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

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OMB No. 1545-0052

Departme Internal R	ent of the Treasury Revenue Service	► Do not enter soo ► Go to www.irs.g	cial security numbers of gov/Form990PF for instr	ructions and the latest i		en to Public Inspection
For cale	endar year 2017 or t	ax year beginning	, 2017,	and ending		
2158	AS J BEATSON N GILBERT R , AZ 85203	JR FOUNDATION I OAD, SUITE 117	INC	B C	Employer identification nun 20-8112510  Telephone number (see inst 480-834-3550  If exemption application is	iructions)
Che Che	market value of all asset	) nonexempt charitable to s at end of year	counting method: XC	oundation 0 U	1 Foreign organizations, chec 2 Foreign organizations meet here and attach computation If private foundation status under section 507(b)(1)(A)	ing the 85% test, check on
∫ (1101 ►\$	m Part II, column (c), line 51,12	3 )	Other (specify) , column (d) must be on	cash basis.)	If the foundation is in a 60 under section 507(b)(1)(B)	
Partil SCANNE	Analysis of F Expenses (The columns (b), (c),	Revenue and ne total of amounts in , and (d) may not neces- 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)
S		ants, etc., received (attach schedule) oundation is not required to attach Sch. B				
	3 Interest on savings and	d temporary cash investments from securities	1,070,285.	1,070,285.		
R. E	b Net rental income or (loss) 6 a Net cain or (loss) from	sale of assets not on line 10 for all 18,103,820.	335,324.			
EVENUE	7 Capital gain net in 8 Net short-term ca 9 Income modificati 10 2 Gross sales less	ncome (from Part IV, line 2) pital gain	AND THE HOUSE OF THE SECOND	335,324.		
	returns and allowances  b Less Cost of goods sold  C Gross profit or (loss) (	· (attach schedule)			O.O.O.	Excellent Rose of Visite Co. St. Bally
	11 Other income (att	tach schedule)				
	14 Other employee s	s 1 through 11 officers, directors, trustees, etc salaries and wages mployee benefits	49,226,799. 90,000.	1,405,609. 13,500.		45,000.
A D M I	16a Legal fees (attach b Accounting fees (	n schedule) See St. 1 (attach sch) See. St. 2	6,809. 28,036. 433,357.	2,804. 430,219.		2,804.
O PERAT	17 Interest 18 Taxes (attach scheduli 19 Depreciation (atta schedule) and de	ach	21,936.	10,636.		
I IVG E	20 Occupancy	es, and meetings	1,641.			Seed to and House A. M. Could The Walter Invited
D PENSES	23 Other expenses (  24 Total operating a expenses. Add in	See Statement 5 nd administrative nes 13 through 23.	2,799. 584,578.	457,159.		47,804.
	25 Contributions, gifts, gr 26 Total expenses a Add lines 24 and	rants paid Part. XV ind disbursements.	1,238,507. 1,823,085.		<b>一种的现在分词的现在分词</b>	
	27 Subtract line 26 f a Excess of revenuand disbursement	ue over expenses	47,403,714.	948,450.		
RAA F	C Adjusted net inco	ome (if negative, enter -0-)  Iction Act Notice, see ins	tructions	TEEA0504L 98/25/	17	Apr 990-PF (2017)
DAA F	o. i upciwork nedu	ionon Act Houce, see IIIs	a dellono.	1000000 1001251	UNIUII	VAL

Par	ill is	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	Ena o	<del></del>
3.00	2 66		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,	Cash – non-interest-bearing		·	
	2	Savings and temporary cash investments	7,907.	1,214,638.	1,214,638.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			<u> </u>
	4	Pledges receivable		<b>美工作的"美国特别"</b>	
		Less: allowance for doubtful accounts			
	5	Grants receivable			1
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons (attach schedule) (see instructions)	THE PROPERTY OF THE PARTY PART	Shares in the Sanda strange Pull resource states and district	Property of the Property of the Contract of
٨	7	Other notes and loans receivable (attach sch)			
S	_	Less: allowance for doubtful accounts			. , , , , ,
A S E T	8	Inventories for sale or use	-		
Ŧ	9	Prepaid expenses and deferred charges			<del></del>
5	108	Investments - U.S. and state government obligations (attach schedule) Statement 6		713,482.	707,926.
	t	Investments — corporate stock (attach schedule). Statement 7	365,641.	17,485,487.	19, 519, 486.
	1	Investments — corporate bonds (attach schedule) Statement 8		5,310,628.	5,353,271.
	1	Investments – land, buildings, and			
		equipment: basis			
		Less: accumulated depreciation (attach schedule)			
		Investments – mortgage loans			
	13	Investments - other (attach schedule) Statement 9 .		23,053,027.	24, 326, 492.
		Land, buildings, and equipment basis ►			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe Total assets (to be completed by all filers — see the instructions. Also, see page 1, item i)	272 540	47 777 262	E1 101 012
	+	Accounts payable and accrued expenses	373,548.	47,777,262.	51,121,813.
<b>1</b>	17	Grants payable		<del></del>	
A B	19	Deferred revenue		<u> </u>	
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons			
L	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ► )			
Ė			-		
<u>s</u>	23	Total liabilities (add lines 17 through 22).	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
NF	24	Unrestricted			
E U	25	Temporarily restricted			
D	26	· · · · · · · · · · · · · · · · · · ·	<u></u>		
A S B S A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	840,508.	47,777,262.	
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds	-466,960.		
RS	30	Total net assets or fund balances (see instructions)	373,548.	47,777,262.	
	31	Total liabilities and net assets/fund balances (see instructions).	373,548.	47,777,262.	
Par	131111	Analysis of Changes in Net Assets or Fund Balan		31,111,202.	THE PROPERTY OF THE PARTY OF TH
1	ota end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ırını (a), iine 3∪ (must ağ 	ree with 1	373,548.
2		r amount from Part I, line 27a		2	47,403,714.
3		increases not included in line 2 (itemize)		3	<u> </u>
4	Add	lines 1, 2, and 3		4	47,777,262.
5		ases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), II	ne 30 <b>6</b>	47,777,262.
					5 000 DE (001 D

