., and equipment fund			
Net Assets	29	_	umulated income, endowment, or other funds	11,301	10,674	
it /	30		fund balances (see instructions)			
Ž	31		nd net assets/fund balances (see			5. m 2.
			<u> </u>	12,301	11,674	
	rt III		nges in Net Assets or Fund Balances	(a) 1 00 (4 anna	
7			palances at beginning of year—Part II, colu			
_			d on prior year's return)			12,301
_		r amount from Part I, I				(626)
3	Othe	er increases not includ	ed in line 2 (itemize) ▶		3	<u> </u>
4	Add	lines 1, 2, and 3			4	11,674
5	Decr	reases not included in	line 2 (itemize) ►	D- 10 1 0 1	5	
6	lota	net assets or fund ba	alances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30 6	11,674
						Form 990-PF (2016)

Part	V Capital Gains and	d Losses for Tax on Investmer	t Income				
		ne kind(s) of property sold (e g , real estate, use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
<u>1a</u>							
<u>b</u>				ļ			
С	· · · · · · · · · · · · · · · · · · ·					 -	
d				 			
<u>e</u>		(6 Degree setting allowed	(m) Co at a				(1)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(e) plus (f	or (loss)) minus (g)
а							
b							
<u>C</u>					_		
d							
<u>e</u>	Complete only for accets sho	owing gain in column (h) and owned by	ha foundatio	n on 12/21/60			
	Complete only for assets site						(h) gain minus less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		Losses (fr	
а							
b							. <u> </u>
С							
d			 .				
е							
2	Capital gain net income o		o enter in P iter -0- in Pa		2		
3	If gain, also enter in Part	n or (loss) as defined in sections 12 I, line 8, column (c) (see instruction	ns). If (loss	s), enter -0- ın)			
					3		
Part		ler Section 4940(e) for Reduce wate foundations subject to the sec					
Was t		e this part blank. section 4942 tax on the distributable qualify under section 4940(e). Do r			oase peric	id?	☐ Yes 🗸 No
1	Enter the appropriate amo	ount in each column for each year;	see the insti	ructions before ma	aking any	entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use as	ssets		(d) nbution ratio livided by col (c))
Carc	2015	6,6	13		IONE		NONE
	2014	19,80			IONE		NONE
	2013	19,1			IONE		NONE
	2012	22,2			IONE		NONE
	2011	32,7			IONE		NONE
_	Total of line 1 column (d)				. 2		NONE
2 3	Total of line 1, column (d) Average distribution ratio	on the 5-year base period—divide	the total on	line 2 by 5 or by		 	NONE
Ū		dation has been in existence if less					NONE
4	Enter the net value of non	ncharitable-use assets for 2016 from	n Part X, line	95	. 4	<u> </u>	NONE
5	Multiply line 4 by line 3				. 5	 	NONE
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. 6	 -	NONE
7	Add lines 5 and 6				. 7	-	NONE
8		ons from Part XII, line 4 ater than line 7, check the box in P				ISING a 1	10,639 % tax rate. See the
	Part VI instructions.	ato. than into 1, oncon the box in F	v 1, 11110 t	o, and complete	part t	ya I	, t tax rate. Occ the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	٨	ONE	
	here ► □ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	4.7		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	200	0	346.434.4
6 a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			7
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) . 6c			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	WAXANII.	0	CAMADO -
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	N	ONE	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		ONE	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11	N	IONE	
	VII-A Statements Regarding Activities	188	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	\$115°	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a		
b	Instructions for the definition)?	1b		1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			7,679
	published or distributed by the foundation in connection with the activities.	100		224
C	Did the foundation file Form 1120-POL for this year?	1c	33.8C	√ Successed
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		√
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		√
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	5		
•	If "Yes," attach the statement required by General Instruction T.	23. %1	~ *	2798
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
•	By language in the governing instrument, or		70,3730 i	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		" •	1
	conflict with the state law remain in the governing instrument?	6	1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			L
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9		· ·
	names and addresses	10		1
		لينب		

