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. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

F	or calen	dar year 2017 or tax year beginning	, 20	17, and	ending		, 20
	lame of fo	undation				r identification numbe	
K	ARL A	ND STEVIE ELLER FAMILY FOUNDATION INC			45-53	373276	
١	lumber an	d street (or P.O. box number if mail is not delivered to street address)		m/suite	B Telephon	e number (see instructi	ons)
_2	850 E	CAMELBACK ROAD, SUITE 330			(602	977-9820	
C	ity or towi	n, state or province, country, and ZIP or foreign postal code				ion application is pend	ing, check here ▶ □
P	HOENI	X AZ 85018			, i		•
G	Check	all that apply: Initial return Initial return	n of a former publ	c charity	D 1. Foreign	n organizations, check	here ▶ 🗍
		☐ Final return ☐ Amended	return		ļ	n organizations meeting	_
		Address change		4	check	here and attach compu	tation · · ▶ 🗌
H		type of organization: X Section 501(c)(3) exempt p				foundation status was 07(b)(1)(A), check here	
Ļ		n 4947(a)(1) nonexempt charitable trust 🔲 Other tax]	or (b)(1)() () on ook note	
ļ		arket value of all assets at J Accounting method	l: 🗵 Cash 🔲	Accrual		ndation is in a 60-mont	
ì		year (from Part II, col. (c), Other (specify)			under sec	ction 507(b)(1)(B), checl	khere ▶ 🗍
:	line 16		on cash basis.)		L		
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	t investment	(c) Adjusted net	(d) Disbursements for charitable
•		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		ncome	ìncome	purposes (cash basis only)
<u>դ –</u>	1			1 TO 1 TO 2	·	S VONAGE VICE EVAL	,
		Contributions, gifts, grants, etc., received (attach schedule)	67	200			
A	3	Check ► ☑ if the foundation is not required to attach Sch. B					
*(4	Interest on savings and temporary cash investments Dividends and interest from securities	185	<u>'</u>	185.	185.	100 May 201
	5a	Gross rents		+			20132 1275
_	b	Net rental income or (loss)	made mark	16 / 18	Same I	801/2014	76-51 F (V-2) 26
;	6a	Net gain or (loss) from sale of assets not on line 10	11/20/20 - 11/20/20/20	100 M	the second of the second		1.00
	b	Gross sales price for all assets on line 6a	Na. SAKO		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
3	· -	Capital gain net income (from Part IV, line 2)		a server .			
lo Rovonio	8	Net short-term capital gain				TORK CONTROL SECTION	
0107	9	Income modifications		-			
1 2	10a	Gross sales less returns and allowances	73.5	1.14	240-4-45%		
-	ь	Less: Cost of goods sold	1.19.87 - H 10.87 HO	CO.			1 1 2 2 4 E
վ -	С	Gross profit or (loss) (attach schedule)		1000 M	V MARKET		選 (記載) とうしせ
<u> </u>	11	Other income (attach schedule)					poly of the same of
급.	12	Total. Add lines 1 through 11	252		185.	185.	
ں لیا	, 13	Compensation of officers, directors, trustees, etc.					
CANN	14	Other employee salaries and wages					
≪ 5	15	Pension plans, employee benefits					
(G).	16a			<u> </u>			
. 4	b	Accounting fees (attached schedule)		<u> </u>			
	C	Other professional fees (attach schedule)					
<u> </u>	17	Interest		<u> </u>			
	18	Taxes (attach schedule) (see instructions) See Stmt.	4_	•	4.	4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
£	19	Depreciation (attach schedule) and depletion					1372
7	20	Occupancy		 			
7	21	The state of the s		 		<u> </u>	
3	23	Other expenses (attach schedule) See Stmt.	37	 			- :
.,2	24	Total operating and administrative expenses.	, <u> </u>	+			-
ģ	[-	Add lines 13 through 23	41		4.	4.	
S Operation and Administrative Ex	2 25	Contributions, gifts, grants paid	55,000	7.7.7.7		English Sales	55,000.
C	26	Total expenses and disbursements. Add lines 24 and 25	55,041		4.	4.	55,000.
_	27	Subtract line 26 from line 12:	. 以外域是			AND THE REAL PROPERTY.	X THE PARTY OF THE
	а	Excess of revenue over expenses and disbursements	-54.789	POR CHIRA PROVINCE			The same of a same
	Ь	Net investment income (if negative, enter -0-) .	3.50				ASME TO A STATE OF
i	C	Adjusted net income (if negative, enter -0-)	15 4 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1	1 / 1	S. 1750	181.	