2-story brick ware	be the kind(s) of property sold (for exame chouse; or common stock, 200 shares N	t Income nple, real estate, /ILC Company)	(b) How acq P — Purcha D — Donat	se (mo , day, yr.)	(d) Date sold (mo , day, yr.)
1a PUBLICLY TRADED SE	CURITIES		P		
b Capital gain divid	<u>iends</u>				
_с	<del></del>	****			
<b>d</b>					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) r	(loss) minus (g))
a 18,047,570		17,76	8,496.		279,074
b					
<u>c</u>					
d	<del> </del>				<del></del>
e Complete and for accept about		the formulation on 10/21/6	-		<del></del>
	owing gain in column (h) and owned by		9	(I) Gains (Col gain minus col. (k),	l. (h) hut not less
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		than -0-) or Losses (f	rom col. (h))
а					279,074
b					56,250
<u>c</u>			<u> </u>	e	
d					
е					
2 Capital gain net income or (n		enter in Part I, line 7 er -0- in Part I, line 7			225 224
3. Not short term conital gain o	r (loss) as defined in sections 1222(5) a	_		2	335,324
		-			
- TD 1 1 0	ine 8, column (c). See instructions. If (l	-		3	279,074
	der Section 4940(e) for Reduce		ment Inc		213,014
	ate foundations subject to the section 4				
section 4940(d)(2) applies, leave					
'Yes,' the foundation doesn't qua	ection 4942 tax on the distributable ame alify under section 4940(e). Do not com	plete this part.			X No
'Yes,' the foundation doesn't qual 1 Enter the appropriate amount	ection 4942 tax on the distributable ame alify under section 4940(e). Do not com at in each column for each year; see the	plete this part. e instructions before maki		ries.	
'Yes,' the foundation doesn't qua	ection 4942 tax on the distributable ame alify under section 4940(e). Do not com	plete this part.	ng any ent		n ratio
'Yes,' the foundation doesn't qual 1 Enter the appropriate amoun (a) Base period years Calendar year (or tax year	section 4942 tax on the distributable ame alify under section 4940(e). Do not com at in each column for each year; see the	plete this part. e instructions before make (c) Net value of noncharitable-use as	ng any ent sets	ries.  (d)  Distributio	n ratio
'Yes,' the foundation doesn't qual  1 Enter the appropriate amount  (a)  Base period years  Calendar year (or tax year beginning in)	section 4942 tax on the distributable ame alify under section 4940(e). Do not comp at in each column for each year; see the (b) Adjusted qualifying distributions	plete this part. e instructions before make (c) Net value of noncharitable-use as	ng any ent	ries.  (d)  Distributio	n ratio d by col. (c))
'Yes,' the foundation doesn't qual  1 Enter the appropriate amount  (a)  Base period years  Calendar year (or tax year beginning in)  2016	section 4942 tax on the distributable ame alify under section 4940(e). Do not com at in each column for each year; see the	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39	ng any ent sets 7,773.	ries.  (d)  Distributio	n ratio d by col. (c))
'Yes,' the foundation doesn't qual  1 Enter the appropriate amoun  (a)  Base period years Calendar year (or tax year beginning in)  2016 2015	section 4942 tax on the distributable amealify under section 4940(e). Do not comput in each column for each year; see the (b) Adjusted qualifying distributions	plete this part. e instructions before make (c) Net value of noncharitable-use as  52	ng any ent	ries.  (d)  Distributio	n ratio d by col. (c)) 0 . 56870
'Yes,' the foundation doesn't qual  1 Enter the appropriate amount  (a)  Base period years Calendar year (or tax year beginning in)  2016 2015 2014	section 4942 tax on the distributable ame alify under section 4940(e). Do not comp at in each column for each year; see the (b) Adjusted qualifying distributions	plete this part. e instructions before make (c) Net value of noncharitable-use as  52 66 63	ng any ent sets 7,773. 7,125. 7,940.	ries.  (d)  Distributio	n ratio d by col. (c)) 0.56870
'Yes,' the foundation doesn't qual  I Enter the appropriate amoun  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012	section 4942 tax on the distributable amealify under section 4940(e). Do not complet in each column for each year; see the (b) Adjusted qualifying distributions  299,778.	plete this part. e instructions before make (c) Net value of noncharitable-use as  52 66 63	ng any ent sets 7,773. 7,125. 7,940.	ries.  (d)  Distributio	n ratio d by col. (c)) 0.56870 0.00303 0.00144
'Yes,' the foundation doesn't qual  I Enter the appropriate amoun  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for	section 4942 tax on the distributable amealify under section 4940(e). Do not complet in each column for each year; see the (b) Adjusted qualifying distributions  299,778.	plete this part. e instructions before make (c) Net value of noncharitable-use as  39 52 66 63 60	ng any ent sets 7,773. 7,125. 7,940. 9,493. 2,446.	ries.  (d)  Distributio (col. (b) divided	0.56870 0.00303 0.00144
Yes,' the foundation doesn't qual  Lenter the appropriate amoun  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for number of years the foundat	rection 4942 tax on the distributable amealify under section 4940(e). Do not comput in each column for each year; see the (b) Adjusted qualifying distributions  299,778.  1,942. 873.	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39  52  66  63  60  tal on line 2 by 5.0, or by years	ng any ent sets 7,773. 7,125. 7,940. 9,493. 2,446.	cries.  (d) Distributio (col. (b) divided	0.56870 0.00303 0.00144 0.57319
Yes,' the foundation doesn't qual  Lenter the appropriate amoun  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for number of years the foundat	Adjusted qualifying distributions  299,778.  1,942. 873.	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39  52  66  63  60  tal on line 2 by 5.0, or by years	results and the sets (7,773. 17,125. 17,940. 19,493. 12,446. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	cries.  (d) Distributio (col. (b) divided	0.56870 0.00303 0.00144 0.57319 0.11463
Yes,' the foundation doesn't qual  I Enter the appropriate amoun  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for number of years the foundat  Enter the net value of nonch  Multiply line 4 by line 3	Adjusted qualifying distributions  299,778.  1,942. 873.	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39  52  66  63  60  tal on line 2 by 5.0, or by years	results and the sets (7,773. 17,125. 17,940. 19,493. 12,446. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Cries.  (d)  Distributio (col. (b) divided	n ratio
Yes,' the foundation doesn't qual  I Enter the appropriate amoun  (a)  Base period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for number of years the foundat  Enter the net value of nonch  Multiply line 4 by line 3	Adjusted qualifying distributions  299,778.  1,942.  7 the 5-year base period — divide the totion has been in existence if less than 5 haritable-use assets for 2017 from Part 2.	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39  52  66  63  60  tal on line 2 by 5.0, or by years	results and the sets (7,773. 17,125. 17,940. 19,493. 12,446. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Cries.  (d) Distributio (col. (b) divided	0.56870 0.00303 0.00144 0.57319 0.11463 46,413,660 5,320,769
Pase period years Calendar year (or tax year beginning in)  2016 2015 2014 2013 2012  Total of line 1, column (d)  Average distribution ratio for number of years the foundat  Enter the net value of nonch  Multiply line 4 by line 3  Enter 1% of net investment in	rection 4942 tax on the distributable amealify under section 4940(e). Do not compute in each column for each year; see the (b) Adjusted qualifying distributions  299,778.  1,942. 873.  The 5-year base period — divide the totion has been in existence if less than 5 maritable-use assets for 2017 from Part 2 mincome (1% of Part I, line 27b)	plete this part. e instructions before make  (c)  Net value of noncharitable-use as  39  52  66  63  60  tal on line 2 by 5.0, or by i years  X, line 5	results and the sets (7,773. 17,125. 17,940. 19,493. 12,446. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	2 3 4 4 5	0.56870 0.00303 0.00144 0.57319 0.11463 16,413,660 5,320,769 9,485