Part	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			Į
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		
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		1
40	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		 `
13		13	<u> </u>	L
4.4	Website address ► N/A		4077	
14		-202-		
	Located at ► 4320 N CAMPBELL AVE, STE 250, TUCSON, AZ ZIP+4 ►	8571	8 	
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		2.0	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		/
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country	(4)	(\$1.2%).	4408
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	5 Z. 285		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	77.	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	10		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			334
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	3		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			11.5
	the benefit or use of a disqualified person)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			3.5
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶□	678	,	1,14
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		*	
	were not corrected before the first day of the tax year beginning in 2016?	1c		√
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	A		
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		244	
	6e, Part XIII) for tax year(s) beginning before 2016?	7	6	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	17.	771,	71
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		á .	
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	5 88		
-	► 20 , 20 , 20 , 20 , 20			1
За	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 2016 as a result of (1) any purchase by the foundation or			
U	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 2016.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		1
	1 1 miles and an arrange and arrange arrange arrange and arrange arran	70	1	ı •

Par	VII-B Statements Regarding Activities	s for V	Vhich Form	4720 I	May Be F	equire	ed (contii	าued)		
5a	During the year did the foundation pay or incur a	any am	ount to:							
	(1) Carry on propaganda, or otherwise attempt t	to influe	ence legislatio	on (sect	ion 4945(e))? .	☐ Yes	✓ No		
	(2) Influence the outcome of any specific public	c elect	ion (see secti	ion 495	5); or to ca	arry on,	ı			
	directly or indirectly, any voter registration dr	ive?					☐ Yes	✓ No		
	(3) Provide a grant to an individual for travel, stu	idy, or	other similar i	purpose	es?		☐ Yes	✓ No		
	(4) Provide a grant to an organization other than	n a cha	ırıtable, etc.,	organiza	ation desc	ribed in		_		
	section 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No		
	(5) Provide for any purpose other than religious							<u></u>		
	purposes, or for the prevention of cruelty to						∏Yes	✓ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the									
	Regulations section 53.4945 or in a current notice								5b	
	Organizations relying on a current notice regardi	-	•		•				35	N.K.
С	If the answer is "Yes" to question 5a(4), does to	-				the tay				
-	because it maintained expenditure responsibility							□No		
	If "Yes," attach the statement required by Regula					• •	□ res	L] NO		
ĥа	Did the foundation, during the year, receive any					miume				
- Ou	on a personal benefit contract?	ruitus,	directly of in	un c ctiy,	to pay pre	zi i iiu i rio	_			
h							∐Yes	_ ☑ No	Processing and the second	
D	Did the foundation, during the year, pay premiun If "Yes" to 6b, file Form 8870.	ns, une	city or maile	chy, on	a personal	penem	contract	<i>.</i>	6b	✓
70	At any time during the tax year, was the foundation a		ta a muahihuta.	4 4 4 4 4 4 4 4			□ v			
	If "Yes," did the foundation receive any proceeds						☐ Yes			
	VIII Information About Officers, Direc								7b	
ı a	and Contractors	tors,	irusiees, ri	bullual	uon man	igers,	mignily r	alu E	mpioyees,	
1	List all officers, directors, trustees, foundation	n man	agore and th	oir com	noncation	· /soo ii	actruction	20)		
•	List all officers, directors, trustees, foundation		e, and average		npensation		Contributions			
	(a) Name and address	hou	rs per week	(If n	ot paid,	emplo	yee benefit	plans	(e) Expense acc other allowant	
CHADI	EC W HODN	devot	ed to position	ent	ter -0-)	and dete	erred compe	nsation	outer anotten	
	ES W. HORN									
	CAMPBELL AVE, SUITE 250, TUCSON, AZ 85718	PRES/	TRES		NONE			NONE	N	ONE
	CIA A. HORN									
	CAMPBELL AVE, SUITE 250, TUCSON, AZ 85718	VP, SE	CRETARY	1	NONE			NONE	<u>N</u>	IONE
•	EW C. HORN									
	CAMPBELL AVE, SUITE 250, TUCSON, AZ 85718	DIREC	TOR		NONE			NONE		ONE
	ER L. HORN									
4320 N 2	CAMPBELL AVE, SUITE 250, TUCSON, AZ 85718	DIREC	TOR	L	NONE			NONE	<u> </u>	<u>IONE</u>
4	Compensation of five highest-paid employee "NONE."	es (otn	er than thos	se inciu	iaea on ii	ne 1—:	see instri	uctions	s). If none, e	nter
	110112.		T	ı						
	a) Name and address of each employee paid more than \$50,00	n	(b) Title, and a	verage	(a) Compos	nation	(d) Contribu employee		(e) Expense acc	ount.
,	name and address of each employee paid more than \$50,00		devoted to po		(c) Comper	ISALIOII	plans and compens		other allowand	ces
					-		Competie			
			 							
