Form 990-PF

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

OMB No 1545-0052

		nent of the Treasury Revenue Service	Do not ente ▶ Go to www			•		n this form as uctions and t	•			Open to Public Inspection	n
i	or ca	lendar year 2017	or tax year beginnir					/28 , 2017,				12/31, 20 1	7
-		of foundation									A Employer ider	ntification number	_
_	7-E	LEVEN CARES	FOUNDATION								82-35586	653	
	Numb	er and street (or P O	box number if mail is not deli	vered to st	treet a	ddress)			Room/suit	e I	B Telephone nu	mber (see instructions)	
_			CE 501 SILVERS								(800)	839-1754	_
	City or	r town, state or provinc	ce, country, and ZIP or foreig	n postal c	ode						.	-14	-
											C If exemption app pending, check it	here	1
-		MINGTON, DE										<u></u>	7
(3 Che	eck all that apply	X Initial return		_	(of a former p	ublic cha	rity		nizations, check here 🕨 🗀	┙
			Final return			Amend						nizations meeting the eck here and attach	٦
ī	1 Che	ock type of organi	Address change zation X Section :	<u></u> _	2\ 0\	Name	<u> </u>				computation	▶∟	ل
'	$\overline{}$		nonexempt charitable tru		→			ivate foundat	uon.	DY	•	ation status was terminated	7
ī		market value o			_	nethod			rual	-H		07(b)(1)(A), check here . ►	J
- '		of year (from Pa		_	-	ecify)		2511		<i>'</i> '		on is in a 60-month termination	٦
)		▶ \$	· · · · · · · · · · · · · · · · · · ·	_			e on ca	sh basis)					_
1			venue and Expenses			evenue a						(d) Disbursements	_
_			in columns (b), (c), and (drift) and (drift))	` éxp	enses pe		(b) Net inve		(c)	Adjusted net income	for charitable purposes	
		column (a) (see in				books						(cash basis only)	_
	1		ts, etc , received (attach schedule										_
	2	Check ► X if the	e foundation is not required ch Sch B	to									_
	3		nd temporary cash investme										
	4	Dividends and inte	erest from securities	• • ├									
	5a	Gross rents		• • ├			_						_
2			(loss)					·		ļ			_
15	6a b	Gross sales price for a	m sale of assets not on line 1 all	° ├─									_
والقفيتونوالال		assets on line 6a	come (from Part IV, line 2					<u> </u>	0.				_
٥	7		oital gain	- 1									
П	9	•	ons		-			*******					_
	10 a	Gross sales less returnand allowances	ns										_
Æ	Ь	Less Cost of goods so											
C	C	Gross profit or (los	s) (attach schedule)										
<u>-</u> ،	11	Other income (atta	ach schedule)				17.						
.,	12	Total. Add lines 1	through-11-DECEN	FD			X 0.		0.			_ 	
ž,	13	Compensation of office	cers, directors; trustees, etc		70	<u> </u>	0.						_
သမ္	14	Other employee sa	alaries and wages		\tilde{Q}	 							_
ğ	15	Pension plans, em	ployer benefits V 0.1	באות_	10	1	_			<u> </u>			_
Ţ	il .	Legal rees (attach s	scheaule)	<u> </u>	<u> 1 🛱</u>					 -	<u> </u>		_
g	:	Other professional	fees (attach schoolie)	: ህፕ		1							_
į,	17	Interest	las (allage scriedure).	! - 								- -	_
43	18		dule) (see instructions).										
	19		ch schedule) and deplete				, i			,			_
5	20	,											_
4	21		s, and meetings										
ממ	22	Printing and public	ations									<u>-</u>	_
2	23	Other expenses (at	ttach schedule)										_
ğ	24		nd administrative expens	- 1									
ā	23 24 25		gh 23				0.						_
C		· •	s, grants paid				0.						0.
-	26	Subtract line 26 from	oursements Add lines 24 and	25			<u> </u>						<u>~</u> .
	j		expenses and disbursements				0.						
	1		come (if negative, enter -					_	0.			-	_
	1		me (if negative enter -0-)	· -							<u> </u>		

