EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Interr	nal Revenue Service Go to www.ir	rs.gov/Form990PF for inst	ructions and the latest inf	ormation.	Open to Public Inspection
For	callendar year 2017 or tax year beginning APR	30, 2017	, and ending	DEC 31, 2017	
Nar	me of foundation			A Employer identification	n number
	MANIS CHAPMAN MERRILL FOUN			82-1593211	
	1949 E LINCOLN DR #22	address)	Room/suite	B Telephone number 602-300-48	338
	y or town, state or province, country, and ZIP or foreign po PARADISE VALLEY, AZ 85253	ostal code		C if exemption application is p	pending, check here
_	Check all that apply:	-	ormer public charity	D 1. Foreign organization	s, check here
	Final return Address change	Amended return Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	Check type of organization: X Section 501(c)(3) exi Section 4947(a)(1) nonexempt charitable trust (1)	empt private foundation Other taxable private founda	94	E If private foundation sta under section 507(b)(1	
	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a under section 507(b)(1	60-month termination
<u></u>	\$ 1,904,382. (Part I, colum	nn (d) must be on cash basi	s.)	ander section 507 (b)(r	· · · ·
<u> </u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B	2,000,000.		N/A	
	3 Interest on savings and temporary cash investments 4 Dividends and interest from securities	20.	20.		STATEMENT 1
	5a Gross rents		20.		
0	b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10				
Revenue	b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0.		
ď	8 Net short-term capital gain				
	9 Income modification RECEIVED 10a and allowances				
	c Gross profit (gross) UU 2 () 2018				
	c Gross profit ex loss AUG 2 0 2018 11 Other income 12 Total. Add lines 1 through 12 Aug 147	2,000,020.	20.		
	13 Compensation of officers, directors, trustdes, air.	0.	0.		0.
"	14 Other employee salaries and wages15 Pension plans, employee benefits				
enses	16a Legal fees STMT 2 b Accounting fees	7,823.	0.		7,823.
e Exp	c Other professional fees				
trativ	18 Taxes				
minis	19 Depreciation and depletion 20 Occupancy				
od Ad	21 Travel, conferences, and meetings22 Printing and publications				
ing ar	23 Other expenses STMT 3	28.	0.		0.
Operating and Administrative Exper	24 Total operating and administrative expenses. Add lines 13 through 23	7,851.	0.		7,823. 100,000.
0	25 Contributions, gifts, grants paid 26 Total expenses and disbursements	100,000.			100,000.
	Add lines 24 and 25 27 Subtract line 26 from line 12:	107,851.	0.		107,823.
	Excess of revenue over expenses and disbursements	1,892,169.			
	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		20.	N/A	
7235	501 01-03-18 LHA For Paperwork Reduction Act Notice	e, see instructions.		·	Form 990-PF (2017

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	1,892,169
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,892,169
5 Decreases not included in line 2 (itemize)	5	0.

1,892,169. Form **990-PF** (2017)

1,900,020

31 Total liabilities and net assets/fund balances

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3

(a) List and describe - 2-story brick w	e the kind(s) arehouse; o	of property sold (for exar or common stock, 200 shs	nple, real esta . MLC Co.)	te,	(b) D	How ac - Purc - Dona	quired hase ation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
la										
b NO	NE				<u> </u>					
<u>c</u>				 	<u> </u>					
<u>d</u>										·
<u>e</u>					<u>. </u>					
(e) Gross sales price	(1)0	epreciation allowed (or allowable)		st or other basis expense of sale					un or (loss) (f) minus (
<u>a</u>	ļ									
b										
<u>c</u>										
<u>d</u>	ļ	·····								
Complete activity accepts the	<u> </u>	allows (b) and a load by	ha fa data	40/04/00						
Complete only for assets show	, 							l) Gains (Co l. (k), but n		
(i) FMV as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (1)					(from col. (
a										
b										
С										
<u>d</u>	<u> </u>									
e	<u></u>									
2 Capital gain net income or (net o	apıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				
Net short-term capital gain or (lo	se) as defin	`								
If gain, also enter in Part I, line 8	•	• • •	u (<i>0)</i> .		J					
If (loss), enter -0- in Part I, line 8		<i>r</i> -			Ĵ	3	1			
Part V Qualification	Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	come		
(For optional use by domestic priva	te foundatio	ns subject to the section 4	940(a) tax or	net investment ir	ncom	e.)				N/A
4040(1)(0)		•								
f section 4940(d)(2) applies, leave	tnis part bia	nk.								
Was the foundation liable for the se	ction 4942 t	ax on the distributable am	ount of any y	ear in the base pe	rıod?					Yes N
f "Yes," the foundation doesn't qual	ıfy under se	ction 4940(e). Do not com	plete this par	t		_				
1 Enter the appropriate amount in	each colun	nn for each year; see the ir	structions be	fore making any e	ntries	S				
(a) Base period years Calendar year (or tax year beginr	ung in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) oncha		use assets	·		(d) oution ratio ided by col (c))
2016										
2015										
2014										
2013										
2012										
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year bas	e period - divide the total c	n line 2 by 5.	O, or by the numb	er of	years				
the foundation has been in exist			·					3		
		•								
4 Enter the net value of noncharita	ıble-use ass	ets for 2017 from Part X,	ine 5					4		
Multiply line 4 by line 3								5		
6 Enter 1% of net investment inco	me (1% of I	Part I, line 27b)						6		
7 Add lines 5 and 6		·						7		
B Enter qualifying distributions fro	m Part XII,	line 4						8		
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, ch	eck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1	% tax	rate.			

FORM 990-PF (2017) JANIS CHAPMAN MERRILL FOUNDATION 82-159.			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	1S)
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)			_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			0.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			0.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017			
b Exempt foreign organizations - tax withheld at source 6b 0.			
c Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d Backup withholding erroneously withheld 6d 0.			
7 Total credits and payments. Add lines 6a through 6d			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax			
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	T	Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	\vdash	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	 "	\vdash	
distributed by the foundation in connection with the activities.	1		
c Did the foundation file Form 1120-POL for this year?	1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	 "	\vdash	
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			l
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. > \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
If "Yes," attach a detailed description of the activities.	1	\vdash	
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		х
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? N/A	4b	 -	
·	5	├─┤	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	- 		<u> </u>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	'	İ
By language in the governing instrument, or	}	i	
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	X	
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	Х	
	1		Ì
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			
AZ	1		İ
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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		X
10 Did any persons become substantial contributors during the tax year? if Yes, attach a schedule listing their names and addresses STMT 5	10	X	<u>L_</u>

P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?]
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JUDITH A HUDEK Telephone no. ▶ 602-30			
	Located at ▶4848 E CACTUS RD. #505-445, SCOTTSDALE, AZ ZIP+4 ▶85	254		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	$\cdot \Box \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country >	<u> </u>		L.
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?] ,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person? X Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ĺ
	(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			ł
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	ļ
	if the foundation agreed to make a grant to or to employ the official for a period after	[1	l
	termination of government service, if terminating within 90 days.)		1	1
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		{	[
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		х
	Organizations relying on a current notice regarding disaster assistance, check here			
1	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	ļ	
	before the first day of the tax year beginning in 2017?	1c]	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			\
	defined in section 4942(j)(3) or 4942(j)(5)):	ļ	ļ]
	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		1
	before 2017? Yes X No	1		
	If "Yes," list the years \(\sum_	[ľ	ľ
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	Ì
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	{	1	1
	statement - see instructions.) N/A	2b	L	<u>L</u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1]	
	during the year?	[[1
	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1	1	Ì
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	[l	1
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3ь	Į	1
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			T
	had not been removed from repoardy before the first day of the tax year beginning in 2017?	1 Ah	ſ	ĺχ

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ued)			
5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No		Yes	No
 (2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes' 		Ye	es X No es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions	n described in section	Ye	es 🗶 No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		es 🗓 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions	n Regulations	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check to If the answer is "Yes" to question 5a(4), does the foundation claim exemption freexpenditure responsibility for the grant?	om the tax because it maintai	. —	es No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a page and benefit contract?	pay premiums on		es X No			
 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870. 	ersonal benefit contract?	Te	RO LAL SE	6b	_	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribu		Ye	es X No N/A	7b		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl				
1 List all officers, directors, trustees, and foundation managers and t						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	s ac	(e) Expectount, allowar	ense other nces
SEE STATEMENT 6		0.	0			0.
				+		
				-		
2 Compensation of five highest-paid employees (other than those inc	<u></u>	enter "NONE."		<u> </u>		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	s a	(e) Exp ccount, allowar	other
NONE				<u> </u>		
				<u> </u>	<u>.</u>	
				_		
Total number of other amplayees paid over \$50,000		<u> </u>	<u> </u>			

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e	rmation such as the tc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations, se	e instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	l 1a	115,625.
b Average of monthly cash balances	1b	115,625. 3,126.
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	1d	118,751.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	118,751.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,781.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	116,970.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERI	· · · 	3,942.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
foreign organizations, check here and do not complete this part.)	TOUTHOUSE OF LINE	
1 Minimum investment return from Part X, line 6	11	3,942.
2a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	3,942.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	3,942.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,942.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	107,823.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	····
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	107,823.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,823.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	he foundation qualifies for th	
4940(e) reduction of tax in those years.	'	

Part XIII Undistributed Income (see instructions) (a) (c) (d) (b)

	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,				
line 7				3,942.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:	İ	•		
3 Excess distributions carryover, if any, to 2017:		0.		
	İ		[
a From 2012		,		
bFrom 2013	1		\ \ \ \ \ \	
c From 2014				
dFrom 2015	ĺ	'	Ì	
e From 2016	0.		ļ	
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 107,823.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_		[
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				3,942.
e Remaining amount distributed out of corpus	103,881.		<u> </u>	
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	103,881.			
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		0		
assessed		0.	 	
d Subtract line 6c from line 6b. Taxable	į	0.		
amount - see instructions			 	
e Undistributed income for 2016. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017. Subtract			 	
lines 4d and 5 from line 1. This amount must]	
be distributed in 2018			<u> </u>	0 .
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			1	
section 170(b)(1)(F) or 4942(g)(3) (Election			i i	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	103,881.		l l	
10 Analysis of line 9:			1	
a Excess from 2013				
b Excess from 2014				
c Excess from 2015			}	
d Excess from 2016	Į		Į Į	
e Excess from 2017 103, 881			1	

	HAPMAN MERR			82-15	93211 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	·A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective to	r 2017, enter the date of t	he ruling	>		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described i	n section	4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014/	(e) Total
investment return from Part X for					
each year listed	ļ				
b 85% of line 2a				//	
c Qualifying distributions from Part XII.				/	
line 4 for each year listed			j ,	4	1
d Amounts included in line 2c not			 	 	
used directly for active conduct of	ļ		/		
exempt activities			/		İ
e Qualifying distributions made directly				 	
for active conduct of exempt activities.			/		İ
<i>'</i>	}		1/		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	 		 /		
alternative test relied upon:	i	/	ľ		
a "Assets" alternative test - enter:			}		1
(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:					
 Total support other than gross investment income (interest, 	/	ĺ			
dividends, rents, payments on					
securities loans (section			}		
512(a)(5)), or royalties)			<u> </u>		
(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 XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation		_			
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
JANIS S. MERRILL					
b List any managers of the foundation wh			or an equally large porti	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ions, complete items 2a	, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addres	ssed:	
b The form in which applications should t	e submitted and informa	tion and materials they st	nould include.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year A NEW LEAF FOUNDATION NONE PC SOCIAL SERVICE 868 E UNIVERSITY DR MESA, AZ 85203 70,000. CHILD CRISIS ARIZONA NONE PC SOCIAL SERVICE 817 N COUNTRY CLUB DR MESA, AZ 85201 10,000. YOUTHENTITY NONE PC SOCIAL SERVICE PO BOX 1989 CARBONDALE, CO 81623 10,000. NONE EDUCATION TEMPE FOR SCHOLARS PC 500 W GUADALUPE RD TEMPE, AZ 85283 10,000. 100,000. **▶** 3a **b** Approved for future payment NONE Total Ō. **▶** 3b

Part XVI-A Analysis of Income-Producing Activity
--

Enter gross amounts unless otherwise indicated.	_	T DUSINESS INCOME		1 ded by section 5 (2, 5 (3, or 5 (4	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			\vdash		
b			一		
6		· ·	\vdash		
d	_		╁		
	 		├		
e			├—		
·		<u> </u>	├		
g Fees and contracts from government agencies		ļ	<u> </u>		
2 Membership dues and assessments	<u> </u>	<u></u>	<u> </u>		
3 Interest on savings and temporary cash	1				
investments					
4 Dividends and interest from securities			14	20.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	Į	l]		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1		1		
9 Net income or (loss) from special events			t		
10 Gross profit or (loss) from sales of inventory			 -		
11 Other revenue:		·	 		
a					
<u> </u>			├		
v		<u> </u>	-		
•]			
<u> </u>					
d					
d e				20	
d e 12 Subtotal. Add columns (b), (d), and (e)		0.		20.	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		20.	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.			
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	o the Acc		-	13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to		omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	nplishment of
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	me is reported	omplishment of Ex	kemp	13_ ot Purposes	20.

•							
Form 99Q-		CHAPMAN MERRIL		82-159			ige 13
Part X			and Transactions ar	nd Relationships With Noncha	ıritable)	
1 Drd ti	Exempt Organ		ag with any other organization	n described in ageting EQ1(a)	 -	Yes	No
		irectly engage in any of the followir nizations) or in section 527, relatin		n described in section 50 f(c)		163	140
		lation to a noncharitable exempt or	- · · · ·		- 1		
(1)		audii w a nonchanabie exempt or	yanızauon or.		1a(1)		х
	Other assets		•		1a(1)		X
• •	r transactions:				Ta(Z)	 	 -
	Sales of assets to a noncharita	ible exempt organization			16(1)		x
		oncharitable exempt organization			1b(2)		X
٠,	Rental of facilities, equipment,	, ,			1b(3)		X
	Reimbursement arrangements				16(4)		X
	Loans or loan guarantees				1b(5)		Х
			ons		1b(6)		Х
• •		ailing lists, other assets, or paid em			10	_	Х
		•	• •	ays show the fair market value of the goods	other ass	ets.	L
		•	• •	e in any transaction or sharing arrangement,		,	
colur	nn (d) the value of the goods,	other assets, or services received.	•				
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d sharing ar	rangeme	ents
		N/A		Ţ			
				<u> </u>			
				 			
				 			
				 			
		 -		 			
	 	 	····	 			
		 					
2a le the	foundation directly or indirec	tly affiliated with, or related to, one	or more tay-evemet organiz	rations described			
		on 501(c)(3)) or in section 527?	of more tax exempt organiz	ations described	Yes	Гх	ON [
	s," complete the following sch	· / //		'		عما	<u>., 110</u>
	(a) Name of or		(b) Type of organization	(c) Description of relation	ıshıp		
	N/A						
I .					May the IRS		
Sign j	L / Correct, and cor	11.	an taxpayer) is based on an informa	s	eturn with th hown below		
Here	- yanu	Merrill	18/15/18	PRESIDENT	X Yes	; L	∟ No
	Signature of officer or trustee		Date	Title			_
	Print/Type preparer's n	1		Date, Check if PTIN	1		
Paid	BRENDA RUE	ATNOTETN W	binstein	86618 self-employed	01314	612	ı.
	TOWERD TO THE	THUTHIN (COO)		, , (P)	ュエンエ 4		,

Phone no. 602-636-6000 Form **990-PF** (2017)

P01314643

Firm's EIN ► 42-0714325

Preparer

Use Only

BRENDA RUBINSTEIN

Firm's address ▶ 2375 E. CAMELBACK ROAD, SUITE 300

PHOENIX, AZ 85016

Firm's name ► RSM US LLP

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

JANIS CHAPMAN MERRILL FOUNDATION

Employer identification number

	JANIS CHAPMAN MERRILL FOUNDATION	82-1593211
Organization type (chec	ck 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	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplies that met the 33 1/3% supplies and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 butor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EP-EZ, line 1 Complete Parts I and II	3, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III	_
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ions exclusively for religious, charitable, etc., purposes, but no such contributions tota ter here the total contributions that were received during the year for an exclusively relict complete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box ligious, chantable, etc ,
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or or eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , ,

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

JANIS CHAPMAN MERRILL FOUNDATION

82-1593211

Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
1	JANIS S. MERRILL 4949 E LINCOLN DR #22 PARADISE VALLEY, AZ 85253	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

JANIS CHAPMAN MERRILL FOUNDATION

82-1593211

Part II	Noncash Property (see instructions) Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
}			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-01	1.17	Schedule B /Form] 990, 990-EZ, or 990-PF) (2

Schadula I	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page 4				
Name of org			Employer identification number				
JANIS Part III	CHAPMAN MERRILL FOUNDA Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	fributions to organizations described in sect columns (a) through (e) and the following lin	82-1593211 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the entry For organizations the year (Faler this into noce) \$\$\$\$\$\$\$\$\$				
	Use duplicate copies of Part III if addition		the year (chief das into diage)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
}							
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
			,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
•							
-							
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM	SECUR	ITIES	STATEMEN	NT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVI	ENUE	(B) NET INVES MENT INCO	T- ADJT	
SECURITIES	20.		0.	20.	2	.0.	
TO PART I, LINE 4 =	20.		0.	20.	2	0.	
FORM 990-PF		LEGAL	FEES			STATEMEN	NT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC	BT-	(C) ADJUSTED NET INCOM	(I CHARI IE PURI	O) ITABLE POSES
LEGAL		7,823.		0.			7,823.
TO FM 990-PF, PG 1,	 LN 16A	7,823.		0.			7,823.
	_						
FORM 990-PF		OTHER E	XPENSES			STATEME	NT 3
FORM 990-PF DESCRIPTION		OTHER E (A) EXPENSES PER BOOKS	(B) NET INVI	EST-	(C) ADJUSTED NET INCOM	(1 CHAR	D)
		(A) EXPENSES	(B) NET INVI MENT INC	EST-	ADJUSTED	(1 CHAR	O) ITABLE
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC	EST- COME	ADJUSTED	(1 CHAR	O) ITABLE POSES 0.
DESCRIPTION SUPPLIES		(A) EXPENSES PER BOOKS 28.	(B) NET INVI MENT INC	EST- COME 0.	ADJUSTED	(1 CHAR	D) ITABLE POSES 0.
DESCRIPTION SUPPLIES TO FORM 990-PF, PG 1		(A) EXPENSES PER BOOKS 28. 28. OTHER INV	(B) NET INVI MENT INC	0. 0.	ADJUSTED	(1) CHAR: IE PUR!	O) ITABLE POSES 0. 0. NT 4
DESCRIPTION SUPPLIES TO FORM 990-PF, PG 1 FORM 990-PF	, LN 23 =	(A) EXPENSES PER BOOKS 28. 28. OTHER INV	(B) NET INVI MENT INC	BOC	ADJUSTED NET INCOM	STATEME	O) ITABLE POSES 0. 0. NT 4

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		
JANIS S MERRILL	4949 E LINCOLN DR #22 PARADISE VALLEY, AZ 85253		

	I - LIST OF OFFICERS, DIE EES AND FOUNDATION MANAGE		STATI	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JANIS S. MERRILL 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	PRESIDENT 0.52	0.	0.	0.
BRYAN N. SANDLER 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	VICE PRESIDENT 0.13	0.	0.	0.
LARUA K. SONIUS 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	DIRECTOR 0.13	0.	0.	0.
HEATHER LAUTT 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	DIRECTOR 0.13	0.	0.	0.
TARA BLANC 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	DIRECTOR 0.13	0.	0.	0.
JUDITH A. HUDEK 4848 E CACTUS RD. #505-445 SCOTTSDALE, AZ 85254	SECRETARY/TREAS	URER 0.	0.	0.
TOTALS INCLUDED ON 990-PF	PAGE 6, PART VIII	0.	0.	0.