·				ĺ						
			 							
	 		-							
-			}							
			 							
			1							
Total	umber of other employees and aver \$50,000		L]						
otali	umber of other employees paid over \$50,000.		· · · · ·	<u> </u>	· · · ·	• •		. ▶	NONE	

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Connections (c) Connections (c) Type of service (c) Connections (c) C	yees,	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	Part VIII
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities Lust the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments See instructions 3 NONE			3 Five
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments. See instructions 3 NONE	Compensation		
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A 2			IONE
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A 2			
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A 2			
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List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A 2		mber of others receiving over \$50,000 for professional services	otal num
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2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments See instructions 3 NONE	Expenses	foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc	List the for
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE		B Summary of Program-Related Investments (see instructions)	Part IX-E
All other program-related investments See instructions NONE	Amount		
All other program-related investments See instructions 3 NONE		NE NE	1 NONE
All other program-related investments. See instructions 3 NONE			
All other program-related investments See instructions 3 NONE			
3 NONE			2
3 NONE			
3 NONE			
		r program-related investments. See instructions	All other p
		NE	3 NONE
Total. Add lines 1 through 3	000 DE	ad lines 1 through 3	otal. Add

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	ign foun	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4	
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	NONE
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	NONE
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1.1	
	instructions)	4	NONE
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	NONE
6	Minimum investment return. Enter 5% of line 5	6	NONE
Part		oundati	ons
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	NONE
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) [25]	326 2	
C	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	NONE
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	NONE
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	
	line 1	7	NONE
Part	XII 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	40.000
a b	Program-related investments—total from Part IX-B	1b	10,639
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	NONE
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	2	NONE
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		10,639
J	Enter 1% of Part I, line 27b (see instructions)	5	101
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	NONE 10.630
J			10,639
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g wneth	er the loungation

Part	XIII Undistributed Incom	ne (see instruction	ons)			Page 3
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 line 7	6 from Part XI,	Corpus	Years prior to 2015	2015	2016
2	Undistributed income, if any, as of	the and of 2016:				NONE
a	Enter amount for 2015 only .				NONE	
b	Total for prior years: 20 ,2			NONE	NONE	
3	Excess distributions carryover,			4554 SAN SAN A		
а	From 2011	32,758				
b	From 2012	22,222				
C	From 2013	19,175				
d	From 2014	19,800				
e	From 2015	6,613				
f 4	Total of lines 3a through e . Qualifying distributions for 201	6 from Dort VII	100,568		2. 2. 3. 3.	
7	Daniel Ar No. 10	o nom Part An,				
а	Applied to 2015, but not more	than line 2a			NONE	
b	Applied to undistributed incom			7786 7 75 38 38 67 7 7 379 2 5 88	NONE	
	(Election required—see instruction			NONE		
С	Treated as distributions out of	corpus (Election	23.30		466, 188	
	required—see instructions) .		NONE			
d	Applied to 2016 distributable a			01,200		NONE
e	Remaining amount distributed					f 3,000 kg 3,445
5	Excess distributions carryover a (If an amount appears in column		NONE	2/43/4/2		NONE
	amount must be shown in colui					
6	Enter the net total of each					
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e		111,207			
b	Prior years' undistributed inc	come. Subtract				
	line 4b from line 2b			NONE		
С	Enter the amount of prior years income for which a notice of					
	been issued, or on which the					
	tax has been previously assess	ed		NONE		
d	Subtract line 6c from line	6b. Taxable		Nonz		
	amount—see instructions .			NONE		
е	Undistributed income for 2015					
	4a from line 2a. Taxable instructions				_	
f	Undistributed income for 2016		7.	***************************************	NONE	<u>*</u>
	4d and 5 from line 1. This ar				% `	
	distributed in 2017				>*	NONE
7	Amounts treated as distribution					
	to satisfy requirements impos					
	170(b)(1)(F) or 4942(g)(3) (Ele required—see instructions).					
8	Excess distributions carryover	l l	NONE			
Ū	applied on line 5 or line 7 (see ii		22.750			İ
9	Excess distributions carryo	· .	32,758			
	Subtract lines 7 and 8 from line		78,449	1		
10	Analysis of line 9:	Ì	, 0, 140			
а	Excess from 2012	22,222		į		
b	Excess from 2013	19,175	1	ļ		
C	Excess from 2014	19,800				
d	Excess from 2015	6,613				
е	Excess from 2016	10,639				