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000

	4 II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	<u> </u>
	art II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
- 1		Savings and temporary cash investments			
		Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable		-	
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ß		Inventories for sale or use			
ssets		Prepaid expenses and deferred charges			
		Investments - U S and state government obligations (attach schedule).			
		Investments - corporate stock (attach schedule)		-	
		Investments - corporate stock (attach schedule)			
	11 ^C	Investments - land, buildings,		 	
		and equipment basis Less accumulated depreciation			
		(attach schedule)			***
		Investments - mortgage loans	•	0 = 1 = -	
	14	Land, buildings, and			
		Less accumulated depreciation			
		(attach schedule) Other assets (describe ▶)			
	-	Total assets (to be completed by all filers - see the			(
		instructions Also, see page 1, item l)	0.	X 0.	 \
		Accounts payable and accrued expenses			1 /
		Grants payable			
Ś		Deferred revenue,			
Ę	ĺ	Loans from officers, directors, trustees, and other disqualified persons.			
Liabilities		Mortgages and other notes payable (attach schedule)			
Ĕ		Other liabilities (describe ▶)			
i				<u> </u>	
į	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26, and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
9		Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ► X		<u> </u>	
Ĭ		and complete lines 27 through 31			
Ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds]
it A		Total net assets or fund balances (see instructions)	0.	0.	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	0.	0.	<u> </u>
		Analysis of Changes in Net Assets or Fund Bala			
1		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			0
		er amount from Part I, line 27a		1 -	0
		lines 1, 2, and 3			0
5	Dec	reases 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	o), line 30 6	0.00 05

Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income			
		scribe the kind(s) of property sold (for each warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1</u> a	-					
<u>b</u>		<u> </u>				
<u>c</u>			<u> </u>	<u> </u>	_	
<u>d</u>				 		
<u>e</u>			(-) Cook or other have	 		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
<u>_a</u>				ļ		
_ <u>b</u>						
<u>c</u>		· · · · · · · · · · · · · · · · · · ·		 		
_ <u>d</u>		-		 		
<u>e</u>		nowing gain in column (h) and owned	by the foundation on 12/31/69	 		
	Complete only for assets si				Gains (Col (h) ga (k), but not less the	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	00.	Losses (from col	
 a	· ·· <u>-</u>			 		
_ <u>e</u>				 		
<u>-</u>					·· -	
e						
	01-1	(If g	ain, also enter in Part I, line 7			
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections	s 1222(5) and (6)			
	If gain, also enter in Pa	art I, line 8, column (c). See ins	structions If (loss), enter -0- in $\}$	}		
				3		-
Pa	rt V Qualification U	Inder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
lf se	ction 4940(d)(2) applies,	leave this part blank NOT	T AVAILABLE FOR INITIAL	YEAR R	ETURNS	
			outable amount of any year in the b	ase perio	d?	Yes No
		't qualify under section 4940(e)				
	(a)		ar, see the instructions before mak	ing any er	(d)	
0-1	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	ļ	Distribution ra (col (b) divided by	
Can	endar year (or tax year beginning in) 2016			 	(cor (b) divided by	cor (c))
	2015			-		
—	2014			 -		
	2013					
	2012			_		
	<u>_</u>					
2	Total of line 1, column (c	d)		2		
3			le the total on line 2 by 5 0, or by			
			if less than 5 years	3		
	•		•			
4	Enter the net value of no	oncharitable-use assets for 2017 f	from Part X, line 5	4		<u></u>
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7						
						.
8	Enter qualifying distribution of the second	reater than line 7, check the box	c in Part VI, line 1b, and complete	that par	t using a 1% ta	x rate See the

	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s)</u>	
	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			0.	
	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 J				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			<u>0.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<u>0.</u>	
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			0.	
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a				
b	Exempt foreign organizations - tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld			^	
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		_		
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 ▶ Refunded ▶ 11				
	t 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	40	Yes	No X	
	participate or intervene in any political campaign?	<u>1a</u>		Λ.	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b		X	
	instructions for the definition	10			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	1c		X	
	Did the foundation file Form 1120-POL for this year?				
d	(1) On the foundation \$ (2) On foundation managers \$ \$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
e	on foundation managers \$				
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				
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		Х	
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		X	-
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			ŀ	
	conflict with the state law remain in the governing instrument?	6	Х		-
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.				
	TX,				
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 ² If "No," attach explanation	8b_	Х	-	٠,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			İ	•
	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	,,		Х	
	names and addresses	10	0-PF		

Pai	rt 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	1		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie			
-	person had advisory privileges? If "Yes," attach statement See instructions			Х
13		•	Х	
	Website address ► N/A			
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-83	9-175	4	
1-4	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-	1377		_
1 =	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			Т
13	and enter the amount of tax-exempt interest received or accrued during the year	i		· —
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other author		Yes	No
10				X
	over a bank, securities, or other financial account in a foreign country?	·	٠	
	the foreign country	ויכ		
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>'</u>
Га			Yes	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	163	140
1a	During the year, did the foundation (either directly or indirectly)			.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			}
	disqualified person? Yes X No	-	}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	1	١.	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			;
	foundation agreed to make a grant to or to employ the official for a period after			1 :
	termination of government service, if terminating within 90 days)			}
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	- 1		- '
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. <u>1b</u>	 	 ,
	Organizations relying on a current notice regarding disaster assistance, check here			;
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			-, 4
	were not corrected before the first day of the tax year beginning in 2017?		 	X,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	*	1	;
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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 before 2017?			
	If "Yes," list the years		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1 1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) t			
	all years listed, answer "No" and attach statement - see instructions)	. <u>2b</u>		 ,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>	-]
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		i	
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation of			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	'		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	f `		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017)			<u> </u>
4a	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 it	; <u></u> -		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017	4b		X

Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No			
	(2) Influence the outcome of any specific public ele	ection (see section 4	4955), or to carry or	٦,			
	directly or indirectly, any voter registration drive?			. Yes X No			
	(3) Provide a grant to an individual for travel, study, or o						
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions						
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions		5 b		
	Organizations relying on a current notice regarding disas			ſ			
С	If the answer is "Yes" to question 5a(4), does the			· ·			
	because it maintained expenditure responsibility for the				İ		
	If "Yes," attach the statement required by Regulations so	=					
6a	Did the foundation, during the year, receive any fur	, ,	ectly, to pay premiur	ms			
	on a personal benefit contract?	•					
b	Did the foundation, during the year, pay premiums, dire				6b	1	Х
-	If "Yes" to 6b, file Form 8870	only of manoony, on a			-32		
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	Yes X No.			
ь	If "Yes," did the foundation receive any proceeds or have				7 b		
Pai	Information About Officers, Director					L	
4	and Contractors List all officers, directors, trustees, foundation n	and that	- componentian Sec	instructions		_	
- 		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expens	9 3000	unt .
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
		•					
ATC	1 1		0.	0.			0.
						_	
				1			
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instructio	ns). If no	one,	enter
		(b) Title, and average	(-) 0	(d) Contributions to employee benefit	(e) Expens	e accor	unt.
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owance	s
		· · · · · · · · · · · · · · · · · · ·	·	Compensation			
	NONE						
					-		
		}		}			
			<u> </u>	 -			
		[[
Fatal	number of other employees paid over \$50,000.					- -	

7-ELEVEN CARES FOUNDATION 82-3558653 Form 990-PF (2017) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (b) Type of service (c) Compensation (a) Name and address of each person paid more than \$50,000 NONE 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 information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

Form **990-PF** (2017)

3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2017)

ge	9
	ge

Form	990-PF (2017)				Page 9
Pa	rt XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				0.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only				
b	Total for pnor years 20 15 ,20 14 ,20 13			<u> </u>	
3	Excess distributions carryover, if any, to 2017				
а	From 2012				
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$				
a	Applied to 2016, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required - see instructions)				
	Treated as distributions out of corpus (Election				
·	required - see instructions)				
d	Applied to 2017 distributable amount				
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2017				
•	(If an amount appears in column (d), the same				
_	amount must be shown in column (a)) Enter the net total of each column as				
ь	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract	1			-
В	line 4b from line 2b		1		
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				
_	· · ·				
a	Subtract line 6c from line 6b Taxable amount - see instructions				1
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount - see instructions				
					·
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018				
_					
,	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)				
۰	Excess distributions carryover from 2012 not				
٥	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2018.				
9	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2013				
	Excess from 2014	1			
	Excess from 2014	1			
	Excess from 2016				}
<u>e</u>	Excess from 2017	l			Form 990-PF (2017)

	990-PF (2017)		CARES FOUNDATIO		0	82-3	55865	
		erating Foundations					NOT A	PPLICABLE
1 a	If the foundation has	•		·	I			
.	foundation, and the rulin Check box to indicate v	•	=			4942(j)(3) or	4942(j)(5)
U	Check box to indicate t	Tax year	is a private operating	Prior 3 years	Section	7372()/(5) 01	1 4942())(3)
2 a	Enter the lesser of the ad-	(a) 2017	(b) 2016	(c) 2015	(d) 20;	14	(e) Total
	Justed net income from Part For the minimum investment		(5) 2010	(6) 20 10				
	return from Part X for each year listed							
ь	85% of line 2a							
	Qualifying distributions from Part							
	XII, line 4 for each year listed .				1			
d	Amounts included in line 2c not				1			
	used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line							
3	2d from line 2c				-			
•	alternative test relied upon					1		
а	"Assets" alternative test - enter			/				
	(1) Value of all assets (2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-		· /					
	enter 2/3 of minimum invest-				}	1		
	ment 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 secunties toans (section 512(a)(5)),	}	/			}		
	or royalties)		/		-			
	public and 5 or more		/					
	exempt organizations as provided in section 4942		/					
	(j)(3)(B)(III)							
	port from an exempt organization.							
	(4) Gross investment income							
Pa		ntary Information (only if the founda	tion had \$5	,000 or	more i	n assets at
		uring the year - see						
	Information Regardin	•						
а	List any managers of before the close of any						ed by the	e foundation
	•	(2000)	,	(0		. (-/(-//		
h	NONE List any managers of	the foundation who	own 10% or more o	f the stock of a core	oration (or a	n equally	large p	ortion of the
_	ownership of a partner					oquay	ia.gc p	
	N/A							
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:				
	Check here ▶ X If t	he foundation only	makes contributions	to preselected char	itable organi	zations ar	nd does	not accept
	unsolicited requests for			ints, etc., to individua	ils or organiz	ations und	ier othe	r conditions,
	complete items 2a, b,					المالية المالية	00001	
а	The name, address, a	na telephone number	or email address of th	ie person to wnom ap	piications snot	nd de addr	essea	
h	The form in which app	lications should be sul	hmitted and information	on and materials they	should includ			
IJ	The form in which app	ncations should be Sul	omitted and information	m and materials they	SHOULU HICIUU	Ç		