Form 990-PF (2017) THOMAS J BEATSON JR FOUNDATION INC		·8112510		4
Part VI Excise Tax Based on Investment Income (Section 4940(a),		instruction	is)	<del>-</del>
	ter 'N/A' on line 1			L
Date of ruling or determination letter (attach copy of letter if necess	sary – see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	F	1	18,969.	<u>.                                    </u>
check here   and enter 1% of Part I, line 27b				1
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part	1, line 12, col (b)	<del> </del>		1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
foundations only, others, enter -0-)		2	0.	_
3 Add lines 1 and 2		3	18,969.	_
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundat	tions only, others, enter -0-)	4	0.	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, er	nter -0-	5	18,969.	_
6 Credits/Payments		l'		1
a 2017 estimated tax pmts and 2016 overpayment credited to 2017	6a 10,836.	<u> </u>		
<b>b</b> Exempt foreign organizations — tax withheld at source	6 b	]		
c Tax paid with application for extension of time to file (Form 8868)	6c 15,000.	_		
d Backup withholding erroneously withheld	6 d	<u>  </u>		]
7 Total credits and payments Add lines 6a through 6d		7	25,836.	_
· · · · · · · · · · · · · · · · · · ·	n 2220 is attached	8		_
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9	0.	
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	•	10	6,867.	_
	,867. Refunded	11	0.	_
Part VII-A Statements Regarding Activities			<del>, _ , _ ,</del>	_
1 a During the tax year, did the foundation attempt to influence any national, state,	or local legislation or did it		Yes No	_
participate or intervene in any political campaign?			1a X	_
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for po	litical purposes?			
See the instructions for the definition			16 X	7
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities a	and copies of any materials pub	lished		
or distributed by the foundation in connection with the activities				ı
<ul> <li>c Did the foundation file Form 1120-POL for this year?</li> <li>d Enter the amount (if any) of tax on political expenditures (section 4955) impose</li> </ul>	d during the year		1c X	7
(1) On the foundation \$\\$\$ \( \) \(		0.		
e Enter the reimbursement (if any) paid by the foundation during the year for poli	anagora +		1 1 1	1
foundation managers >\$ 0.			llll	
2 Has the foundation engaged in any activities that have not previously been repo	orted to the IRS?		2 X	-
If 'Yes,' attach a detailed description of the activities				Ī
3 Has the foundation made any changes, not previously reported to the IRS, in its	s governing instrument, articles		_	]
3 Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a confe	ormed copy of the changes		3 X	-
4 a Did the foundation have unrelated business gross income of \$1,000 or more du	ring the year?		4a X	•
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b N/A	_
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5 X	_
If 'Yes,' attach the statement required by General Instruction T	•			Ī
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945)	satisfied either.			l
<ul> <li>By language in the governing instrument, or</li> </ul>				
By state legislation that effectively amends the governing instrument so that r	no mandatory directions that cor	nflict	·   _   _	ĺ
with the state law remain in the governing instrument?	, and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a second and a second and a second a second a second		6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part I	I, col (c), and Part XV		7 X	
8a Enter the states to which the foundation reports or with which it is registered. S	ee instructions.			
AZ			] ] ] ]	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gei (or designate) of each state as required by <i>General Instruction G</i> <sup>2</sup> If 'No,' attach explanation	neral		8b X	i
9 Is the foundation claiming status as a private operating foundation within the meter for calendar year 2017 or the tax year beginning in 2017? See the instructions for	eaning of section 4942(j)(3) or 4	942(j)(5)		-
			9 X	. [
10 Did any persons become substantial contributors during the tax year? If 'Yes,' a and addresses	See Statement	10	10 X	
BAA		Fo	orm 990-PF (2017)	

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Pai	t VII-A	Statements Regarding Activities (continued)					
11	At any tu within the	me during the year, did the foundation, directly or indirectly, own a controlled entity e meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions			11	Yes	No X
12	Did the for	oundation make a distribution to a donor advised fund over which the foundation or a disqualif privileges? If 'Yes,' attach statement. See instructions.	ed perso	n had	12		Х
13	Did the fe	oundation comply with the public inspection requirements for its annual returns and exemption	applicati	on?	13	X	
	Website			<b>-</b>			
14		s are in care of ► ROBERT L PACKARD Telephon		480-8	<u>34-3</u>	<u>550</u>	
10	Located		<u>85</u> 2	<u> 203</u>	N/A		
15		1947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here rethe amount of tax-exempt interest received or accrued during the year	<b>►</b>	15	737 23		∐ N/A
10		· · · · · · · · · · · · · · · · · · ·	L			Yes	No
16	bank, se	me during calendar year 2017, did the foundation have an interest in or a signature or other aucurities, or other financial account in a foreign country?	illiority of	и а	16		Х
		Instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' name of the foreign country ►					
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			L		
		1 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During th	e year, did the foundation (either directly or indirectly)					
	<b>(1)</b> Enga	ige in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a valified person?	Yes	XNo			
	(3) Furni	sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes	XNo			
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	XYes	No			
		sfer any income or assets to a disqualified person (or make any of either available lie benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree found of go	e to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days.)	Yes	XNo			
b	If any ans	swer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in ins section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions				<u></u>	
					1 ь		X
	•	tions relying on a current notice regarding disaster assistance, check here					1
С	that were	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, not corrected before the first day of the tax year beginning in 2017?			1 c		X
2	Taxes on private of	failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5))					ļ
а	At the en	d of tax year 2017, did the foundation have any undistributed income (lines 6d	$\Box_{\mathbf{v}}$	ω.			
		Part XIII) for tax year(s) beginning before 2017?	∐Yes	X No	} }		- 1
		st the years > 20 , 20 , 20 , 20					
b	Are there	any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2) )(2) to				
	all years	listed, answer 'No' and attach statement – see instructions.)			2 b	N	<u>'A</u>
С		visions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years he	ere			-	[
	<b>►</b> 20	, 20 , 20 , 20			ĺ	`	.
3 a		oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	Yes	X No			
b	or disqua by the Co (3) the lag	lid it have excess business holdings in 2017 as a result of (1) any purchase by the foundation lified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved immissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or ose of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to					
	determine	e if the foundation had excess business holdings in 2017)			3 ь	N/	<u>'A</u>
4 a	Did the fo	oundation invest during the year any amount in a manner that would jeopardize its epirposes?			4 a		X
ь	Did the fo	oundation make any investment in a prior year (but after December 31, 1969) that could					
,	jeopardize	e its charitable purpose that had not been removed from jeopardy before the first day of			4 b		
BAA	trie tax ye	ear beginning in 2017?			rm 990	DE (	