orm 99	90-PF (2016)					Page 1U
Part					9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo		-			
b	Check box to indicate whether the four		operating founda		ection) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly		}	1	1	
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter.					
	(1) Value of all assets			i i		
	(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					
С	"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)			1		
	(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>	<u> </u>	
Part	• • • • • • • • • • • • • • • • • • • •		•	the foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-		1S.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					
	before the close of any tax year (but o	only if they have co	ontributea more tr	nan \$5,000). (See s	ection 507(a)(2).)	
_	LES & PATRICIA HORN	100/				
b	,					ge portion of the
	ownership of a partnership or other e	nuty) or writer the	ioundation has a	10% of greater into	erest.	
N/A	Internal Describe Control	0	- 0-1-11			
2	Information Regarding Contribution			•		d k
	Check here ▶ ☐ If the foundation unsolicited requests for funds. If the					
	other conditions, complete items 2a,		giits, grants, etc.	(see instructions)	to individuals of org	janizations under
			Idraga of the nore	on to whom applie	estione should be as	ldrooped:
а	The name, address, and telephone no	annoer or e-mail ac	uress or the pers	on to whom applic	auons snould be ac	iuresseo:
N/A b	The form in which applications should	he submitted an	d information and	materials they sho	aniq include.	
D	totti ili willon applicationa affolio	. Do Gubillitted all	a anomiation and	materials tries site	raid initiado.	
N/A						
C	Any submission deadlines:			·		
N/A	, seemosion asaamioon					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of ınstı	tutions, or other
	factors:					

Form **990-PF** (2016)

3	Grants and Contributions Paid During t	he Year or Approv	ed for Futu	ire Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		<u> </u>
а	Paid during the year				
SEE S	TATEMENT 2				
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					}
	Total			▶ 3a	10,639
b	Approved for future payment		1		}
					ļ
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]
					}
	Total	<u> </u>	<u> </u>	N 26	ļ

Pai	L VA	Analysis of Income-Producing Ac	<u> </u>				
_		ss amounts unless otherwise indicated.	Unrelated bu	(b)	(c)	(d)	(e) Related or exempt function income
1	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
-	а	<u> </u>	· · · · ·				
	b T						
	C						
	ď						
	е						
	f .						
		Fees and contracts from government agencies					
2		nbership dues and assessments			<u></u>		<u> </u>
3		rest on savings and temporary cash investments					
4		dends and interest from securities	814 WARRY TO BE	30.0 P. A	**************************************		2000 C S S S S S S S S S S S S S S S S S
5		rental income or (loss) from real estate:					
		Debt-financed property					
_		Not debt-financed property		· · · · · · · · · · · · · · · · · · ·			
_		rental income or (loss) from personal property					
7		er investment income	ļ				
8		or (loss) from sales of assets other than inventory		 	 	<u> </u>	
9		income or (loss) from special events	ļ ·-				
10 11		ss profit or (loss) from sales of inventory er revenue: a	<u> </u>	!			
''	b	er revenue. a					
	C .				 		
	ď		 				
	e						
12		total. Add columns (b), (d), and (e)			**		
						12	
	Tota	al. Add line 12. columns (b). (d). and (e)				. 13	
13		al. Add line 12, columns (b), (d), and (e)	 ns.)			13	
13 (See	worl		ns.)			. 13	
13 (See Pa	worl	Alba Relationship of Activities to the A	ns.) \ccomplish m	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	worl rt X\ e No.	Alba Relationship of Activities to the A	ns.) \ccomplish m	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	worl rt X\ e No.	Kisheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	ns.) \ccomplish m	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	worl rt X\ e No.	Kisheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	ns.) \ccomplish m	ent of Exemp	t Purposes		mportantly to the ctions)
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Firm's address ▶