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

JSA 7E1490 1 000

c Any submission deadlines

Page **11**

art XV Supp	lementary Information (continued)			
Grants and	Contributions Paid Durin Recipient dress (home or business)	ng the Year or Appr	oved for Fu	ture Payment	
l	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and ad	dress (home or business)	or substantial contributor	recipient	contribution	<u>-</u>
a Paid during the	e year				
			1		
			1		
			-		
				1	
	:				
			1		
			1		
			·		
]		
Total				▶ 3a	
Approved for	future navment	<u> </u>	 	Ja	
a Approved for	uture paymem				
			1		
			1		
			1		
			}		
			1		
			1 t		
		i .			

Enter gross a			ivities			
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
						_
f						. <u> </u>
g Fees a	and contracts from government agencies					
2 Members	ship dues and assessments			 		
3 Interest or	n savings and temporary cash investments -			+		
	s and interest from securities					
	al income or (loss) from real estate			 		
	financed property			 		
	ebt-financed property			 -		
	income or (loss) from personal property			-		
	vestment income			 		
	oss) from sales of assets other than inventory			 		
	me or (loss) from special events			- 		-
	ofit or (loss) from sales of inventory venue a					
	enue a			<u> </u>		
						
e						
	Add columns (b), (d), and (e)					
	d line 12, columns (b), (d), and (e)				13	
(See worksh-	eet in line 13 instructions to verify calci	ulations)				
Part XVI-E	B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No	Explain below how each activit	v for which	n income is reported i	ın column (e	e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation	-				
	<u> </u>		 			· · · · · · · · · · · · · · · · · · ·
						 -
			<u> </u>		····-	
			.			
	····					
	 -		 			
						
						
——— <u></u>						

		(2017)		CARES FOUNDATION				82-35			ge 13
Par	t XVII	Information R Exempt Organ		nsfers to and Transa	ctions a	ınd Relat	tionships	s With Nor	ichari 	table	:
1	Did th	e organization direct	y or indirectly e	engage in any of the follow	ving with	any other	organizati	on described		Yes	No
	ın se	ction 501(c) (other	than section	501(c)(3) organizations)	or in se	ection 527	', relating	to politica			
	-	izations?									
а		•	=	a noncharitable exempt or	_						37
											X
b	Other	transactions									
				npt organization							X
				ole exempt organization							X
	• •	•	•	assets							X
											X
											X
_				p or fundraising solicitations s, other assets, or paid emp) <u> </u>	X
				s, other assets, or paid emp s," complete the following						fair m	
u		•		es given by the reporting				•			
				ement, show in column (o							
(a) L	ne no	(b) Amount involved		oncharitable exempt organization				nsactions, and si			
		N/A			N/A	Ą		_			
			, <u>.</u>								
	-					_					
			-								
	\rightarrow										
	+			 				 			
-											
								· <u> </u>	-		
	descri	bed in section 501(c)	(other than sec	liated with, or related to, tion 501(c)(3)) or in section					Y	es X] No
<u> </u>	ir "Yes	s," complete the follow (a) Name of organization		(b) Type of organization		1	(c) Des	cription of relation	nship		
		(a) Name of Organization	·	(b) 13pe of organization	•	 	(0) 563	paron or relation			
						 				_	
						+					

Signature of officer or trastee Date X Yes See instructions Print/Type preparer's name Preparer's signature Date Check _____ If **Paid** 10/09/2018 self-employed P01345770 JEFFREY D HASKELL JEFFREY D HASKELL Preparer ▶ FOUNDATION SOURCE Fim's EIN ▶ 510398347 **Use Only** Firm's address ▶ ONE HOLLOW LN, STE 212 LAKE SUCCESS, NY 11042 Phone no 800-839-1754

Form 990-PF (2017)

May the IRS discuss this return with the preparer shown below?

Sign Here ATTACHMENT 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES