Form **990-PF**

2019

EXTENDED TO MARCH 15, 2019
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.

| Depa Inten | rtment nal Rev | of the Treasury enue Service | | ▶ Go | to www.i | rs.gov/Fo | rm990PF for ins | structions and | the latest inf | ormatic | n. (00 1 | Open to Public | Inspection |
|------------------------------|-------------------|------------------------------------|-----------------------|---|-----------------------|---|--|--|--|--|--|--|--|
| For | calen | dar year 2017 | or tax year | beginning | MAY | 1, | 2017 | , and | ending | APR | 30, 2018 | 3 | |
| Na | me of | fòundation | | | | | | | | A Emi | oloyer identification | n number | |
| Т | ΉE | BOREN | FAMIL | Y FOUN | DATIO | N | | | | 8 | 6-0872576 | 5 | |
| | | | | mail is not delive | | | | | Room/suite | | phone number | | |
| _4 | 22 | 2 E. MC | LELLA | N CIR. | , #10 | | | | | 4 | 80-396-79 | 945 | |
| | | own, state or po A , AZ | rovince, cou 85205 | ıntrý, and ZIP o | r foreign p | ostal code | • | | | C If ex | emption application is p | oending, check here | |
| | | all that apply: | | Initial return | | | Initial return of a | former public | charity | D 1 F | oreign organization | s, check here | ightharpoons |
| _ | | | | Fınal return | | | Amended return | · | • | _ | | | |
| ٠ | | | | Address chang | је | | Name change | | | 2. F | oreign organizations m heck here and attach c | eeting the 85% test, omputation | |
| H_(| _ | type of organi | | X Section 5 | | empt priv | ate foundation | | ρ | E If pi | rivate foundation sta | atus was termina | ted |
| Ļ | | | | pt charitable tri | | | able private foun | | <u> </u> | und | er section 507(b)(1 |)(A), check here | |
| , | | rket value of a | | end of year J | Account | - | | L Acc | rual | | e foundation is in a | | nation |
| | rom ⊦ ►\$ | art II, col. (c), | ine 16) | 596 (P | Ul∟∟⊥ Part L colun | ther (spec | st be on cash ba | sis) | | und | er section 507(b)(1 |)(B), cneck nere | P L |
| | | Analysis of F | | | a. c. 1, 001011 | | | | nvectment | <u> </u> | n) Adjusted set | (d) Disburs | ements |
| į; 1,/0 | - L 1 | The total of an | rounts in colur | mns (b), (c), and (c ts in column (a)) | i) may not | expe | Revenue and nses per books | inc | nvestment come | 1002-051 | c) Adjusted net income | for charitable (cash basis | purposes |
| | 1 | Contributions | , gıfts, grant | s, etc., received | t | | 5,800 | . (2.2. \$122522 | ************************************** | 544454555 544655555 544655555 | N/A | 1 | # PRESENCE 1 1 1 1 1 1 1 1 1 |
| | 2 | Check Interest on savir | | n is not required to att | ach Sch B | 14.74.48888.8888 14.74.48888.8888 18.16.4888888 | | ** | | 1241242 | | * * * * * * * * * * * * * * * * * * * | |
| • | 3 | cash investment | ts | | | | 14 550 | | LA EEO | | | * 1980 TENNES | |
| 5 | 4 | Dividends and | l interest fro | m securities | | | 14,552 | • - | 14,552. | | | STATEME | NIT: FITE |
| • | 1 . | Gross rents Net rental incom | o or (loca) | | | CANNE MARKANES | ###################################### | NA HANNAN NANANANANAN | ********* | (JEEST KT. 5) | NAKAN SIMPAN (INGANARA) ANANA | 12228952222222222 2, 22882222222222222222222222 | 22992349939939 |
| | 1 _ | | · · · — | assets not on line | 10 | ×2022================================== | 19,463 | NIT THE MARIA CALL A | ************************************** | ************************************** | | N. HIN AND CANADAN AND AND AND AND AND AND AND AND A | 148 248 248 248 248 248 248 248 248 248 2 |
| Jue | 'p | Gross sales pric | e for all | | 789. | (MENICAL BREFIEL 1228 (MENICAL 1228 (MENICA 1228 (MENICA | | THE STATE OF STATE STATE OF ST | THEREAS SEVENE SERVE SER | 2023383584 | | 2 37 34 34 34 34 34 34 34 34 34 34 34 34 34 | *************************************** |
| Revenue | 7 | Capital gain net | | | | 173730000000000000000000000000000000000 | ************************************** | 28 4. | 19,463. | AN THERE | RECIEV | ÆDHIN K | ************************************** |
| ď | 8 | Net short-tern | n capıtal gaı | n | | | | | | | | The second second | 262,1421264421111 262,14212446411111 |
| | 9 | Income modif | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ************************************** | i i i | MAR 2 n 2 | do oh | CONTRACTOR OF THE CONTRACTOR O |
| | 10a | Gross sales less and allowances | s returns | <u></u> | | MANAGE TAXAGE | TAXAA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 12 | | 00 | | | |
| • | 1 | Less Cost of go | - | | | NA CANANA NAN | MEXICA MEXICAL STATES OF S | ** | ************************************** | 75 HQ46 | OGDEN | * ************************************ | |
| | 1 | Gross profit o | | | | | | (************************************* | ************************************** | - | OCOLIV, | | ###################################### |
| | 1 | Other income Total Add lin | | h 11 | | | 39,815 | + : | 34,015. | +- | | 1200 4000 1000 1000 1000 1000 1000 1000 | TANABLE STATES OF THE STATES O |
| | 12 | | | ectors, trustees, el | ic. | | 0 | | 0. | | | [HAJKHAN NNA 14 84X 44 x 87 x | 0. |
| | 14 | Other employ | | | , | | | | | | | | |
| | 15 | Pension plans | | - | | | 1 | | | | | | |
| Sec | 16a | Legal fees | | STM | Т 2 | | 132 | | 53. | | | | 79. |
| Expenses | b | Accounting fe | es | STM | т 3 | | 6,450 | • | 2,580. | <u> </u> | | 3 | <u>,870.</u> |
| Ĭ. | C | Other profess | ional fees | | | | | | | | | | |
| tive | 17 | Interest | | am. | m 4 | | 1 040 | | 242 | ļ | | | |
| tra . | 18 | Taxes | | STM | T 4 | | 1,042 | • | 242. | + | · · · · · · · · · · · · · · · · · · · | | 0. |
| غَ: | 19 | Depreciation a | and depletio | П | | · · · · · | <u>.</u> | | | | | 180171717188886819111168 | 10341723014.2824848 |
| 5 | 20 21 | Occupancy Travel, confer | ences and | meetings | | | | - | | 1 | | | |
| 2 | 22 | Printing and p | | - | | · · | | | | | | T | |
| Operating and Administrative | 23 | Other expens | | STM | т 5 | | 6,448 | | 4,523. | | | 1 | ,925. |
| į | 24 | Total operati | | inistrative | | | _ | | | | | | |
| , and | | expenses Ad | | _ | | | 14,072 | • | 7,398. | INE CHARREN | *************************************** | 5 | ,874. ,520. |
| C | 25 | Contributions | | | | | 59,520 | • 13442844444444444 | | STATES SERVICES SERVI | ************************************** | <u>59</u> | <u>,520.</u> |
| | 26 | Total expens | | ursements. | | | 72 500 | | 7 200 | | | | · · 2 O 4 |
| _ | - | Add lines 24 : | | 40. | | CONTRACTOR | 73,592 | • | 7,398. | IN MAKKEN | UNITER BUT TO THE CANAGE OF THE BEST OF THE | 6.5 | ,394. |
| | | Subtract line | | | | 72/38/38/38 | ~33,777 | - William | | 1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 2) | |
| | 1 | | | ises and disburse if negative, enter - | | 46328888333688 | | | 26,617. | CERTARIAN CONTROL | en.coocoprati, 2000000000000000000000000000000000000 | | (3************************************ |
| | 1 | Adjusted not | | | ~ -, | ** ************ | | VERNEL ENGINEERING AND | | CHRESTERS. | N/A | ************************************** | |