Part VIII Est Statements Regarding Activities for Which Form 4720 May Be Required (continued)   So During the year, did the foundation pay or neur ay amount to:   Orango propaganda, or otherwise attempt to influence legislation (section 4945(e)??	Form 990-PF (2017) THOMAS J BEATSON 3			20-811	L2510	Page 6
(c) Carry on propagands, or otherwise attempt to influence legislation (section 4945c))?			n 4720 May Be Red	uired (continued)		
influence the outcome of any spacetic public election (see section 4955); or to carry on, direction entherety, any voter regisfation drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, of the prevention of cruelly to children or animals?  (6) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, of the prevention of cruelly to children or animals?  (7) Brown of the prevention of cruelly to children or animals?  (8) Brown of the grant of the prevention of cruelly to children or animals?  (9) Provide for any purpose other than religious, charlable, scientific, literary, or educations described in Regulators section 3.3495 or in a current notice regarding disserts assistance?  (9) Brown of the experiment of the representation of the prevention of the prevention of the prevention of the prevention of the state because in maintained speciality for the grant?  (1) If the answer is Yes to question 5a(4), does the foundation search of the prevention of the state because in maintained speciality for the grant?  (2) A Dath the foundation, during the year, reverse any funds, directly or indirectly, on a personal benefit contract?  (3) A Literal enduring the tax year, was the foundation a party to a prohibited tax shelter transaction?  (4) A Literal enduring the tax year, was the foundation an anagers and their compensation. See instructions.  (4) Name and address.  (4) Name and address.  (4) Title, and average hours per week devoted to position of the previous per per per per per		-				Yes No
on, directly or indirectly, any voter registration drive?  30 Provide a grant to an individual for travel, study, or other similar purposes?  40 Provide a grant to an individual for travel, study, or other similar purposes?  41 Provide a grant to an individual for travel, study, or other similar purposes of the study of the stud	(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes 🔀	No	
Provide a grant to an organization other than a chartable, etc., organization described in section 4945(0)(40); See instructions (95). Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children's animals?.    It is any answer is 'Yes' to Sq.(1-05), dat any of the transactions fall to qualify under the exceptions of the second of the seasons of the transactions fall to qualify under the exceptions of the seasons of the transactions fall to qualify under the exceptions of the seasons of the seas	on, directly or indirectly, any voter registra	tion drive?				1
6 Provide for any purposes, or for the prevention of cruelty to children or animals?  bit any answer is 'Yes' to Set()—(G), did any of the transactions fail to qualify under the exceptions gleschold in Regulations section 53.4945 or in a current notice regarding disaster assistance?  Organizations relying on a current notice regarding disaster assistance, check here  or the answer is 'Yes' to question 53.6(A), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant?  If 'Yes' to question 54.6(A), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant?  So Did the foundation, during the year, acceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  So Did the foundation, during the year, acceive any proceeds or have any net income attributable to the transaction?  If 'Yes' to Sh. file Form 887.  I List all officers, directors, trustees, and foundation an any net income attributable to the transaction?  I List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address  (b) Title, and average hours per week entire the properties of the properties	(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	. Yes 🔀	No	
educational purposes, or for the prevention of cruelly to children or animals?  If yes   No    I	(4) Provide a grant to an organization other th in section 4945(d)(4)(A)? See instructions	an a charitable, etc., or	ganization described	Yes 🛚 🗓	No	
See instructions Organizations relying on a current notice regarding disaster assistance, check here  of the answer is "ses" to question 53(4), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(3).  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  bid the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  bid the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  bid the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  bid the foundation flores, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract.  bid the foundation managers and their compensation.  (a) Name and address  (b) Tile, and average flores week devoted to position  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  (a) Name and address  (b) Tile, and average flores week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation.  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Tile, and average hours preveated the pay premiums and deferred compensation.  (a) Name and address of each employee (other than those included on line 1 – see instructions). If none, enter 'NONE'  (a) As Res 233  BERNIT D ELISWORTH  (b) Tile, and average hours preveated the pay of the pa	(5) Provide for any purpose other than religious educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or ranimals?.	Yes X	No	
organizations relying on a current notice regarding disaster assistance, check here  c if the answer is Yes to question 5a(3), does the foundation claim overiphon from the lax because it maintained expenditure responsibility for the grant?  if Yes, attach the statement required by Regulations section 53 495–5(d).  8 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.  b Did the foundation, during the year, review any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to 6b, file Form 8870.  If Yes' to 6b, file Form 88				ions	5 b	N/A
tax because it maintained expenditure responsibility for the grant?  If Yes a traited the statement required by Regulations section 53 4945—5(d).  6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 6b, file Form 8870.  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 at a rit me during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 at a rit me during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 at a rit me during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes to 6b, file Form 8870.  7 at a rit me during the tax year, was the foundation managers and their compensation.  (a) Name and address foundation managers and their compensation. See instructions.  If I stall officers, directors, trustees, and foundation managers and their compensation of file file party and their compensation.  (b) Title, and average hours per week devoted to position for the highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE.  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE.  (d) Name and address of each employee (other than those included on line 1 – see instructions). If none, enter NONE.  (e) Expense account, other allowances of the paid the paid that the paid tax to the paid t	Organizations relying on a current notice regar	ding disaster assistance	e, check here	▶ 🗌	1	
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, princetors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions  (a) Name and address  (b) Tritle, and average hours per week devoted to position  (c) Tritle, and average hours per week devoted to position  JAMES G LECHEMINANT  Director  JAMES G LECHEMINANT  Director  As Rco'p  As Rco'p  As Rco'p  As Rco'p  RESA, Az 85213  ROBERT L PACKARD  PRES/CEO  30,000.  0.  0.  0.  0.  0.  0.  0.  0.	c if the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	he foundation claim exe		N/A Yes	No	
on a personal benefit contract?	If 'Yes,' attach the statement required by Regu	lations section 53 4945-	–5(d).			
I'Yes' to 6b, life Form 8870.   Take any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes   No bit Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction?   Yes   No bit Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?   No received to position   No it Yes   No and Contractors   No it Yes	on a personal benefit contract?			Yes X	No	
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No bit Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No 7 b RartyVIIIB Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address (b) Title, and average fours per week devoted to position of (if not paid, enter -0.) plans and deferred compensation. O.		ums, directly or indirectl	ly, on a personal benefi	t contract?	6 ы	<u> X</u>
b If Yes, idd the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b    Rant\formation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address (b) Title, and average foundation (f) tot paid, enter 0.) (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  JAMES G LECHEMINANT DIrector 30,000. 0. 0. 0.  JAMES G LECHEMINANT AS Req b  MESA, AZ 85213 PRES/CEO 30,000. 0. 0. 0.  PRES/CEO 30,000. 0. 0. 0.  GENERAL PACKARD PRES/CEO 30,000. 0. 0. 0.  GILBERT, AZ 85233 PRES/TED AS REQ b  MESA, AZ 85234 PRES/CEO AS REQ b  MESA, AZ 85236 PRES/CEO AS REQ b  AS Red b  GILBERT, AZ 85236 PRES/CEO AS REGRETARY	•					
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address   (b) Title, and average hours per week devoted to position   (c) Compensation (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (d) Contributions to entry per week devoted to position   (e) Compensation   (e) Compensati					, <u>, , , , , , , , , , , , , , , , , , </u>	
Tust all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address (b) Title, and average hours per week devoted to position (fl not paid, enter -0-)  JAMES G LECHEMINANT Director 30,000. 0. 0. 2426 E IVY ST AS Req b  MESA, AZ 85213  MESA, AZ 85213  ROBERT L PACKARD PRES/CEO 30,000. 0. 0. 0. 0. 664 W ESTRELIA DRIVE GILBERT, AZ 85233  BRENT D ELLSWORTH VP/SECRETARY 30,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						
1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation employee benefit plans and deferred compensation.  (d) Contributions to employee benefit plans and deferred compensation.  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	and Contractors	ectors, Trustees, Fo	unualion managers	, migniy Palu Empi	oyees,	
(a) Name and address (b) Title, and average hours per week devoted to position  JAMES G LECHEMINANT JAMES G LECHEMINANT JAMES AZ 85213  ROBERT L PACKARD PRESA, AZ 85213  ROBERT L PACKARD PRES CEO SILLEWORTH AS RED SILLEWORTH AS RED SILLEWORTH AS RES BLOCK SILLEWORTH AS RES CEO SILLEWORTH AS RES CEO SILLEWORTH AS RES CEO SILLEWORTH AS RES CEO SILLEWORTH COMPENSATION SILLEWORTH AS RES CEO SILLEWORTH COMPENSATION		ation managers and the	ir compensation. See in	structions.		
Any Name and address   Any Name and address of each employee   Any Name and eddress of each employee   Any Name					(3.5	
As Req'>   MSSA, AZ 85213   PRES/CEO   30,000.   0.   0.   0.   0.   0.   0.   0	(a) Name and address	hours per week	(if not paid,	plans and deferred		
MESA, AZ 85213  ROBERT L PACKARD  PRES/CEO 30,000. 0. 0. 664 W ESTRELLA DRIVE GILBERT, AZ 85233  BRENT D ELLSWORTH 4445 E HOLMES AVE, SUITE 106 MESA, AZ 85206  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)  Total number of other employees paid over \$50,000		Director	30,000.	0.	T	0.
GILBERT, AZ 85233  BRENT D ELLSWORTH  4445 E HOLMES AVE, SUITE 106  MESA, AZ 85206  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  None  None  Total number of other employees paid over \$50,000		As Regio				
STIGNO   Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE.    Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE.	ROBERT L PACKARD	PRES/CEO	30,000.	0.		0.
4445 E HOLMES AVE, SUITE 106 As Rev b  MESA, AZ 85206  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances compensation  None  Total number of other employees paid over \$50,000 p		As (80'D				
MESA, AZ 85206  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  None  None  Total number of other employees paid over \$50,000	BRENT D ELLSWORTH	VP/SECRETARY	30,000.	0.		0.
(a) Name and address of each employee paid more than \$50,000  None		As RE0'D				
(a) Name and address of each employee paid more than \$50,000  None  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances				:		
(a) Name and address of each employee paid more than \$50,000  None  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  None	2 Companyation of five highest paid ampleyees	Cothor than those inclu	idad on line 1 see ins	tructions) If none ont	or 'NONE '	
(a) Name and address of each employee paid more than \$50,000   Compensation   Com			- See IIIs		THORE.	
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other al	e account, lowances
	None					
					<del> </del>	
				<u></u>		
		1	}	}		
				1		
		<del> </del>		-	<del> </del>	
	Total number of other employees paid over \$50,000		•••		<u> </u>	

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Form 990-PF (2017) THOMAS J BEATSON JR FOUNDATION INC

BAA

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		10 700 111
a Average monthly fair market value of securities	1 a	42,702,144.
<b>b</b> Average of monthly cash balances	1 b	4,418,323.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	47,120,467.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
<b>3</b> Subtract line 2 from line 1d	3	47,120,467.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	706,807.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	46,413,660.
6 Minimum investment return. Enter 5% of line 5.	6	2,320,683.
PartXIS Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating	
and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	2,320,683.
2 a Tax on investment income for 2017 from Part VI, line 5 2a 18,969.	500	
b Income tax for 2017 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b.	2 c	18,969.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,301,714.
4 Recoveries of amounts treated as qualifying distributions	4	2,301,114.
5 Add lines 3 and 4	5	2,301,714.
6 Deduction from distributable amount (see instructions)	6	2,301,114.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,301,714.
		2,301,714.
Rant XIII Qualifying Distributions (see instructions)		
	接線	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	1,286,311.
b Program-related investments — total from Part IX-B	1 b	1,200,311.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
Amounts paid to acquire assets used (or rield for use) directly in carrying out charlable, etc., purposes		
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	<del></del>
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,286,311.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,286,311.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	the fou	ndation
BAA		Form <b>990-PF</b> (2017)

## PartXIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7.				2,301,714.
2 Undistributed income, if any, as of the end of 2017:				2,301,714.
a Enter amount for 2016 only			0.	
b Total for prior years: 20 , 20 , 20	Charles and the contract of th	0.		
3 Excess distributions carryover, if any, to 2017:				
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015 273,866.				
<b>e</b> From 2016				
f Total of lines 3a through e  Qualifying distributions for 2017 from Part	273,866.			THE PROPERTY OF THE PARTY OF TH
XII, line 4: ► \$ 1,286,311.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</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.			
<b>d</b> Applied to 2017 distributable amount	MARKET STATES	III TO SHAPE THE TOTAL		1,286,311.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the	273,866.	A STATE OF THE PARTY OF THE PAR		273,866.
same amount must be shown in column (a) )				
6 Enter the net total of each column as				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</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.	USD NAME OF THE OWNER OWNER OF THE OWNER	0.		
e Undistributed income for 2016 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2018				741,537.
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 2012 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018.	<u> </u>			
Subtract lines 7 and 8 from line 6a	0.	MANAGE STATE OF THE STATE OF TH		
10 Analysis of line 9 a Excess from 2013.				
b Excess from 2014 .				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 .	NACATE VIOLEN	1987年   19874   1987年   1987年   1987年   1987年   1987年   1987年   1987年   19874   1987年   1987年   1987年   1987年   1987年   1987年   1987年   19874   19874   19874   19874   19874   19874   19874   19874   198		

Form 990-PF (2017) THOMAS J BEATSON			w4 \ /	20-8112510	
Part XIV Private Operating Foundat  1 a If the foundation has received a ruling or de					N/A
is effective for 2017, enter the date of the ru	uling		pperating foundation,		
<b>b</b> Check box to indicate whether the foundation	on is a private op	erating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 201,4'	
each year listed		<del>  \                                   </del>	<del> </del>	/	
C Qualifying distributions from Part XII, line 4 for each year listed.	<del></del>				
d Amounts included in line 2c not used directly for active conduct of exempt activities.	<del></del>			/	
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:			X		
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					
Part XVi Supplementary Information assets at any time during th	(Complete th	is part only if th	e foundation ha	d \$5,000 or mo	re in
1 Information Regarding Foundation Manage		instructions.)			
a List any managers of the foundation who had close of any tax year (but only if they have	ave contributed in	nore than 2% of the than \$5,000). (See	total contributions re- section 507(d)(2).)	ceived by the founda	ation before the
None					
b List any managers of the foundation who or a partnership or other entity) of which the f None	wn 10% or more oundation has a	of the stock of a cor 10% or greater intere	poration (or an equal est.	lly large portion of th	ne ownership of
2 Information Regarding Contribution, Grant	Giff Loan Sch	Narchin etc Progra	ıme'	<u>.</u>	<del></del> -
Check here ► X if the foundation only m requests for funds. If the foundation makes 2a, b, c, and d. See instructions.	akes contribution	s to preselected cha	iritable organizations		
a The name, address, and telephone number	r or email addres	s of the person to w	hom applications sho	ould be addressed:	
		·			
<b>b</b> The form in which applications should be s	ubmitted and info	rmation and materia	als they should includ	le:	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as hy googra	inhical areas, charita	hle fields kinds of in	estitutions or other f	actors:
a nery resultations of infinitations off awards, s	ucii as by geogra	ipinicai arcas, criafila	iolo licius, kilius Ul II	isatations, or other t	uctors.

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Recipient show any relationship to Purpose of grant or **Amount** any foundation manager contribution Name and address (home or business) or substantial contributor a Paid during the year PC DIABETES RESEARCH JOSLIN DIABETES CENTER 812,507. ONE JOSLIN PLACE BOSTON MA 02215 DIABETES ACTION RESEARCH & PC DIABETES RESEARCH 176,000. EDUCATION FDN 6701 DEMOCRACY BLVD, SUITE 300 BETHESDA MD 20817 PHOENIX CHILDREN'S HOSPITAL PC SUPPORT THE HIGH 250,000. **FOUNDATION** RISK TYPE I DIABETES 2929 E CAMELBACK RD, #122 PROGRAM PHOENIX AZ 85016 **>** 3a 1,238,507. **b** Approved for future payment Total 3 b

	t XVI-AY Analysis of Income-Producing A			1		
Ente	r gross amounts unless otherwise indicated.	<del></del>	business income		by section 512, 513, or 514	(e)
1	Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
-		<del>                                     </del>		code	<del></del>	
a H			<del></del>	<del>- </del>	· · · · · · · · · · · · · · · · · · ·	
			<del></del>	<del>                                     </del>	· · ·	
`		<del>                                     </del>		1		
		<del>                                     </del>	<del>"</del>	1 1	· · ·	
f				1		
	Fees and contracts from government agencies	†	<del></del>	1 1		
2	Membership dues and assessments			1 1		
3	Interest on savings and temporary cash investments		· · · · · · · · · · · · · · · · · ·			<del></del>
4	Dividends and interest from securities.			14	1,070,285.	<del></del>
5	Net rental income or (loss) from real estate:		PARTY NAMED IN		CONTRACTOR OF THE STATE OF	ALTONOMY PARTY
a	Debt-financed property					
t	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	335,324.	
9	Net income or (loss) from special events			$\perp$		
10	Gross profit or (loss) from sales of inventory .					
11	Other revenue					
ā		-			<del></del>	
t		1			-	
•		<del>                                     </del>				
		<del>                                     </del>	<del></del>			
•				-		
12	Subtotal Add columns (b) (d) and (e)	17.			1 105 600	
		THE PARTY AND		75.124		1 405 609
13	Total. Add line 12, columns (b), (d), and (e)	•••			1,405,609.	1,405,609.
13 (See	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	 s.)			13	1,405,609.
13 (See <b>Pa</b> i	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXVI_BI Relationship of Activities to the e No. Explain below how each activity for which income.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See <b>Pa</b> i	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXXI_B_Relationship of Activities to the	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXVI_BI Relationship of Activities to the e No. Explain below how each activity for which income.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
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13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt in the second s	s.) Accompli	shment of Exem	pt Purpo	eses	o the
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13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt in the second s	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt in the second s	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
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13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
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13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to XVI:B. Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt.	s.) Accompli	shment of Exem	pt Purpo	eses	o the

## Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

_										Yes   No
<b>1</b> D	id the o	rganization directl	y or indirectly eng of the Code (othe	jage in any of t	he following with	any othe	er organization	,	30.00	254
re	elating to	political organiza	ations?	er triair section	301(c)(3) 01ga112	Lations) C	71 III Section 527	,	- Sare	
a T	ransfers	from the reportin	g foundation to a	noncharitable e	exempt organizat	ion of:				
(1	) Cash								. 1 a (1)	Х
(2	) Other	assets							1 a (2)	Х
<b>b</b> O	ther tra	nsactions:							20 C	
(1	) Sales	of assets to a no	ncharitable exem	pt organization					1 b (1)	Х
iz	n Purch	nases of assets fro	om a noncharitabl	le exempt orgal	nization .				1 b (2)	X
	•		ipment, or other a	• -					1 b (3)	$\frac{1}{x}$
(4	•		jements						1 b (4)	$\frac{1}{x}$
•	-	s or loan guarante							. 1b(5)	$\frac{x}{x}$
•	•		es or membership				.,		1 b (6)	$\frac{x}{x}$
•	•		ment, mailing lists	•				•••	1 c	$\frac{\lambda}{X}$
•	riaring c	r lacilitics, equipi	non, maning iists	, other assets,	or paid employe					<u></u>
<b>d</b> If	the ans	wer to any of the s, other assets, or	above is 'Yes,' co	omplete the following the reporting	owing schedule. foundation. If the	Column e foundat	(b) should alway	ys show the fair is than fair mar	market value ket value in	e of
			arrangement, sho				<del></del>			
(a) Line	no.	(b) Amount involved	(c) Name of	noncharitable exem	ipt organization	(d)	Description of trans	fers, transactions, a	ind sharing arran	gements
N/A									<del></del>	
			1					., -		
			<u> </u>						_	
			<u> </u>							
		**								
	-+							<del></del>		
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			<del> </del>							
						<u> </u>		· · · · · · · · · · · · · · · · · · ·		
-			-							
		<del></del>	<u> </u>	<del></del>		L		<del></del>		
2 als	the fou	indation directly o	r indirectly affiliate of the Code (oth	ed with, or rela	ted to, one or me	ore tax-e	xempt organizat	tions	\( \sqrt{Yes}	s X No
		- •	•	er man section	301(0)(3)) 01 111	section 3	27: .		U.e.	. VI.
<b>D</b> 11		complete the follow	<u></u>	(L) Tues		<del></del> 1	(2)	Description of	rolationship	
37 / 3	(a)	Name of organiza	ation	( <b>b)</b> Type	e of organization		(c)	Description of	relationship	
N/A			<del></del>				<del></del>	<del></del>		<del></del>
		<del></del>						<del></del>		
							·			
	·	<del></del>						<del></del>		
	Under pe correct,	nalties of perjury, I decla apd complete Declarati	re that I have examined to ion of preparer (other to	this return, including a han taxpayer) is bas	accompanying schedule sed on all information	s and staten of which pr	nents, and to the best eparer has any know	of my knowledge and vledge	belief, it is true,	
Sign		( ) ()		4			Λ 1.		May the	IRS discuss
Here	i Du	Hour	Ala lu	. ()	1012/12/18		Max / Du	uxtor	preparer	rn with the shown below?
	Signat	ure of officer or trustee			Date	——	tle	-0 (0-1	See inst	ructions Yes No
	1	Print/Type preparer's		Preparer's	signature		Date	Ta T	DTIM	105 NO
				1 '	_		11/12/1	Check	"	0710
Paid		JEAN APPLE				P <u>A</u>	11/13/19	self employed	P0031	0/10
Prepa		Firm's name	Packard &					Firm's EIN > 86	<u>-0975987</u>	
Use C	nly	Firm's address		lbert Rd.	, Suite 11	7		•		
			Mesa, AZ 8	5203				Phone no 48	0-834-35	50
BAA									Form 95	90-PF (2017)

ORIGINAL

#### 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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization		Embloder Ingulation united.
THOMAS J BEATSON JR FOUNDATIO	ON INC	20-8112510
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 priv	ate foundation
	501(c)(3) taxable private foundation	
	Solvey(o) taxable private loandation	
Check if your organization is covered by the Go	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-E2	, or 990-PF that received, during the year, contributions total	iling \$5,000 or more (in money or
property) from any one contributor Comple	te Parts I and II. See instructions for determining a contribution	for's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)()	(i)(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support), that checked Schedule A (Form 990 or 990-EZ), Part II, II	ort test of the regulations ine 13, 16a, or 16b, and that
received from any one contributor, during t	he vear, 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 99	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	11(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor,
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, fill ochildren or animals. Complete Parts I, II, and III.	terary, or educational
parposos, or the provention of orderty to	of the state of th	
For an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor.
during the year, contributions exclusively for	or religious, charitable, etc., purposes, but no such contributi	ions totaled more than
	the total contributions that were received during the year for a	
	ny of the parts unless the <b>General Rule</b> applies to this organ ble, etc., contributions totaling \$5,000 or more during the yea	
1000 Hour Horioxelastroly Foligious, Charte	bio, stor, some batteria totaling popular or more during the year	
Caution. An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Scheo	lule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV, lir Part I, line 2, to certify that it doesn't meet the	ne 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	∂90-E∠ or on its Form 990-PF, J-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Part I
Name of org	anization  J BEATSON JR FOUNDATION INC		r Identification number
	Contributors (see instructions). Use duplicate copies of Part I if additional spa		112310
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS J BEATSON TRUST		Person X Payroll
		\$ <u>47,821,190.</u>	Noncash X (Complete Part II for
	MESA, AZ 85203		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
		<u> </u>	noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

l to

of Part II

Name of organization
THOMAS J BEATSON JR FOUNDATION INC

Employer Identification number

20-8112510 Rart II A Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from (c) FMV (or estimate) (See instructions.) (d) Date received Part I 13,128,607 (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (b)
Description of noncash property given (d) Date received (a) No. (c) FMV (or estimate) (See instructions.) from Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) Part í

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

of Part III

Employer Identification number

	J BEATSON JR FOUNDATION INC	20-8112510				
Part IIIs	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),					
•	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,					
	contributions of \$1,000 or less for the year. (I					
	Use duplicate copies of Part III if additional s	pace is needed.	i ilistructions.	) \$N\A		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
			~			
				<del></del>		
		(e) Transfer of gift				
	Transferee's name, address		Rela	tionship of transferor to transferee		
(a)	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
(a) No. from Part I	Purpose of gift	Use of gift		Description of now gift is held		
		(e) Transfer of gift				
	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transieree 5 maine, address, and Err + 7 Relationship of Cansieror to Cansieree					
(a)	(b)	(c)		(d)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Parti						
	<b></b>					
		(e)				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	<b></b>					
	F					
(3)	(b)	(6)		(d)		
(a) No. from	(b) Purpose of gift	(c) Use of gift		Description of how gift is held		
Part I		· · · · · · · · · · · · · · · · · · ·				
	h			<b> </b>		
	<u> </u>					
	<u> </u>					
		<u> </u>	<del></del>	<u> </u>		
	(e) Transfer of gift					
	Transferee's name, addres		Rela	ationship of transferor to transferee		
	Γ	_ <b></b> -				

2017	Federal Statements	Page 1
•	THOMAS J BEATSON JR FOUNDATION INC	20-8112510
Statement 1 Form 990-PF, Part I, Line 16a Legal Fees	a	
BRENT ELLSWORTH, P.C.	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income  \$ 6,809. Total \$ 6,809. \$ 0.	(d) Charitable Purposes  \$ 0.
Statement 2 Form 990-PF, Part I, Line 16I Accounting Fees	b	
PACKARD & APPLEBY, P.C.	(a) (b) Net (c) Expenses Investment Adjusted Net Income  Net Income  Total \$ 28,036. \$ 2,804.  Total \$ 28,036. \$ 2,804.	(d) Charitable Purposes \$ 2,804. \$ 2,804.
Statement 3 Form 990-PF, Part I, Line 160 Other Professional Fees	c	
CONSULTANTINVESTMENT ADVISORY FE	(a) (b) Net (c) Expenses Investment Adjusted Net Income  \$ 3,138. ES: 430,219. \$ 430,219. Total \$ 433,357. \$ 430,219.	(d) Charitable Purposes  .
Statement 4 Form 990-PF, Part I, Line 18 Taxes		
ESTIMATED TAX PAYMENTS. FEDERAL TAX PAYMENT FOREIGN TAXES PAID	(a) (b) Net (c)  Expenses Investment Adjusted  Net Income  \$ 10,800.  500.  10,636. \$ 10,636.  Total \$ 21,936. \$ 10,636.	(d) Charitable Purposes  \$ 0.

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## **Federal Statements**

Page 2

#### THOMAS J BEATSON JR FOUNDATION INC

20-8112510

Statement 5 Form 990-PF, Part I, Line 23 Other Expenses

	_	(a) Expenses per Books	(b) Net Investment <u>Income</u>	(c) Adjusted <u>Net Income</u>	(d) Charitable Purposes
AZ CORPORATION COMMISSION FEE BANK FEES. LIABILITY INSURANCE Total	\$	10. 45. 2,744. 2,799.	\$ 0.		\$ 0.

Statement 6
Form 990-PF, Part II, Line 10a
Investments - U.S. and State Government Obligations

U.S. Government Obligations	ValuationMethod		Book <u>Value</u>	F &	air Market <u>Value</u>
MERRILL LYNCH A/C #412-02469 MERRILL LYNCH A/C #412-03276	Cost Cost Total	\$ <u>\$</u>	105,506. 607,976. 713,482.	\$ \$	96,554. 611,372. 707,926.

Statement 7 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book <u>Value</u>	Fair Market Value
500 SHS WISDOMTREE JAP S/C DVD	Cost Cost	\$ 0. 0.	\$ 0. 0.
1,000 PFIZER INC DEL 3,346 SHS NUVEEN ENERGY MLP TOTAL RETURN	Cost	0.	0.
15,014 SHS PRINCIPAL PREFERRED SEC	Cost	0.	0.
400 SHS ISHARES BARCLY 7-10 YR TREAS IND 4,395 SHS VOYA GNMA INCOME FD CL A	Cost Cost	0. 0.	0. 0.
718 SHS PRINCIPAL PREFERRED SECS FD C	Cost	ŏ.	Ö.
850 SHS ISHARES EDGE MSCI USA QUAL FACT	Cost	0.	0.
MERRILL LYNCH A/C #412-02469 MERRILL LYNCH A/C #412-03270	Cost Cost	6,183. 2,185,578.	7,091. 2,320,050.
MERRILL LYNCH A/C #412-03270 MERRILL LYNCH A/C #412-03271	Cost	1,632,531.	1,931,811.
MERRILL LYNCH A/C #412-03272	Cost	665,777.	747,286.
MERRILL LYNCH A/C #412-03273	Cost	337,155. 939,612.	438,780. 1,181,596.
MERRILL LYNCH A/C #412-03274 MERRILL LYNCH A/C #412-03275	Cost Cost	964, 289.	
AMERITRADE A/C #960-182172	Cost	10,754,362.	11,740,948.
	Total	\$ 17,485,487.	\$ 19,519,486.

2017 F	ederal Statements		Page 3
Client 231B THOMAS	J BEATSON JR FOUNDATION	INC	20-8112510
11/14/18		·	01 04PM
Statement 8 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds			
Corporate Bonds	Valuation <u>Method</u>	Book Value	Fair Market Value
MERRILL LYNCH A/C #412-02469 MERRILL LYNCH A/C #412-03276 MERRILL LYNCH A/C #412-03277 AMERITRADE A/C #960-182172	Cost Cost Cost Cost Total	\$ 13,142. 323,369. 1,871,864. 3,102,253. \$ 5,310,628.	327,319.
Statement 9 Form 990-PF, Part II, Line 13 Investments - Other	<u> </u>		
	Valuation <u>Method</u>	Book <u>Value</u>	Fair Market Value
Other Publicly Traded Securities			
MERRILL LYNCH A/C #412-02469 MERRILL LYNCH A/C #412-03276 AMERITRADE A/C #960-182172 AMERITRADE A/C #960-182172	Cost Cost Cost Cost	\$ 14,481,013. 924,531. 1,299,201. 6,348,282.	1,433,452.
	Total	<u>\$ 23,053,027.</u>	\$ 24,326,492.

Statement 10	
Form 990-PF, Part VII-A, Line 10	
Substantial Contributors During the Tax Year	

Name of Substantial Contributor	Address of Substantial Contributor
THOMAS J BEATSON TRUST	2158 N GILBERT RD, #117 MESA, AZ 85203

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