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2017)

P:	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
		should be for end-or-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	151,455.	96,666.	96,666.
)	3	Accounts receivable >			
		Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ►			
	4	Pledges receivable ▶		Treatment of	
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			<u> </u>
	l _	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			A CONTRACTOR OF THE PARTY OF TH
F		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
₹	10a	Investments—U.S. and state government obligations (attach schedule)			<u></u>
	Ь	Investments - corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
•	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	151,455.	<u>96,666.</u>	96,666:
461	17	Accounts payable and accrued expenses			
໌ <u>ທ</u>	18	Grants payable			
itie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)		-	
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.			
n i	24	Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted		=	
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ ⊠		**** -	
Ţ		and complete lines 27 through 31.			
ο̈́	27	Capital stock, trust principal, or current funds	151,455.	96,666.	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	151,455.	96,666.	
let	31	Total liabilities and net assets/fund balances (see			
~		instructions)	151,455.	96,666.	12 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu			
	end-	of-year figure reported on prior year's return)		<u>1</u>	151,455.
. 2	Ente	r amount from Part I, line 27a		2	-54,789.
3		·			
4		lines 1, 2, and 3		4	96,666.
5	Door	recess 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), li	ne 30 6	96,666.

	(a) List and describe the kind(s) of property sold (for example, real estate or common stock, 200 shs. MLC Co.)	t Income	(b) How acquired P-Purchase D-Donation	(c) Date acquir (mo., day, yr	
a				o ponación		
b						
c						
<u>d</u>	· · · · · · · · · · · · · · · · · · ·			 		
e	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n) Gain or (loss) plus (f) minus (g))
а						
b c				<u>_</u>		
d						
е	Complete only for assets showi	ng gain in column (h) and owned by t	he foundation	on 12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) . (j), if any	col. (k), b	s (Col. (h) gain minus ut not less than -0-) or ses (from col. (h))
a				<i>V</i> , ,	 .	
þ						
C						
d e				-		
		(If gain, also	enter in Pa	rt I. line 7		
2	Capital gain net income or (ter -0- in Pa		2	
3	Net short-term capital gain of	or (loss) as defined in sections 12	22(5) and (6)	:	···	
	If gain, also enter in Part I,	line 8, column (c). See instruction	ns. If (loss)	, enter -0- in)	Ì	
)		
	Part I, line 8			}	3	
or c	Part I, line 8	Section 4940(e) for Reduce te foundations subject to the sec	d Tax on N		Income)
or cosec as t	Part I, line 8	r Section 4940(e) for Reduce te foundations subject to the section 4942 tax on the distributabalify under section 4940(e). Do no	d Tax on N tion 4940(a) le amount of t complete t	iet Investment tax on net invest fany year in the bhis part.	Income ment income pase period?	☐ Yes 🔯
or cosec as t	Part I, line 8	r Section 4940(e) for Reduce te foundations subject to the section 4942 tax on the distributabalify under section 4940(e). Do not in each column for each year; section 4940(e).	d Tax on N tion 4940(a) le amount of t complete t	iet Investment tax on net invest fany year in the bhis part.	Income ment income pase period?	☐ Yes 🗵
or cosec as t 'Ye 1	Part I, line 8	r Section 4940(e) for Reduce te foundations subject to the section 4942 tax on the distributabalify under section 4940(e). Do not in each column for each year; subject to the section 4940 (e). Adjusted qualifying distributions	d Tax on Nation 4940(a) le amount of t complete to see the instru	iet Investment tax on net invest any year in the this part. uctions before mate (e) f noncharitable-use as	Income ment income pase period? aking any enti	ries. (d) Distribution ratio I. (b) divided by col. (c))
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or of sections as the section of the	Part I, line 8	r Section 4940(e) for Reduce te foundations subject to the section 4942 tax on the distributabe alify under section 4940(e). Do not in each column for each year; so the section 4940(e) alify under section 4940(e). Do not in each column for each year; so the section 4940(e) alify under section 4940(e). Do not in each column for each year; so the section 4940(e) alify under section 4940(e) ali	d Tax on Nation 4940(a) le amount of tax complete tax see the instrument of tax on the total on the total on the ses than 5 years.	iet Investment tax on net invest fany year in the b his part. Lictions before ma (e) f noncharitable-use as 174,8 232,8 297,4 325,5	Income ment income pase period? aking any entressets (cc 67. 01. 18. 22. by 3	Ties. (d) Distribution ratio (b) divided by col. (c) 0.3002 0.2834 0.1680 0.0460 0.7977
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cast terms of the cast of the	Part I, line 8	r Section 4940(e) for Reduce te foundations subject to the section 4942 tax on the distributabe alify under section 4940(e). Do not in each column for each year; so the section 4940(e). Adjusted qualifying distributions Section 4940(e)	d Tax on Nation 4940(a) le amount of tax complete tax see the instrument of tax on the total on the total on the ses than 5 years. Part X, line	iet Investment tax on net invest fany year in the b his part. uctions before ma (e) f noncharitable-use as 174,8 232,8 297,4 325,5	Income ment income pase period? aking any entressets (cc 67. 01. 18. 22. by . 2 by . 5 . 6	Yes Yes

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instructions)						
_{ 1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	75.75.						
b								
	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							
1	Part I, line 12, col. (b).	Caba Promette (L. Lan.)						
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	2.						
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	2.						
6	Credits/Payments:							
. a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a							
. b	Exempt foreign organizations—tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868) . 6c							
, q	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d	Assessment of the second						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached							
. 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	2.						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.1						
111	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded 11							
	VII-A Statements Regarding Activities							
1a		Yes No						
14	participate or intervene in any political campaign?	*/*/* ***						
L	· · ·	1a ×						
b	instructions for the definition	1b ×						
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
1	published or distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?	1c ×						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$							
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 ×						
Š	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of 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 X						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 ×						
*	If "Yes," attach the statement required by General Instruction T.	2						
· 6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	EXPERIMENT !						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?	6 ×						
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 x						
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	NE VA						
Ų.	AZ	EMALE						
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 ×						
_		8b ×						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"							
	complete Part XIV	9 ×						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 ×						

	Statements Regarding Activities (continued)				
			72- J	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity with 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 disquaperson had advisory privileges? If "Yes," attach statement. See instructions		12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	<u> </u>	13	×	•
	Website address ► N/A				
14	.The books are in care of ▶ Company Telephone no. ▶ (602)9	77-9	820	
	Located at ► 2850 E CAMELBACK ROAD PHOENIX AZ ZIP+4 ► 8	5016			<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	1		. 1	
46	and enter the amount of tax-exempt interest received or accrued during the year			Vaal	Al-
₋ 16	over a bank, securities, or other financial account in a foreign country?		16	Yes	No.
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the na			July 312	X ·
	the foreign country ▶	į.			· Sa
Part	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		77.0-2.11		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		1	Yes	No
1a					
		⊠ No 🏻			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	1 m	(3 to a ² and
;		⊠No			"
		X No	10.14		1,2
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for	⊠ No	A. 4	7	
		⊠ No			- 31
;	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				3 2
)	foundation agreed to make a grant to or to employ the official for a period after	in in	W		
		⊠ No 🏻			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	F-	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	▶□ [1000	. 19.1	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts	, that	**	المعادد المعادد	د ادر آرا 18 معد 185
	were not corrected before the first day of the tax year beginning in 2017?	·	1c		×
. 2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a properating foundation defined in section 4942(j)(3) or 4942(j)(5)):	rivate [(1 m)
а		*			221
		⊠ No 🏻		3.5 T	34
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	, ,, ₀ ,	5		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)			7,70 M	* A
	all years listed, answer "No" and attach statement—see instructions.)	,(2) 10	2b		لمستشا
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	, þ		· Care	3
, -	► 20 , 20 , 20 , 20	1			ex. "
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ò			
	at any time during the year?	⊠ No 🏻		$\mathcal{G}_{i,j}$	3
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundati		0.5		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved to		1		* 到
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapthe 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			1	, · · ¾
	foundation had excess business holdings in 2017.)		3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo	ses?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopard	ize its	3.0	ر . ر <u>د</u> در	3 1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	20177	4b		×.

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Farm	ggn.	PF	(2017)	

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Page	

Ľ		Statements Regarding Activities	3 10t 4	VIIICII FOITI	4120 Nay	e nequ	irea (contin	iueuj		
	5a	During the year, did the foundation pay or incur	any am	ount to:					Yes	No
		(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes No								
		(2) Influence the outcome of any specific public election (see section 4955); or to carry on,								
		directly or indirectly, any voter registration dr					· TYes	⊠ No		1
		(3) Provide a grant to an individual for travel, stu	dy or	other similar :	numneae?			⊠ No	7 2 K E (2 K E)	
		(4) Provide a grant to an organization other than						E 140		
		11 404549444444444444444444444444444444444		inable, etc.,		iescribed		□ N.		1
		(5) Provide for any purpose other than religious				 aduaatia.	· 🗌 Yes	⊠ No		
		purposes, or for the prevention of cruelty to						⊠		
	b	· · · · · · · · · · · · · · · · · · ·						⊠ No	Talling to Print and A.	
	U	If any answer is "Yes" to 5a(1)-(5), did any of the						nı bəai		لبنة
		Regulations section 53.4945 or in a current notice	-	•				٠. ٦	5b	79
•	_	Organizations relying on a current notice regardi						▶⊔		3 . E
į	С	If the answer is "Yes" to question 5a(4), does the answer is "Yes"					_	_		200
ž.		because it maintained expenditure responsibility		-			· UYes	∐ No		3
		If "Yes," attach the statement required by Regula								ar .
- 1	6a	Did the foundation, during the year, receive any	funds,	directly or inc	directly, to pa	y premiur	ns			
		on a personal benefit contract?					· 🗌 Yes	⊠ No	***	
	b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indired	tly, on a pers	onal bene	efit contract	?.	6b	×
		If "Yes" to 6b, file Form 8870.							2.7	Σ
	7a	At any time during the tax year, was the foundation	a party	to a prohibited	l tax shelter tra	nsaction?	☐ Yes	⊠ No		
	b	If "Yes," did the foundation receive any proceed	s or ha	ve any net inc	ome attributa	ble to the	e transaction	1? .	7b	,
ŀ	art	VIII Information About Officers, Direc	tors, 1	Trustees, F	oundation N	lanager	s, Highly P	aid E	mployees	, ,
		and Contractors								
	1	List all officers, directors, trustees, and found		···					<u> </u>	
		I-V Manus and address		e, and average	(c) Compensat		d) Contributions		(e) Expense a	ccount
		(a) Name and address	l hou	rs per week	(If not paid.	l em	iplovee benefit i	plans i		
		(a) Name and address	hou devot	rs per week ed to position	(If not paid, enter -0-)	and o	ployee benefit deferred compe	plans nsation	other allows	
K	arl	L Eller	devot	rs per week ed to position ident		and o	ployee benefit deferred compe	plans insation		
		· ·	devot	ed to position		and o	ployee benefit deferred compe	plans insation		
2	850	l Eller	devot Pres	ed to position ident		and o	ployee benefit deferred compe	nsation		ances
2 S	850 tev	L Eller E. Camelback, Suite 330 Phoenix AZ 85016	devot Pres	ident 5.00		and o	ployee benefit deferred compe	nsation		ances
2 S 2	850 tev 850	E. Camelback, Suite 330 Phoenix AZ 85016 Vie Eller E. Camelback, Suite 330 Phoenix AZ 85016	Pres Secret	ident 5.00 tary/Treas.		0.	ployee benefit deferred compe	0.		0.
2 2 K	850 tev 850 evi	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark	Pres Secret	ed to position ident 5.00 tary/Treas. 5.00		0.	ployee benefit deferred compe	0.		0.
2 2 K 2	850 tev 850 evi 850	L Eller E. Camelback, Suite 330 Phoenix AZ 85016 Vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 In Clark E. Camelback, Suite 330 Phoenix AZ 85016	Pres Secret Vice	ed to position ident 5.00 tary/Treas. 5.00 President		0.	ployee benefit deferred compe	0. 0.		0. 0.
2 2 K 2 K	850 tev 850 evi 850 im	L Eller E. Camelback, Suite 330 Phoenix AZ 85016 Vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 In Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers	Pres Secret Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00		0.	ployee benefit deferred compe	0. 0.		0. 0.
2 S 2 K 2 K 2	850 tev 850 evi 850 im	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016	Pres Secret Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00	enter -0-)	0. 0.	deferred compe	0. 0.	other allowa	0. 0.
2 S 2 K 2 K 2	850 850 evi 850 im 850	L Eller E. Camelback, Suite 330 Phoenix AZ 85016 Vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 In Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers	Pres Secret Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00	enter -0-)	0. 0.	deferred compe	0. 0.	other allowa	0. 0.
2 S 2 K 2 K 2	850 850 evi 850 im 850	E. Camelback, Suite 330 Phoenix AZ 85016 yie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed	Pres Secret Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than thos	enter -0-)	0. 0.	-see instr	0. 0. 0. uctions	other allowa	0. 0. 0. enter
2 S 2 K 2 K 2	850 tevi 850 evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 yie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0.	-see instru	0. 0. 0. uctions	other allowa	0. 0. 0. enter
2 S 2 K 2 K 2	850 tevi 850 evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 Vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 In Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	sed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those	se included (verage leek (c) Co	0. 0. 0. 0.	-see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tevi 850 evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 tev 850 (evi 850 im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Pres Secret Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per year	se included (verage leek (c) Co	0. 0. 0. 0.	— see instru	0. 0. uctions	s). If none,	0. 0. 0. enter
2 S 2 K 2 K 2	850 (evi 850 (evi 850 (im 850 2	E. Camelback, Suite 330 Phoenix AZ 85016 vie Eller E. Camelback, Suite 330 Phoenix AZ 85016 in Clark E. Camelback, Suite 330 Phoenix AZ 85016 Rogers E. Camelback, Suite 330 Phoenix AZ 85016 Compensation of five highest-paid employed "NONE."	Vice Vice Vice	ed to position ident 5.00 tary/Treas. 5.00 President 2.00 President 2.00 er than those (b) Title, and a hours per videvoted to positive the positive than those (c) Title than those that the those than those th	verage reek position (c) Co	0. 0. 0. 0.	— see instru (d) Contribute employee plans and compens	0. 0. 0. uctions tions to benefit deferred sation	s). If none,	0. 0. 0. enter

Form 990-PF (2017)		Page 7
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	es, Foundation Managers, Highly Paid En	nployees,
3 Five highest-paid independent contractors for professional	services. See instructions. If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
3		,
÷		- 10
Total of the second sec		,
Total number of others receiving over \$50,000 for professional servi	ces	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incorganizations and other beneficiaries served, conferences convened, research paper		Expenses
- 1		
•		· .
- 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	·	Amount
1		
		-
2		
All other program-related investments. See instructions.		
3		
Table Add lines 1 through 2		
Total. Add lines 1 through 3	V 01/03/18 PRO	Form 990-PF (2017)

P	art	the first first to an indicate the part of the part of the	ign fo	undations,
		see instructions.)		
1	l	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	а	Average monthly fair market value of securities	1a	
	b	Average of monthly cash balances	1b	
	C	Fair market value of all other assets (see instructions)	1c	
	d	Total (add lines 1a, b, and c)	1d	
	е	Reduction claimed for blockage or other factors reported on lines 1a and		
		1c (attach detailed explanation)		
2	2	Acquisition indebtedness applicable to line 1 assets	2	
3	3	Subtract line 2 from line 1d	3	0.
4	Ļ	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	-	
, 8		instructions)	4	۴ 0 .
: 5	5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	0
6	•	Minimum investment return. Enter 5% of line 5	6	0.
Pa	rt	Minimum investment return. Enter 5% of line 5	ounde	tions
		and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1		Minimum investment return from Part X, line 6	1	0.
2	a:		1. 14. 9.	
	b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
	С	Add lines 2a and 2b	2c	2:
3	}	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	ļ	Recoveries of amounts treated as qualifying distributions	4	
5	;	Add lines 3 and 4	5	0.7
6	;	Deduction from distributable amount (see instructions)	6	•
· 7	•	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		•
ķ.		line 1	7	0.
	ir u	XII Qualifying Distributions (see instructions)		
1		Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	· Day	
	а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	55,000.
	b	Program-related investments—total from Part IX-B	1b	
2		Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		purposes	2	
3	}	Amounts set aside for specific charitable projects that satisfy the:		
	а	Suitability test (prior IRS approval required)	3a	:
	b	Cash distribution test (attach the required schedule)	3b	
4		Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	55,000.
5	i	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
ì		Enter 1% of Part I, line 27b. See instructions	5	2.
<u>"</u> 6	;	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,998.
Š		Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
٠ ٢		qualifies for the section 4940(e) reduction of tax in those years.		
BAA	١_	REV 01/03/18 PRO		Form 990-PF (2017)

	90-PF (2017) XIII Undistributed Income (see instructi	one)			Page 9
		(a)	(b)	(c)	(d)
ុ 1	Distributable amount for 2017 from Part XI, line 7	Corpus	Years prior to 2016	2016	2017
· 2	Undistributed income, if any, as of the end of 2017:				0.
a	Enter amount for 2016 only		The concess	8,739.	
b	Total for prior years: 20,20 ,20			8,739.	
3	Excess distributions carryover, if any, to 2017:	A PROPERTY.			
а	From 2012		Fall Silver		
b	From 2013				
C d	From 2014				
e	5 0010				
r f	Total of lines 3a through e	883,520.			
4	Qualifying distributions for 2017 from Part XII,	7 32 4 4 5 5 5			
	line 4: ▶ \$ 55,000.				
а	Applied to 2016, but not more than line 2a .				
þ	Applied to undistributed income of prior years				
_	(Election required—see instructions) Treated as distributions out of corpus (Election		TO THE PART OF STREET		
С	required—see instructions)				
d	Applied to 2017 distributable amount				
e	Remaining amount distributed out of corpus	55,000.			**************************************
5	Excess distributions carryover applied to 2017	337000.			A CARLON CONTRACTOR OF THE PARTY OF THE PART
	(If an amount appears in column (d), the same	11.34.18.14.1			
	amount must be shown in column (a).)				
<u>.</u> 6	Enter the net total of each column as				
î .	indicated below:				
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract	938,520.			
	line 4b from line 2b		0.		
С	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
e	Undistributed Income for 2016. Subtract line	The second secon	U. ####################################		
·	4a from line 2a. Taxable amount—see				
	instructions			8,739.	A Comment of the Comm
ţ f	Undistributed income for 2017. Subtract lines				
į	4d and 5 from line 1. This amount must be				
_	distributed in 2018				0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions) .	700,020.			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	238,500.			A STATE OF THE STA
10	Analysis of line 9:				
a	Excess from 2013				
, D	Excess from 2014				
, с	Excess from 2015				
e	Excess from 2017				
<u>`</u>	1 33,000.	1 - 1-10 miles a miles and a m		· Value to appoint to 1	Form 990-PF (2017)

•	•	•					:
Fơn	n 99	00-PF (2017)					Page 10
		XIV Private Operating Founda	i tions (see instr	uctions and Par	t VII-A, question 9)	N/A /
1	la	If the foundation has received a ruling	or determination	letter that it is a	a private operating		/
		foundation, and the ruling is effective fo					/
,	b 2a	Check box to indicate whether the four		e operating found		ction	(3) or 4942(j)(5
4	La	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2017	# # # # # # # # # # # # # # # # # # #	Prior 3 years		(e) Total
		investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	b	85% of line 2a					
	c	Qualifying distributions from Part XII,		 	 		1
		line 4 for each year listed					,
	d	Amounts included in line 2c not used directly		<u> </u>			
		for active conduct of exempt activities			ļ		,
,	е	Qualifying distributions made directly					6
		for active conduct of exempt activities.]
,		Subtract line 2d from line 2c					
3	5	Complete 3a, b, or c for the alternative test relied upon:					
	2	"Assets" alternative test—enter:					
	а	(1) Value of all assets	İ				
		(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					
ب		securities loans (section					,
•		512(a)(5)), or royalties)		<i>y</i>			
		(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	1				
		(4) Gross investment income					
Pa	art	XV Supplementary Information		-	the foundation h	ad \$5,000 or m	ore in assets a
		any time during the year-		ns.)			
1		Information Regarding Foundation	•		.04 -44 4-4-1	!tati.a	
	а	List any managers of the foundation of before the close of any tax year (but of					by the loundation
		below the election of the tax your (but t	my manoy mare e		40,000). (000 00	301.01.007(4)(2).)	•
	b	List any managers of the foundation	who own 10% o	r more of the sto	ock of a corporation	(or an equally la	arge portion of the
,		ownership of a partnership or other ea					•
2	?	Information Regarding Contribution	n, Grant, Gift, Loa	an, Scholarship,	etc., Programs:		
		Check here ► ☐ if the foundation					
		unsolicited requests for funds. If the f		gifts, grants, etc.	., to individuals or or	ganizations unde	er other conditions
	_	complete items 2a, b, c, and d. See in		dunan of the con		tions about a be a	ddragaed: -: - =
	а	The name, address, and telephone nu	imber or email ad	aress of the pers	on to whom applica	uons snould be a	uuressea: , ; ;
		See Supplementary Informat	ion Statemer	n†			
		The form in which applications should			d materials they sho	uld include:	
	_	talling application of our					, - ',

c Any submission deadlines:

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

Page **11** Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of **Amount** any foundation manager or substantial contributor contribution Name and address (home or business) recipient a Paid during the year Arizona Christian University General -2625 E. Cactus Rd. Scholarship Phoenix AZ 85032 5,000: 501 (c) (3) Fund TGEN Foundation Brain 445 N 5th Street Injury Phoenix AZ 85004 50,000. 501 (c) (3) Initiatives Neighborhood Christian Clinic Diabetic 1929 W Fillmore Street Bldg C Medications Phoenix AZ 85009 501 (c) (3) and Supplies 0: 55,000 Approved for future payment

	Analysis of Income-Producing Ac					
Ente	or gross amounts unless otherwise indicated.	Unrelated by	usiness income	Excluded by sect	ion 512, 513, or 514	(e)
. 1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•	a					
	b					
	С				,	
	d					
		<u>-</u>				<u> </u>
2	g Fees and contracts from government agencies Membership dues and assessments					
F 2	Membership dues and assessments	ļ			7.05	<u> </u>
4	Dividends and interest from securities			3	185.	
່ 5	Net rental income or (loss) from real estate:	Charles Land				AND SECOND STATE
	a Debt-financed property	The same of the sa		A CARL TO A SERVE SEC.		A THE CONTRACT OF THE PROPERTY
	b 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		-			
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory		<u> </u>			-
11	Other revenue: a					
	b	<u> </u>				· · · · · · · · · · · · · · · · · · ·
	d					
ŗ.	е	<u> </u>				
3						
.12	Subtotal, Add columns (b), (d), and (e)	8			195	
	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				185.	185
13	<u> </u>				185. 13	185.
13 (See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXVI-B Relationship of Activities to the A	s.)				185.
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s.) scomplishm	ent of Exempt	Purposes	13	
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXVI-B Relationship of Activities to the A	s.) ccomplishm income is repo	ent of Exempt inted in column in by providing fund	Purposes	13	
13 (See Pal Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm income is repo	ent of Exempt inted in column in by providing fund	Purposes	13	
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BAA

Part	XVII	Informatio Organizati	n Regarding Trai	nsfers to and Tra	insactions an	d Relationships Wit	h Noncharitable Exempt
1	in se	ne organization of ection 501(c) (onizations?	directly or indirectly other than section	engage in any of th 501(c)(3) organiza	ne following with ations) or in s	n any other organization ection 527, relating t	described Yes No o political
а			oorting foundation to				1a(1) ×_
b	(2) O	ther assets . r transactions:	• • • • • •				1a(2) ×
	(2) Po	urchases of asse ental of facilities,	ets from a noncharit , equipment, or othe	able exempt organi er assets	zation		1b(2) × 1b(3) ×
7.02	(5) Lo	oans or loan gua	rantees				[1b(5) ×
. c d	Shari If the value	ng of facilities, e answer to any o of the goods, o	quipment, mailing li of the above is "Ye ther assets, or servi	sts, other assets, o s," complete the fo ces given by the re	r paid employed bllowing schedu eporting founda	es	1c × always show the fair market eceived less than fair market essets, or services received.
(a) Line		b) Amount involved		naritable exempt organiz			ctions, and sharing arrangements
		-	•				
	-	-					
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in a							
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	descr	ibed in section 5	601(c) (other than se	ction 501(c)(3)) or i		more tax-exempt orga	nizations Yes 🗵 No
	It "Ye	s," complete the (a) Name of organ	following schedule		organization	(c) Descri	iption of relationship
<u> </u>							
	Unde	r penalties of perjury, I	declare that I have examine	ed this return, including ac	companying schedule	is and statements, and to the be-	st of my knowledge and belief, it is true,
Sign Here	<u> </u>	atyre of officer or trus	111	Date	Secret		May the IRS discuss this return with the preparer shown below? See instructions. Yes No
Paid Prepa	0	Print/Type preparer Kevin W. C	's name Clark	Preparer's signature	Karb	1/21/10 s	heck if PTIN elf-employed P01433547
Use (Firm's name ► Firm's address ►	C Financial, 23808 S. 150	LLCV th Street		/ Firm's E	IN ► 45-4276183 o. (480)895-9602
BAA		i iiii 3 addiess P	Chandler	<u></u>	AZ 85	249	Form 990-PF (2017)

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KARL AND STEVIE ELLER FAMILY FOUNDATION INC

Form 990-PF: Return of Private Foundation

Primarily Arizona based needs in the education and medical fields **Continuation Statement** Restrictions Information November 15 of each year Submission Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Written on letter sized paper, with description of needs and Form Information purpose Name and Address Information Stevie Eller 2850 E. Camelback Road, Suite 330 Phoenix, AZ 85016 602-977-9820

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Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Federal	4.	4.	4.	
Total	4.	4.	4.	,

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Registration Fee	10.			
Office Supplies	0.	7.		- , ,
Notice Publication	27.			1.000
Total	37.		<u> </u>	