Form 99	_ '	'							Page 1
Part		Exempt Or	rganizations	nsfers To and Transacti				ritabl	
1	ın se			engage in any of the follow section 501(c)(3) organization					Yes No
а	Trans	sfers from the re	porting foundation to	o a noncharitable exempt o	rganization	of:			
	(1) C	ash						1 a(1)	✓
	٠.	ther assets .						1 a(2)	√
b									
				empt organization				1 b(1)	√
				able exempt organization .				1 b(2)	✓
				er assets				1 b(3) 1 b(4)	1
								1 b(5)	
		_		nip or fundraising solicitatio				1 b(6)	
С				sts, other assets, or paid er				1c	1
d		-		s," complete the following				w the	fair marke
				ces given by the reporting					
				ement, show in column (d)					
(a) Line	on e	(b) Amount involved	(c) Name of nonch	naritable exempt organization	(d) Desc	ription of transfers, tra	nsactions, and sha	aring arra	angements
	\rightarrow		N/A						
			 		ļ				
			}		 				
			 		 -				
			 		- 				
					 				
					<u> </u>				
			ļ						
			 	,					
									
			 	 	+				
	\dashv		 		-				
2a b	desc	ribed in section !		filiated with, or related to, other than section 501(c)(3))			_	☐ Yes	☑ No
		(a) Name of organ		(b) Type of organization	n	(c) De	escription of relation	nship	- -
		_							
								4	C1.2.4.4.4
Sign				ed this retum, including accompanying an taxpayer) is based on all informatio			•		
Here		(Unit	K	15-9-17	DECIDENT	/TREASURER			iss this returr shown below
пеге	_	nature of officer or tru	ustee	Date Tit		TIREASURER			∐Yes ∐No
<u></u>	1 3	Print/Type preparer		Preparer's signature		Date	Chart C	PTIN	
Paid	2222						Check if self-employed		
Prep Use		Firm's name ▶				Firm	's EIN ▶		
USE '	Jilly	Firm's address ▶					ne no		

Phone no

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

2016

Employer identification number

TOUCHS	TOUCHSTONE FOUNDATION 86-1044393						
Organization type (check one):							
Filers o	f:	Section:					
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization					
		4947(a)(1) nor	nexempt charitable trust not treated as a private fou	ındation			
		☐ 527 political o	rganization				
Form 99	90-PF	√ 501(c)(3) exempt private foundation					
		☐ 4947(a)(1) nor	nexempt charitable trust treated as a private founda	ition			
		☐ 501(c)(3) taxal	ole private foundation				
	nly a section 501(c)(7	•	neral Rule or a Special Rule. zation can check boxes for both the General Rule a	and a Special Rule. See			
Genera	I Rule						
V	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 331/3 % 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) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 **Employer identification number** Name of organization **TOUCHSTONE FOUNDATION** 86-1044393 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person \square __1__ PRO INVESTMENT COMPANY, LLC **Payroll** 10,000 Noncash 4400 W CUSH CANYON LOOP (Complete Part II for noncash contributions) **MARANA, AZ 85658** (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TOUCHSTONE FOUNDATION 86-1044393

oncash Property (See instructions). Use duplicate co	opies of Part II if additional space	e is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(b) Description of πoncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

	Description of noncash property given (b) Description of noncash property given	Description of noncash property given \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) **Employer identification number** Name of organization **TOUCHSTONE FOUNDATION** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from 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 Part i (c) Use of gift (b) Purpose 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. (c) Use of gift from (b) Purpose 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

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TOUCHSTONE FOUNDATION

86-1044393

2016

DESCRIPTION	PURPOSE OF GRANT	 AMOUNT
PRO INVESTMENT COMPANY, LLC 4400 W CUSH CANYON LOOP	VARIOUS	10,000.00
MARANA, AZ 85658 TOTAL CONTRIBL	JTION, GIFTS, AND GRANTS RECEIVED	\$ 10,000.00

Distributions for Twelve Months Ended December 31, 2016

DESCRIPTION	PURPOSE OF GRANT	AMOUNT	
YOUTH ON THEIR OWN	CHARITABLE CONTRIBUTION	200.00	
EDONATION 1	CHARITABLE CONTRIBUTION	500.00	
GIFTS WITH A CAUSE	CHARITABLE CONTRIBUTION	189.00	
KOMEN BC FOUNDATION	CHARITABLE CONTRIBUTION	250.00	
KIDS OF STEELE	CHARITABLE CONTRIBUTION	2,000.00	
GOLF FORE AFRICA	CHARITABLE CONTRIBUTION	7,500.00	
	TOTAL DISTRIBUTIONS	\$ 10,639.00	