| Lia | 21 | wiortgages and other notes payable | | | EN SKANNEN ERREN JEHERBERHER LIEN JALFE I. E. |
|---------------|----|--|----------|----------|--|
| | 22 | Other liabilities (describe ▶) | | | THE REPORT OF THE PROPERTY OF |
| | | , | | | ANNAMAN TARKET AND THE TARK TH |
| | | | | 0 | TEXTER - |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0, | 0. | ### ## ## ### ######################## |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26, and lines 30 and 31 | | | |
| S | 24 | Unrestricted | | | ZBITA: '.7' ANTE KATAKEANIKA KAKANA- KAKAN TARANI KAKAREKE KIATAKEANIKA KAKANA MANAKA TARANIKANIKANIKA KATA SEKAMBAN MANAKA TARANIKANIKANIKANIKANIKANIKANIKANIKANIKANIK |
| lan | 25 | Temporarily restricted | | | |
| Ва | 26 | Permanently restricted | | | |
| Fund Balances | | Foundations that do not follow SFAS 117, check here | 6 | | AND THE PROPERTY OF THE PROPER |
| Ę | | and complete lines 27 through 31. | | | RADA TARABA TAKATAK TERRA SEPERTUAN TARAS TERRAS TE |
| s of | 27 | Capital stock, trust principal, or current funds | 0. | 0. | APPEN BER BER SERVE SERV |
| Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | AND PROPERTY OF THE PROPERTY O |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 796,816. | 763,039. | APRALI TENENCIARENTAN ANTARA ETA ETA ANTARA ETA ETA ANTARA ETA ANTARA ETA ANTARA ETA ANTARA ETA ANTARA ETA ANTARA ETA ANT |
| Net | 30 | Total net assets or fund balances | 796,816. | 763,039. | |
| _ | | | | | TANKAN PANGATAN TANKA TA |
| | 31 | Total liabilities and net assets/fund balances | 796,816. | 763,039. | |

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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 O.

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

6 763,039.

Form 990-PF (2017)

19 Deferred revenue

Loans from officers, directors, trustees, and other disqualified persons

Part III Analysis of Changes in Net Assets or Fund Balances

| | BOREN FAMILY | | | | | 8 | <u>6-087</u> | <u> 2576 </u> | Page 3 |
|--|---|--|--------------------------------------|-------------------------------------|--------------------------------|------------------------|------------------------------|---|----------------|
| Part IV Capital Gains | and Losses for Tax o | n Investment | Income | | | | | | |
| | the kind(s) of property sold (for rehouse; or common stock, 20 | | te, | (b) How P - Pu D - Do | acquired irchase ination | (c) Date a (mo., da | acquired ay, yr.) | (d) Dat (mo., d | |
| 1a · | | | | - | | | | | |
| b SEE ATTACHED | STATEMENTS | | | | | | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | it or other basis xpense of sale | | | | ain or (loss) (f) minus (| | |
| a | | | | | | | | | |
| b | | | | | | • | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e 82,789. | | | 63,32 | 6. | | | | 19 | ,463. |
| Complete only for assets showing | ig gain in column (h) and owne | ed by the foundation | | - | (1) | Gains (C | ol. (h) gain | | 7 |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (I) col. (J), if any | | | (k), but n | ot less thar (from col. (| 1 -0-) or | |
| | | | | 1 | | | | | |
| a b | | | - | | | | | | |
| | | | | | | | | | |
| <u>.</u> | " | | | | | • | | | |
| d | ··· | | | | | | | 1.0 | 162 |
| <u>e</u> | | | | _ | 1 | | | 19 | <u>,463.</u> |
| 2 Capital gain net income or (net ca | | enter in Part I, line ter -0- in Part I, line | | } 2 | | | | 19 | ,463. |
| 3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, | | (5) and (6): | | ١ | | | | | |
| If (loss), enter -0- in Part I, line 8 | 00.0 (0). | | |] 3 | | | N/A | | |
| Part V Qualification U | Inder Section 4940(e | for Reduced | Tax on Net | Inves | tment Inc | ome | • | | |
| (For optional use by domestic private | | | | | | | | | |
| (1 of optional use by domestic private | s roundations subject to the sec | Ullon 4340(a) lax on | THE HIVESTITICHE III | 001110.7 | | | | | |
| If section 4940(d)(2) applies, leave the | his part blank. | | | | | | | | |
| | 40.40 to a a tha diabahtal | hla a a a. f. a | 4 ba baaa | | | | | | X No |
| Was the foundation liable for the sec | | | • | 1007 | | | | Yes | <u> </u> |
| If "Yes," the foundation doesn't qualit | | | | -4 | | | | | |
| 1 Enter the appropriate amount in | each column for each year; see | tne instructions be | tore making any ei | ntries. | | | | (4) | |
| (a) Base period years | (b) | | | (c) | | | Distrib | (d) ution ratio | |
| Calendar year (or tax year beginni | ng in) Adjusted qualifyii | 9 | Net value of no | | | | (col. (b) div | ided by col | |
| 2016 | | 59,735. | | | 34,782 | | | | <u>71558</u> |
| 2015 | | 52,599. | | | 48,987 | | | .0 | 61955 |
| 2014 | | 63,072. | | 9 | 37,135 | • | | .0 | 67303 |
| 2013 | | 67,471. | - | 9 | 60,393 | • | | .0 | 70254 |
| 2012 | | 54,678. | | | 60,691 | | | | 56915 |
| EUIE | | <u> </u> | | | , | 1 | | | |
| 3. Total of line 1. column (d) | | | | | | 2 | | 3 | 27985 |
| 2 Total of line 1, column (d)3 Average distribution ratio for the | E voor hood named duids the | total on line 0 his 5 | 0 or hu tho | or of was | | - | | | <u>.,,,,,,</u> |
| the foundation has been in existe | • | total off life 2 by 5. | o, or by the number | ei oi yeai | 5 | 3 | | .0 | 65597 |
| 4 Enter the net value of noncharitat | ole-use assets for 2017 from P | art X, line 5 | | | | 4 | | 837 | ,270. |
| | | - | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 54 | ,922. |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | 6 | | | 266. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 55 | ,188. |
| 8 Enter qualifying distributions from | m Part XII, line 4 | | | | | 8 | | <u>6</u> 5 | ,394. |
| If line 8 is equal to or greater than See the Part VI instructions. | | /I, line 1b, and comp | olete that part usin | g a 1% ta | ax rate. | | | | |

| | 3 | | | | · · . | |
|------|--|---------------|---|--|--|--|
| Form | 990-PF (2017) THE BOREN FAMILY FOUNDATION | | 86-08 | 372576 | Pa | ige 4 |
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e) | , or <u>4</u> | | | tions | <u>s)</u> |
| 1a | exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | THE REPORT OF THE PROPERTY OF | AMERICAN HAVE A MARKET AND | THE TENTE AND TH | XXXXXXXX XXXXXXX XXXXXXX XXXXXXX XXXXXX |
| | 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% | > | 1 | | 26 | 6. |
| | of Part I, line 27b | | IMMXMENHEN A TEX IN (MHNNAS) IN X TEX IN X | ANNERS SERVICE SERVICES SERVIC | K WENNERS IN X 10 CONTROL OF THE CON | MANAGE OF THE PARTY OF THE PART |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). \supset | | # # # # # # # # # # # # # # # # # # # | - Turnan (Lank) tak - Turna (Sanat Lak - Tur | Chail sales | ************************************** |
| 2 | Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | | | 0. |
| 3 | Add lines 1 and 2 | | 3 | | 26 | <u>6.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | <u> </u> | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 26 | 6. |
| 6 | Credits/Payments: | | HARRY RE XXXXX | CANADA TANADA TA | ****** * ***************************** | 1100001 |
| а | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 5 | <u>54.</u> | | ## ################################### | ************************************** | ************************************** |
| b | Exempt foreign organizations - tax withheld at source | 0. | TO NAME OF STREET | ###################################### | | |
| C | Fax paid with application for extension of time to file (Form 8868) 6c | 0. | HARRIET FERRE | (a) TATALATAN MARKATAN (a) | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | AKAMAKA INKAMAKA INKAMAKA INKAMAKA |
| d | Backup withholding erroneously withheld | 0. | | ************************************** | 238224424 2382444 2382444 2382444 23824444444444 | |
| | Total credits and payments. Add lines 6a through 6d | | 7 | | 95 | <u>4.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | <u>0.</u> |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | | | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | | <u>68</u> | 88. |
| | Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 688. Refund | ed 🖊 | 11 | | | <u>0.</u> |
| | t:VII-A | | | ********* 1 | - I | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in | itervene | e in | 380000000 | | No_ |
| | any political campaign? | | | 1a | | <u>X</u> |
| þ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for t | he defii | nition | 16 | Zadineji a | X xxxxxx |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ARE THE CARE | ************************************** |
| | distributed by the foundation in connection with the activities. | | | | | 200 |
| | Did the foundation file Form 1120-POL for this year? | | • | 1c | US 883847 38. | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | _ | | THE STATE OF THE S | 32******* (52 57 (32) 58 57 (32) 58 12: | |
| | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | 0. | | 773137 A | ************************************** | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | on | | 1939 | ************************************** | ### ******* ### ******* ### ******* |
| | managers. ► \$ 0. | | | ************************************** | NE CENTRE CE | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | A SEENHERPTE DE | X Sittatelii |
| | If "Yes," attach a detailed description of the activities. | | | 777274 270 Q 727 28722 2 72 2 222 72 2 2 2 | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpo | ration, | or | ******** | | Mii Se |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | -+ | <u>X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 37 / | 3 4a | | <u>X</u> |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/2 | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | CANNERS IN | X |
| | If "Yes," attach the statement required by General Instruction T | | | ******** | PARKET AND IN | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | P 2922 (1842 4 272 (1842 8 272 (1842 8 272 (1842 8 272 (1842 8 272 (1842 8 272 (1842 8) | AREX ST | |
| | By language in the governing instrument, or | AL | | A NANALANY X NANALANA X NANANANA X NANANANANA X NANANANANANA X NANANANANANANANANANANANANANANANANANANA | | ###################################### |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with | tne stat | e law | 1 1 | TANANCE A | |
| | 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 | X۷ | | 36×4868×481; | X | |
| | and the second s | | | 10 M S S M M M M M M M M M M M M M M M M | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | 1,11,11,11 | | |

10 X Form **990-PF** (2017)

X

AZ

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)

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address

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

of each state as required by General Instruction G? If "No," attach explanation

| <u> </u> | artiviliani Statements Regarding Activities (continued) | | | |
|----------|---|--|--|--|
| | | 222 KY K-8 2 482277 2 482277 2 4828777 2 4828 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 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 | | X |
| 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 | <u> </u> |
| | Website address ► N/A · · · · · · · · · · · · · · · · · · · | | | |
| 14 | The books are in care of ► KENNETH BOREN Telephone no. ► (480) | 396 | <u>-79</u> | <u>45</u> |
| | Located at ► 4222 E. MCLELLAN CIR., #10, MESA, AZ ZIP+4 ►85 | <u> 205</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | · 🔲 |
| | and enter the amount of tax-exempt interest received or accrued during the year | | /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 | CNN CNNARNNN | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | -5235878 (A. 1246) (A. 124 | 22 21 72 22 2 22 22 22 22 2 22 22 22 22 2 | |
| | foreign country | 222232777 222227777 | CAN ANXAL I | 2010001100 |
| Pa | Statements Regarding Activities for Which Form 4720 May Be Required | ******** | Vaa | No |
| | 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): | WEEK SERVICE | | LI RESTANTA |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | ************************************** | 177 YEAR WEEK | 181 - 29 × 28 × 28 × 28 × 28 × 28 × 28 × 28 × |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | XXXXX (AMB) XXMINEX B XXXXIVXXX XX X (- fab) XX X (- fab) | XXXXXXXXXX XXXXXXXXX XXXXXXXXXX XXXXXXX | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | | ## ### ### ## ### ### ## ### ### ## ### # | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | | 2 14822834 214823182 474831824 474831424 | ************************************** | 177.1748XXX 14838XXX XX 17833XXX XX |
| | | ************************************** | ********* | ********* |
| | (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)? | ************************************** | AND THE SAME | CANANA MAN |
| | , , , | ************************************** | ANNEXPERT | ************************************** |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | SEMMENT OF STANKS | ANNAMANA ANNAMANA ANNAMANA ANNAMANA ANNAMANA ANNAMANA ANNAMANAMA | |
| | if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | 148828281 1288828281 1288828282 | 17 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | <u> </u> | ************************************** | ##TYXX### ############################## | EXCERNATION OF THE PROPERTY OF |
| | 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 N/A | 1b | ******* | TAXABLE SA |
| | | E 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 2000 T | |
| | Organizations relying on a current notice regarding disaster assistance, check here | 2000000 | 1 999 31 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 | 722122 |
| , | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? | 1c | ACARHEA A | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 41 43831 388 (| ****** | 44222222 |
| 2 | defined in section 4942(j)(3) or 4942(j)(5)): | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ************************************** | * * * * * * * * * * * * * * * * * * * |
| • | a 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? | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXX (XXX XXXX (XXX XXXX (XXX XXXX (XXX XXXX (XXX | 1413414 |
| | KOVA B Ush Alba areas B | ************************************** | ********* | * 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| 1 | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | ************************************** | PETRONS | 100 100 100 100 100 100 100 100 100 100 |
| • | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | 2339888396 147833758 147833758 147833758 | # | 7988 N 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | statement - see instructions.) N/A | 2b | BANKSTER VA | - CHEKEZEKEK |
| | c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 76 WEXTERN | ********* | ********* |
| | | MARKET TAKE | ************************************** | ************************************** |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 122 XXXX |
| | during the year? | ************************************** | NAME OF STREET | 74120 VA |
| | 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 | 182 E 222 | NA NAME AND | 1 |
| | 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 | XXXXXXXXX XX 14 X X X X X X X X X X X X X X X X X | 774 1838 X | 12000 |
| | 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, | ************************************** | PRESENT A STANFACTOR OF STANFA | CENTRAL MARK |
| | Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A | 3b | | |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 1485 | ************************************** | 1 (NEA / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / |
| | had not been removed from jeonardy before the first day of the tax year heginning in 2017? | 4h | | X |

| 2 Compensation of five highest-paid employees (other than those | | , enter "NONE." | (d) Contributions to | (a) Eynansa |
|---|---|------------------|--|--|
| (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 deferred compensation | (e) Expense account, othe allowances |
| NONE | | | • | |
| , | | | | , |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | _ | |
| | | | | • |

Form **990-PF** (2017)

| Form 990-PF (2017) THE BOREN FAMILY FOUNDATION | 86-0872 | 2576 Page 7 |
|---|-------------|--------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued) | ıly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of se | rvice | (c) Compensation |
| NONE | | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Table number of others recovering over CEO 000 for professional converse | | 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u> </u> |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 ALL EXPENSES RELATE TO MAKING GRANTS TO VARIOUS CHARITABL | E | |
| ORGANIZATIONS | | • |
| | | 0. |
| 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 |
| 1 <u>N/A</u> | | |
| | | |
| | | ···· |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u> </u> | 0. |
| | Fo | orm 990-PF (2017) |

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

Form **990-PF** (2017)

6

65,128.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---------------|----------------------------|----------------|--------------------|
| 1 Distributable amount for 2017 from Part XI, | 00,600 | Tours prior to 20 to | | |
| line 7 | | | - . | 41,598. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | <u> </u> |
| a Enter amount for 2016 only | | | 0. | |
| b Total for prior years: | | _ | | 1 |
| | | 0. | | <u></u> j |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 7, 259. | | | | |
| b From 2013 20,101. | | | | |
| c From 2014 16,823. | | | | • |
| d From 2015 10,755. | | | | |
| e From 2016 18,956. | | | | |
| f Total of lines 3a through e | 73,894. | | | |
| 4 Qualifying distributions for 2017 from | | | | |
| Part XII, line 4: ►\$ 65,394. | | | | i |
| 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. | | | <u> </u> |
| d Applied to 2017 distributable amount | | | | 41,598. |
| e Remaining amount distributed out of corpus | 23,796. | | | ! |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| must be shown in column (a)) 6 Enter the net total of each column as | | | | |
| indicated below: | 07 600 | | | 1 |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 97,690. | | | <u> </u> |
| b Prior years' undistributed income. Subtract | | 0 | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of | | | : | 1 |
| deficiency has been issued, or on which | | | | ! |
| the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | <u> </u> | | |
| amount - see instructions | | 0. | | , , |
| e Undistributed income for 2016. Subtract line | | <u>.</u> | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | 1 |
| f Undistributed income for 2017. Subtract | | | 0. | 1 |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2018 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | 0. |
| | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| 8 Excess distributions carryover from 2012 | 7,259. | | | |
| not applied on line 5 or line 7 9 Excess distributions carryover to 2018 | 1,433. | | · | <u> </u> |
| - | 90,431. | | | |
| Subtract lines 7 and 8 from line 6a | 30,431. | | | |
| 10 Analysis of line 9: a Excess from 2013 20, 101. | | | | |
| | | | | |
| [| | | | |
| <u></u> | | | | |
| | | | | |
| e Excess from 2017 23, 796. | | | L | 200 55 |

| | EN FAMILY F | | | | 172576 Page 10 |
|---|---------------------------------------|-----------------------------|----------------------------|---------------------------------|---------------------------------|
| Part XIV Private Operating F | oundations (see ins | 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 fo | r 2017, enter the date of t | he ruling _ | ▶ ∟ | | |
| b Check box to indicate whether the found | lation is a private operatin | ig foundation described i | | 4942(J)(3) or 4 | 942(j)(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 | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | L | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| • • | | | _ | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | - |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return | | | l . | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | / | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | / | | | |
| securities loans (section 512(a)(5)), or royalties) | | 1 | | | |
| (2) Support from general public | | | · · · · · · | | |
| and 5 or more exempt | | | | | |
| organizations as provided in | | | | | |
| section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | had \$5 000 or m | ore in assets |
| at any time during t | | | ii tiic iodiiddioi | 1 11dd 40,000 01 111 | ore in addets |
| | _ | | | | |
| 1 Information Regarding Foundation | | than 00/ of the tetal cont | | a fawadatian bafasa tha ak | and of any tray |
| a List any managers of the foundation wh year (but only if they have contributed r | | | ributions received by thi | e touttuation before the CR | ise of ally lax |
| • • • | (000 0 | | | | |
| SEE STATEMENT 10 | | | (as an agually large part | on of the ownership of a | and a realization of the second |
| b List any managers of the foundation who other entity) of which the foundation ha | | | or an equally large port | ion of the ownership of a p | partnership or |
| • • | 3 a 1070 of greater intere | Ju | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | | | | | |
| · · · · · · · · · · · · · · · · · · · | • | • | - | not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, etc. | · · · · · · · · · · · · · · · · · · · | | | | |
| a The name, address, and telephone num | iber or email address of ti | ne person to whom applic | cations should be addres | ssed: | |
| | | | | | |
| SEE STATEMENT 11 | | | | | |
| b The form in which applications should l | oe submitted and informa | tion and materials they sl | nould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations or sweet | e cuch se hy assarsshis | al areae, chardahla fields | kinds of institutions or | other factors: | |
| d Any restrictions or limitations on award | s, such as by geographic | ai ai eas, charladhe heids, | KIIIUS OI IIISUUUUUIIS, OF | ouier factors: | |
| | | | | | |

| Part XV | Supplementary Information | 1 (continued) | | | |
|-------------|-----------------------------------|--|----------------------|----------------------------------|--------------------------|
| 3 Grants | and Contributions Paid During the | ear or Approved for Future | Payment | | |
| | Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Nan | ne and address (home or business) | or substantial contributor | recipient | ** | |
| a Paid d | luring the year | | | | |
| | | | | | |
| | | | | | |
| AMERICAN | INDIAN SERVICES | N/A | OTHER PUBLIC | COLLEGE SCHOLARSHIPS | |
| | ANYON ROAD, SUITE 100 | | CHARITY | FOR NATIVE AMERICAN | |
| PROVO, UT | | | | STUDENTS. | 5,000. |
| | | | | | |
| | | | | | |
| ARTZONA S | TATE UNIVERSITY FOUNDATION | N/A | OTHER PUBLIC | TO SUPPORT | |
| P.O. BOX | | [·/ | CHARITY | SCHOLARSHIPS. | |
| TEMPE, AZ | | | | · | 1,000. |
| | | | | | |
| | | | | | |
| ARIZONA W | OMEN'S BOARD | N/A | OTHER PUBLIC | TO SUPPORT | |
| 5921 EAST | INDIAN BEND ROAD | | CHARITY | ORGANIZATION'S TAX | |
| PARADISE | VALLEY, AZ 85253 | | | EXEMPT PURPOSE. | 5,000. |
| | | | | | |
| | | | | | |
| CARDIO RE | NAL SOCIETY OF AMERICA | N/A | OTHER PUBLIC | TO SUPPORT | |
| 360 E COR | ONADO RD. STE 180 | | CHARITY | ORGANIZATION'S TAX | ļ : |
| PHOENIX, | AZ 85004 | | | `EXEMPT PURPOSE. | 2,500. |
| | | | | | |
| | YON COUNCIL BOY SCOUTS OF | N/A | OTHER PUBLIC | FRIENDS OF SCOUTING | |
| AMERICA | | | CHARITY | FUNDRAISER FOR EAGLE | |
| PHOENIX | EENFIELD ROAD | | | SCOUT RECOGNITION. | 2,500, |
| Total | | NTINUATION SHE | T(S) | ▶ 3a | 59 520 |
| | oved for future payment | | | | |
| | | | | | |
| | NONE | | | | |
| | | | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | ▶ 3b | 0. |
| | | | | C | orm 990-PF (2017) |

| Part YVI-A | Analysis of Income-Producin | a Activities |
|------------|------------------------------|--------------|
| Part Avi-A | Alialysis of income-Floducin | y Acuviues |

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|-------------------------|-----------------------------|-------------------------------|---------------------------------|---------------------------------------|
| - | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | Code | | COGO | | |
| a | | | - | | |
| b | | | | | · · · · · · · · · · · · · · · · · · · |
| c | | ··· | <u> </u> | | |
| d | | | | | |
| e | <u> </u> | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| g Fees and contracts from government agencies | | | - | | |
| 2 Membership dues and assessments | | | 1 | | . |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | <u>-</u> | 4.4 | 14.550 | |
| 4 Dividends and interest from securities | | | 14 | 14,552. | · |
| 5 Net rental income or (loss) from real estate: | | | ļ | | |
| a Debt-financed property | | | ļ | | <u></u> |
| b Not debt-financed property | | | ļ | | <u> </u> |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | ļ | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 19,463. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | <u> </u> |
| 11 Other revenue: | | | | | I |
| a | | | | | |
| b | | | | | • |
| c | | | | | |
| d | | | | | |
| e | | | | = | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 34,015. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | _ | |
| | - Abo Aco | ampliahment of E | · | + Durnosoo | |
| Part XVI-B Relationship of Activities t | o the Acc | omplishment of E | kemp | ot Purposes | |
| Line No Explain below how each activity for which income | me is reported | ın column (e) of Part XVI-A | \ contri | buted importantly to the accord | nplishment of |
| the foundation's exempt purposes (other than | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | |
| - | | | - | . " | |
| | | | | ·- | |
| | | ···· | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | T | | |
|--|-----------|----------|--------|
| Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) | 1 | Yes | No |
| (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | l |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions: | | <u> </u> | ~~~~~~ |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 15(2) | <u> </u> | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | ļ | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, or | other as | sets, | |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, s | how In | | |
| column (d) the value of the goods, other assets, or services received. | | | |
| (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and | sharing a | талдет | ents |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations descri | bed |
|--|---|
| in section 501(c) (other than section 501(c)(3)) or in section 527? | Yes X No |
| b If "Yes," complete the following schedule. | |
| (a) Name of organization (b) Type of organization | (c) Description of relationship |
| | (0, - 0 |
| N/A | |
| | |
| | <u> </u> |
| | |
| | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and | |
| Sign and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which p | return with the preparer |
| | E PRESIDENT Shown below? See instr |
| A THURLDY VIC | E PRESIDENT X Yes No |
| Signature of officer or trustee Date Title | Oberts Total |
| Print/Type preparer's name Preparer's signature Date | Check if PTIN |
| Paid VIVIV N STUTTE VOON MILL to 3/11/1 | self- employed |
| Paid KELLY M. WHITE VOUX M WITE 3/11/1 | P00622256 |
| Preparer Firm's name ► SCHMIDT WESTERGARD & COMPANY, PLLC | |
| · | Firm's EIN ► 86-0271207 |

Firm's address ► 77 WEST UNIVERSITY DRIVE MESA, AZ 85201-5830

Form **990-PF** (2017)

Phone no. 480.834.6030

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

Employer identification number

2017

THE BOREN FAMILY FOUNDATION 86-0872576 Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet 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) Name of organization

Employer identification number

THE BOREN FAMILY FOUNDATION

86-0872576

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | I space is needed | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | KENNETH R. BOREN 4222 E. MCLELLAN CIR., #10 MESA, AZ 85205 | \$5,800. | Person X Payroll |
| (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 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) |

Employer identification number

THE BOREN FAMILY FOUNDATION

86-0872576

| art II. | Noncash Property (see instructions) Use duplicate copies of Pa | rt 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. rom | (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 |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of brganization Employer identification number 86-0872576 THE BOREN FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| | Japital Gallis allu Lu | 2262 IOL LAY OIL HIMESTHICHT HICOHIE | | | | | |
|---------------|--|---|---|----------|----------------------------------|--|----------------------------------|
| • | (a) List and | describe the kind(s) of property sol | d, e.g., real estate, | | (b) How acquired P - Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| | | rick warehouse; or common stock, 2 | UU SIIS. WILU UO. | | D - Donation | (IIIO., uay, yi.) | (1110., day, yr.) |
| 1a CAPIT | | ISTRIBUTIONS | | | P | 01/01/17 | 05/21/17 |
| ь 0.005 | | | | HIX | P | 01/31/17 09/28/17 | |
| c 26.76 | | ERNATIONAL VALUE | | | P | 09/28/17 06/29/17 | |
| e 15.77 | | ERNATIONAL VALUE ERNATIONAL VALUE | | | P | 08/29/17 | 4 4 4 4 4 4 4 |
| f 49.34 | | <u>ERNATIONAL VALUE</u> ERNATIONAL VALUE | | | P | $\frac{03/30/17}{12/15/16}$ | |
| a 1290. | | NTERNATIONAL VALUE | | | P | 11/10/16 | |
| h 26.97 | | ······································ | DFEOX | | P | | $\frac{12}{02}$ |
| 1 28.05 | | | DFEOX | | P | | $\frac{02/05/18}{02/05/18}$ |
| 1 0.607 | | | FEOX | | P | | 02/05/18 |
| k 20.26 | | <u> </u> | DFEOX | | P | | 02/05/18 |
| 1 20.25 | | | DFEOX | | P | 06/29/17 | 02/05/18 |
| m 18.48 | | | DFEOX | | P | 03/30/17 | 02/05/18 |
| n 21.99 | | | DFEOX | | P | 12/14/16 | 02/05/18 |
| 0 27.50 | 7 DFA US | CORE EQUITY 1 I | DFEOX | | P | 12/14/16 | 02/05/18 |
| (e) Gro | ss sales price | (f) Depreciation allowed | (g) Cost or other basis | | (h |) Gain or (loss) | |
| | | (or allowable) | plus expense of sale | | (e) t | olus (f) minus (g) | 0.416 |
| <u>a</u> | 8,416. | | | | | | 8,416. 0. |
| <u>b</u> | 537. | | 521 | + | | | 16. |
| d d | 1,586. | | 1,437 | | | | 149. |
| e | 317. | | 280 | | | | 37. |
| f | 990. | | 830 | | | | 160. |
| ď | 25,904. | | 21,146 | | | | 4,758. |
| h | 607. | | 605 | | | | 2. |
| 1 | 631. | | 629 | | | | 2. |
| 1 | 14. | | 14 | | | | 0. |
| k | 456. | | 435 | | | | 21. |
| 1 | 456. | | 417 | | | | 39. |
| m | 416. | | 374 | | | | 42. |
| n | 495. | | 426 | | | | 69. |
| 0 | 619. | | 533 | • | | | 86. |
| Complete | only for assets show | ng gain in column (h) and owned by | 1 | _ | | sses (from col. (h)) | |
| (i) F.M.V | . as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (ı) over col. (j), if any | | | of col. (h) gaın ove not less than "-0-") | i coi. (k), |
| | | as 01 12/3 1/03 | Over coi. (j), it any | - | | | 8,416. |
| a b | | | | | | | 0,410. |
| C | | | | | | | 16. |
| d | | | | <u> </u> | ·- ·- ·- | | 149. |
| e | | | | 1 | | | 37. |
| f | | - | | | | | 160. |
| g _ | | | | | | | 4,758. |
| h | | | | | | | 2. |
| 1 | | | | | | | 2. |
| 1 | <u> </u> | | | | | | 0. |
| k | | | | | | | 21. |
| 1 | | | | | | | 39. |
| <u>m</u> | | | | | | | 42. |
| n | | | | | | | 69. |
| 0 | | | | - | | | 86. |
| • Constal ac- | not income or feet a | anital loss) / If gain, also ente | r in Part I, line 7)-" in Part I, line 7 | | | | |
| | net income or (net c | | | 2 | · · · · · · | | |
| | erm capital gain or (lo enter in Part I, line 8 | ess) as defined in sections 1222(5) a | nd (6): | | | | |
| | ter "-0-" in Part I, line | | J | 3 | | | |

19,463.

N/A

THE BOREN FAMILY FOUNDATION 86-0872576 PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a 1148.620 DFA US CORE EQUITY 1 I 11/10/16|02/05/18 DFEOX b 3.945 DFA US LARGE CAP VALUE I DFLVX P |12/15/17|02/05/18 c 9.331 DFA US LARGE CAP VALUE I DFLVX P 12/15/1702/05/18 d 97.077 DFA US LARGE CAP VALUE I DFLVX P 12/15/1702/05/18 09/28/1702/05/18 e 11.451 DFA US LARGE CAP VALUE I DFLVX P f 9.762 DFA US LARGE CAP VALUE I DFLVX P 06/29/1702/05/18 03/30/1702/05/18 VALUE P g 9.149 DFA US LARGE CAP I DFLVX h 9.423 DFA US LARGE CAP VALUE I DFLVX P 12/15/1602/05/18 47.345 DFA US LARGE CAP VALUE I DFLVX P 12/15/1602/05/18 204.834 DFA US LARGE CAP VALUE I DFLVX 11/10/1602/05/18 m Π 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 21,289 4,553. 25,842 a 152. 152. 0. b 0. 360. 360. C <8.> 3,741. 3.749. d 437. 441. 4. е 17. 376. 359. 353. 332. 21. g 334. 29. 363. h 1,678 ,824. 146. 6,989. 7,893 904. m П 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <u>4.</u>553. a 0. b 0. C <8.> d 4. е 17. 21. q 29. h 146. 904. m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

723591 04-01-17

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

2

THE BOREN FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient INDIANA UNIVERSITY FOUNDATION N/A OTHER PUBLIC TO SUPPORT CHARITY PO BOX 500 DRGANIZATION'S TAX BLOOMINGTON, IN 47402 EXEMPT PURPOSE. 1,000. OTHER PUBLIC MARICOPA COMMUNITY COLLEGES N/A SCHOLARSHIPS ARE GIVEN CHARITY FOUNDATION TO HIGH SCHOOL SENIORS WHO HAVE DEMONSTRATED 1833 W. SOUTHERN AVE. MESA, AZ 85202 A MINIMUM NUMBER OF HOURS OF SERVICE 10,000. MARICOPA COMMUNITY COLLEGES N/A OTHER PUBLIC SUPPORTS EXCELLENT CHARITY TEACHING WITH GRANTS. FOUNDATION 1833 W. SOUTHERN AVE. 25,000. MESA, AZ 85202 OTHER PUBLIC TO SUPPORT SERTOMA, INC. N/A 1138 N ALMA SCHOOL ROAD. STE 101 CHARITY DRGANIZATION'S TAX MESA, AZ 85201 EXEMPT PURPOSE. 2,000. OTHER PUBLIC SOUTHWEST AUTISM RESEARCH & RESOURCE N/A TO ADVANCE RESEARCH CENTER CHARITY AND PROVIDE A LIFETIME OF SUPPORT FOR 300 N. 18TH ST. INDIVIDUALS WITH PHOENIX, AZ 85006 AUTISM AND THEIR 2,000. N/A OTHER PUBLIC TO SUPPORT THE SPORTS SUN DEVIL CLUB ATHLETICS CHARITY P.O. BOX 872405 AT ARIZONA STATE 3,520. TEMPE AZ 85287 UNIVERSITY. Total from continuation sheets 43 520.

| THE BOREN FAMILY FOUNDATION | 86-0872576 |
|---|-------------|
| Part:XV Supplementary Information | |
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution | |
| NAME OF RECIPIENT - SOUTHWEST AUTISM RESEARCH & RESOURCE C | ENTER |
| TO ADVANCE RESEARCH AND PROVIDE A LIFETIME OF SUPPORT FOR | INDIVIDUALS |
| WITH AUTISM AND THEIR FAMILIES. | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ` |

| FORM 990-PF DI | VIDENDS | AND INTER | EST 1 | FROM SECUR | ITIES S | TATEMENT | 1 |
|-------------------------------|---------------|-------------------------------|------------|-----------------------------|-----------------------------------|---------------------------|-----------|
| | ROSS MOUNT | CAPITAL GAINS DIVIDENDS | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | | |
| FIDELITY - 6962 | 14,552. | | 0. | 14,552. | 14,552. | | |
| TO PART I, LINE 4 | 14,552. | (| 0. | 14,552. | 14,552. | | |
| FORM 990-PF | | LEGAL | FEE: | 5 | S | TATEMENT | 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOME | (D) CHARITA PURPOSI | |
| LEGAL FEES | | 132. | | 53. | | - | 79. |
| TO FM 990-PF, PG 1, LN | 16A | 132. | | 53. | | | 79. |
| FORM 990-PF | | ACCOUNTI | NG F | EES | S | STATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET MEN | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOME | (D) CHARITA PURPOS | |
| ACCOUNTING FEES | | 6,450. | | 2,580. | | 3,8 | 70. |
| TO FORM 990-PF, PG 1, L | N 16B | 6,450. | | 2,580. | | 3,8 | 70. |
| FORM 990-PF | | TAX | ES | | Ş | STATEMENT | 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOME | (D) CHARITA PURPOS | |
| FOREIGN TAXES PAID TAXES PAID | | 242. 800. | | 242. | | - | 0′• 0• |
| TO FORM 990-PF, PG 1, L | n 18 | 1,042. | • —— | 242. | | <u> </u> | 0. |
| 10 10141 330 11, 10 1, 1 | | _ | | | | | |

| FORM 990-PF | OTHER E | XPENSES | | | STATEMENT | 5 |
|---------------------------------|------------------------------|-----------------------------|-------------|------------------------------|---------------------|-----------|
| | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | |
| ADVISORY FEES OTHER EXPENSES | 6,417. 31. | 4, | 492. 31. | | 1,9 | 25. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 6,448. | 4, | 523. | | 1,9 | 25. |
| FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 6 |
| DESCRIPTION | | | воо | K VALUE | FAIR MARKE VALUE | т |
| FIDELITY STOCKS - 6962 | | • | | 739,935. | 798,4 | 82. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | , | | 739,935. | 798,4 | 82. |
| | | | | | - | |
| FORM 990-PF | OTHER INV | ESTMENTS | | | STATEMENT | 7 |
| DESCRIPTION | | LUATION ETHOD | воо | K VALUE | FAIR MARKE VALUE | Т |
| FIDELITY MONEY MARKET - 6962 | | COST | | 16,024. | 16,0 | 24. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | | | 16,024. | 16,0 | 24. |
| FORM 990-PF DEPRECIATION OF A | ASSETS NOT | HELD FOR | INVE | STMENT | STATEMENT | 8 |
| DESCRIPTION | | T OR BASIS | | MULATED ECIATION | BOOK VALU | E |
| FAX & COPY MACHINE | | 1,014. | | 1,014. | | 0. |
| TOTAL TO FM 990-PF, PART II, LI | | 1,014. | | 1,014. | | 0. |

| | ST OF OFFICERS, DE NO FOUNDATION MANAGE | | STATI | EMENT | 9 |
|---|---|-------------|---------------------------------|---------|----|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | |
| KENNETH R. BOREN 4222 E. MCLELLAN CIR. #10 MESA, AZ 85205 | PRESIDENT 0.00 | 0. | 0. | (| 0. |
| REBECCA W. BOREN 4222 E. MCLELLAN CIR. #10 MESA, AZ 85205 | VICE-PRESIDENT 0.00 | 0. | 0. | . (| 0. |
| JENNIFER B. WRIGHT 759 CRANMONT CT. SIMI VALLEY, CA 93065 | DIRECTOR 0.00 | 0. | 0. | (| 0. |
| ALEXANDER WRIGHT 759 CRANMONT CT. SIMI VALLEY, CA 93065 | DIRECTOR 0.00 | 0. | 0. | (| 0. |
| MICHAEL BOREN 3116 E. HALE MESA, AZ 85215 | DIRECTOR 0.00 | 0. | 0. | (| 0. |
| DIANA BOREN 3116 E. HALE MESA, AZ 85215 | DIRECTOR 0.00 | . 0. | 0. | (| 0. |
| NICHOLAS A. BOREN 1934 N. ASHLAND COURT MESA, AZ 85203 | SECRETARY/TREA 0.00 | SURER 0. | 0. | (| 0. |
| TOTALS INCLUDED ON 990-PF, PAGE | 6, PART VIII | 0. | 0. | | 0. |
| | RT XV - LINE 1A FOUNDATION MANAGE | RS | STAT | EMENT : | 10 |

NAME OF MANAGER

KENNETH R. BOREN REBECCA W. BOREN

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KENNETH R. BOREN 4222 EAST MCLELLAN CIR., #10 MESA, AZ 85205

TELEPHONE NUMBER

480-396-7945

FORM AND CONTENT OF APPLICATIONS

LETTER FORMAT STATING THE PROPOSED USE OF REQUESTED FUNDS WITH ANY DOCUMENTATION TO SUPPORT THE REQUEST

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE PURPOSE OF THE SOLICITED FUNDS MUST CONTRIBUTE TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES

2017 DEPRECIATION AND AMORTIZATION REPORT

| 90-PF PAGE 1 | ے ا | ٠.٩ | | <u> </u> | | | 됩 | Section 179 | Reduction In | - | Beamning | Current | Current Year | Ending |
|---|---------------------|------------|------------------------------|--|--|---|--|-------------|--|---------------|-----------------------------|--|--|---|
| Description Acquired Method Life of Line Union Cost | Method Life o No | Life o No | or> | Ŝ2 | | Cost Or Basis | Excl | Expense | Basis | Depreciation | Accumulated Depreciation | Sec 179 Expense | Deduction | Accumulated Depreciation |
| 12/09/97 SL 7.00 16 12/09/97 T. TOTAL 990 PF.PG 11 DEPR | 12/09/97 SL 7.00 16 | SL 7.00 16 | 16 | 16 | THE PARTY NAME OF THE PARTY NA | 1,014. 1,014. | 1505550077 1577577373 1577577373 1577577373 1577577373 | | | 1,014. | 1,014. | | 0 | 1,014. |
| | | | | | THE PART OF THE PA | TANDAREN UM BANTAR MAR BANTAR MAR | 05-35-35-35-35-35-35-35-35-35-35-35-35-35 | | | | | | | |
| | | | NAMES OF STREET | MARKE ENGAND | | TAXES AND THE STATE OF THE STAT | | | | | | | | |
| | | | Sandgryride | SERVICE TO SERVICE SER | | CETTER TO THE TOTAL TO THE TOTA | | | | | | | | |
| | | | | | | PARRY NEGATA | TOP GROUP CO | | | | | | | |
| | | | | | PARTON OF | ASSESSED AND TO A SECOND AND THE ASSESSED AS A SECOND | 17 PAGE 70-100 | | | | | | | |
| | | | | | | White the state of | 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | |
| | | | CAR XXXXXXX | | VALUE OF THE PROPERTY OF THE P | INMA-Y-ATRACT WASH TREASH TREASHAND OF TREASHAND AS TREASHAND OF TREASHAND OF TREAS | TOTAL THE T | | ASSESSED AND ASSESSED | | | | | |
| | | | (\$33344368) \$33344368 | #8888464468 #88888 | | RECTARGATA NAME BASARTA NAME MATERIA LANGUAGE LANGUAGE NAME PARA NAME PARA | HANDELSON TO THE PARTY OF THE P | | | | | TO LONG THE PROPERTY OF THE PR | 1 12 12 12 12 12 12 12 12 12 12 12 12 12 | |
| 04-01-17 (D) · Asset disposed | (D) - Asse | (D) - Asse | (D) - Asse | (D) - Asse | (D) · Asse | t disp | pesed | | * | ITC, Salvage, | Bonus, Comm | nercial Revita | alization Deduc | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone