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DLN: 93491098000059

2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| | | ndar year 2017, or tax year beginning 06-01-20 |)17 , aı | | ng 05-31- | | | |
|----------------|--------------------------|---|-----------------------|----------|---|---|----------------------------|--|
| | | indation EYTON FOUNDATION | | | . Employer id: 4-1276102 | entification numbe | r | |
| Num | her and | street (or P O box number if mail is not delivered to street address) | Room/suite | | | | | |
| | D BOX 2 | | Noonly suice | | Telephone nu 915) 533-9698 | mber (see instructior | ns) | |
| | | , state or province, country, and ZIP or foreign postal code 79913 | - | c | C If exemption application is pending, check here | | | |
| G Ch | neck al | I that apply | former public charity | D | 2 Foreign or | ganizations, check he ganizations meeting k here and attach coi | the 85% | |
| H C | ack ty | pe of organization ✓ Section 501(c)(3) exempt private | foundation | E | | indation status was t | | |
| | | | e private foundation | | under section | n 507(b)(1)(A), chec | k nere | |
| Fai of | r mark year <i>(f</i> | | ☑ Cash ☐ Accru | ıal F | | tion is in a 60-month n 507(b)(1)(B), chec | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | I | | | (d) Disbursements | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | | investment income | (c) Adjusted net income | for charitable purposes | |
| | 1 | Contributions, gifts, grants, etc , received (attach | 0 |) | | | (cash basis only) | |
| | 2 | schedule) Check $\blacktriangleright \mathbf{V}$ if the foundation is not required to attach | | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | | | |
| | 4 | Dividends and interest from securities | 82,955 | 5 | 82,955 | 82,955 | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 103,976 | 5 | | | | |
| Revenue | ь | Gross sales price for all assets on line 6a | | | | | | |
| | 7 | 392,056 Capital gain net income (from Part IV, line 2) | | | 103,976 | | | |
| | 8 | Net short-term capital gain | | | , | 0 | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 186,931 | | 186,931 | 82,955 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 30,000 |) | 0 | 0 | 27,000 | |
| | 14 | Other employee salaries and wages | | | | | | |
| ses | 15 | Pension plans, employee benefits | | | | | | |
| Expenses | 16a | Legal fees (attach schedule) | ** 1 | | | | | |
| ġ. | b | Accounting fees (attach schedule) | 3,380 | | 0 | 0 | 3,380 | |
| | С | Other professional fees (attach schedule) | 22,265 |) | 22,265 | 22,265 | 0 | |
| a≩ | 17 | Interest | | | | | | |
| Administrative | 18 | Taxes (attach schedule) (see instructions) | 2,295 | | 0 | 0 | 2,066 | |
| ≣ | 19 | Depreciation (attach schedule) and depletion | 617 | | 0 | 0 | | |
| Ē | 20 | Occupancy | 95 | 5 | 0 | 0 | 85 | |
| and | 21 | Travel, conferences, and meetings | | | | | | |
| ਰ | 22 | Printing and publications | 65.1 2.505 | | | | 2.075 | |
| Ĕ | 23 | Other expenses (attach schedule) | 3,685 | 2 | 0 | 0 | 2,976 | |
| ar at | 24 | Total operating and administrative expenses. | 60.00 | | 22.255 | 22.255 | 25 527 | |
| Operating | 35 | Add lines 13 through 23 | 62,337 147,791 | | 22,265 | 22,265 | 35,507 147,791 | |
| _ | 25 | Contributions, gifts, grants paid | 147,791 | 1 | | | 147,791 | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 210,128 | 3 | 22,265 | 22,265 | 183,298 | |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | а | Excess of revenue over expenses and disbursements | -23,197 | <u>'</u> | | | | |
| | ь | Net investment income (if negative, enter -0-) | | | 164,666 | | | |
| | С | Adjusted net income(if negative, enter -0-) | | | | 60,690 | | |
| or | Paper | work Reduction Act Notice, see instructions. | | Cat | No 11289X | For | m 990-PF (2017) | |

Page 2

783,870

2,212

4,313,738

798,663

2,212

3,807,120

3,800,531

3,807,120 3,807,120

2

3 4

5

6

6,589

3,830,317

3,807,120

3,807,120 Form **990-PF** (2017)

0

-23,197

3,830,317

3,800,531

3,830,317

3,830,317

29,786

| | 3 | Accounts receivable ▶ | | | |
|--------|-----|--|-----------|-------|----------------|
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ys. | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | 527 527 |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | 2,846,181 | 2,738 | ,307 3,261,698 |
| | С | Investments—corporate bonds (attach schedule) | 100,347 | 232 | ,600 230,620 |

11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) 12 Investments—mortgage loans 799,463 Investments—other (attach schedule) 13 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 874 2,829 15 Other assets (describe > _ 16 Total assets (to be completed by all filers—see the

Liabilities 21 22 23 Balances 24 25 Fund 26 ŏ

Assets 27

Net 30

2

28 29

31 Part III

17 18

19

20

instructions Also, see page 1, item I)

Grants payable.

Other liabilities (describe ▶_

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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Page **3**

| | (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | | | | | (d) Date sold (mo , day, yr) |
|--|---|---|--|--------------------------|--|---|
| 1 a LONG TERM LOSS ON S | ALES OF SECURITIES | | | Р | | |
| b CAPITAL GAINS DIVIDE | NDS | | | Р | | |
| c | | | | | | |
| d | | | | | | |
| <u>е</u> | | | | | | |
| | | (f) | | (q) | (| h) |
| (e) Gross sales price | | ation allowed | | other basis | | r (loss) |
| | , | illowable) | plus expe | ense of sale | |) minus (g) |
| | 22,861 | | | 288,080 | 1 | 34,781 |
| b | 69,195 | | | | | 69,195 |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Complete only for asset | s showing gain in colu | mn (h) and owned | by the foundation | on 12/31/69 | | 1) |
| (i) | | (j) | | (k) | | h) gain minus |
| F M V as of 12/31/6 | | sted basis 12/31/69 | 1 | of col(ɪ) (j), ıf any | 1 ''' | less than -0-) or om col (h)) |
| | as or | 12/31/09 | Over cor | (J), II ally | 203363 (111 | 34,781 |
| a b | | | | | | 69,195 |
| • | | | | | | 09,193 |
| | | | + | | | |
| d | | | + | | | |
| e | | l If a | <u> </u> | nut I luno 7 | | |
| 3 Net short-term capital If gain, also enter in P in Part I, line 8 | art I, line 8, column (c | | If (loss), enter -0 | · } | 3 | 103,976 |
| Part V Qualification | Under Section 494 | 10(e) for Reduc | ed Tax on Net | Investment In | come | |
| (For optional use by domestic | private foundations sul | oject to the section | 4940(a) tax on ne | t investment incom | ne) | |
| 75 | | | | | | |
| If section 4940(d)(2) applies, Was the foundation liable for t If "Yes," the foundation does r Enter the appropriate a | he section 4942 tax on not qualify under sectio | n 4940(e) Do not | complete this part | · | | es No |
| (a) | | Tor each year, see | | making any chare | (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying o | distributions Net | (c) value of noncharitab | le-use assets | Distribution rat (col (b) divided by c | |
| 2016 | | | | | | |
| 2015 2014 | | | | | | |
| 2014 | | | | | | |
| 2012 | | | | | | |
| 2 Total of line 1, column | (d) | | | 2 | | |
| 3 Average distribution rat number of years the fou 4 Enter the net value of n 5 Multiply line 4 by line 3 6 Enter 1% of net investments. | o for the 5-year base pundation has been in exonocharitable-use assets | period—divide the t distence if less than s for 2017 from Par | otal on line 2 by 5, 5 years t X, line 5 | | | |
| 7 Add lines 5 and 6 | · · | • | | | | |
| 8 Enter qualifying distribu | | | | 8 | | |
| If line 8 is equal to or gi | | • | | | I ng a 1% tax rate Se | e the Part VI |
| | | | | | Fo | orm 990-PF (2017) |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| orm | rm 990-PF (2017) | | | | | | | | |
|-----|------------------|--|---------------------------|-----------------------|------------------------|-----------|--|--|--|
| Pa | rt VIII | Information About C and Contractors | Officers, Directors, Trus | tees, Foundation Ma | nagers, Highly Paid En | iployees, | | | |
| 1 | List all o | fficers, directors, trustee | es, foundation managers a | nd their compensation | (see instructions). | | | | |
| | | | Title and average | (c) Compensation (If | (d) | | | | |

| 1 List all officers, directors, trustee | es, fo | oundation managers ar | nd their compensation | (see instructions). | |
|---|--------|---|---|---|---------------------------------------|
| (a) Name and address | | Title, and average hours per week b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table | | | | compensation | |
| | | | | | |
| | | | | | |
| | | | | | 1 |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-pai | id er | nployees (other than t | hose included on line : | | ne, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | ııd | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | - | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | - | | | |
| Total number of other employees paid over | er \$5 | 50,000 | | | (|
| 3 Five highest-paid independent co | | | | | |
| (a) Name and address of each person | n pai | d more than \$50,000 | (b) Typ | pe of service | (c) Compensation |
| HONE | | | † | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| | | | | | |
| Total number of others receiving over \$50 Part IX-A Summary of Direct O | | | | | (|
| List the foundation's four largest direct charitable | | | ude relevant statistical inforr | nation such as the number of | |
| organizations and other beneficiaries served, con | feren | ces convened, research paper | s produced, etc | | Expenses |
| 1 THE PEYTON FOUNDATION ADDRESSE ARE FACING AND GIVES LIVING, MED | | | | | |
| GIVEN TO THE SOURCE OR ENTITY OF | I BEI | HALF OF THE INDIVIDUAL | - | | 183,298 |
| 2 | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| | | | | | |
| Part IX-B Summary of Program | n-R | elated Investments | (see instructions) | ' | |
| Describe the two largest program-related inve | stme | nts made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 | | | | | |
| | | | | | |
| 2 | | | | | |
| All all and an area | | | | | |
| All other program-related investments 3 | See | instructions | | | |
| | | | | | |
| Total. Add lines 1 through 3 . | | | | | |
| | | | | | 5 000 BE (2017) |

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

2

3a 3h

4

5

183.298

183,298

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a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e 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 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . (d)

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Page 9

| OIII | 1 330-F1 (2017) | , | | | | | |
|------|-----------------|-------------|----------|---------|------------|----------|---------------|
| R | art XIII U | ndistrib | uted Ir | come | see inst | ructions |) |
| | | | | | | | (a) Corpus |
| 1 | Distributable a | mount for | 2017 fro | m Part | XI, line 7 | | |
| 2 | Undistributed i | ncome, if a | ny, as o | f the e | nd of 2017 | | |
| а | Enter amount | for 2016 o | nly | | | | |
| b | Total for prior | years 2 | .0, | 20 | _ , 20 | | |

(b)

Years prior to 2016

(c)

2016

MARY L PEYTON FOUNDATION PO BOX 221712

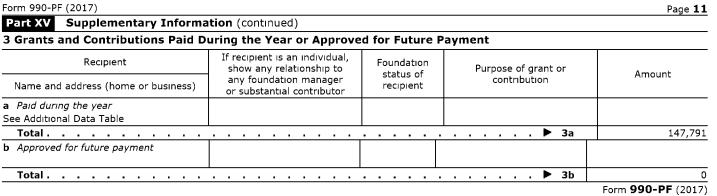
EL PASO, TX 79913 (915) 533-9698

b The form in which applications should be submitted and information and materials they should include

ONLINE AND TELEPHONE APPLICATION EXPLAINING ECONOMIC SITUATION, AMOUNT OF ASSISTANCE REQUESTED, A DETAILED DESCRIPTION

OF ASSISTANCE NEEDED, AND SUPPORTING DOCUMENTATION

- c Any submission deadlines NONE
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
- NEEDY LEGAL RESIDENTS OF EL PASO COUNTY, TEXAS



| nter gross | amounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---|---|---|-----------------------------------|---------------------------------------|----------------------|--|
| L Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Membe | and contracts from government agencies rship dues and assessments st on savings and temporary cash | | | | | |
| invest | ments | | | | | |
| | ds and interest from securities | | | 14 | 82,955 | |
| | tal income or (loss) from real estate financed property | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| 7 Other II | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | 100.076 | |
| | ory | | | 18 | 103,976 | |
| | profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| е | | | 0 | | 186.931 | (|
| e 2 Subtota 3 Total. | Add columns (b), (d), and (e) | | 0 | | 186,931 B | |
| e 2 Subtota 3 Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu | lations) | | 13 | | |
| e 2 Subtota 3 Total. (See wo | Add columns (b), (d), and (e) | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e2 Subtota 3 Total. (See wo 2 art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e 2 Subtota 3 Total. (See wo art XVI ine No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |
| e | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) le Accomplish income is reporte | ment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribut | Bted importantly to | |

| orm | 990-PF | (2017) | | | | | | | Pa | ge 13 |
|------------|----------------|--|-----------------------------------|-------------------------------------|--------------------------------|---|----------------------------|----------------------|--------------|--------------|
| Pa | rt XVI | Information Re Exempt Organiz | | nsfers To a | and Transactio | ns and Relatio | onships With Nonch | aritable | | |
| | | rganization directly or in Code (other than sectio | | | | | | 01 | Yes | No |
| аΤ | ransfers | from the reporting foun | dation to a none | charitable ex | empt organization | of | | | | |
| (| 1) Casl | h | | | | | | 1a(1) | | No |
| (| 2) Othe | er assets | | | | | | 1a(2) | | No |
| | | nsactions | | | | | | | | l |
| • | • | s of assets to a nonchari | • | - | | | | 1b(1) | | No |
| • | • | chases of assets from a n tal of facilities, equipmen | | | | | | 1b(2) 1b(3) | | No No |
| • | - | nbursement arrangemen | • | | | | | 1b(3) | | No |
| • | - | ns or loan quarantees. | | | | | | 1b(5) | | No |
| • | • | ormance of services or m | | | | | | 1b(6) | | No |
| • | - | of facilities, equipment, m | • | - | | | | 1c | | No |
| o Ir | f the go | swer to any of the above ods, other assets, or servansaction or sharing arra (b) Amount involved | vices given by t ngement, show | he reporting ın column (c | foundation If the | foundation receive goods, other asse | ed less than fair market v | /alue | ngemen | nts |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 22 Id | the for | | actly affiliated w | uth or rolato | d to one or more | tay-ayampt argar | uzations | | | |
| | | in section 501(c) of the | • | • | • | | | □Yes | ✓ | No |
| | | complete the following so | • | an section se |)1(c)(J)) 0/ III 3ect | | | | ب | NO |
| . | 103, | (a) Name of organization | | (i | b) Type of organization | on | (c) Description of re | lationship | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| c: - | of r wh | der penalties of perjury, ny knowledge and belief ich preparer has any kno | , it is true, corre | | | | than taxpayer) is based | on all info | rmation | n of |
| Sig Her | | **** | | | 2019-03-28 | ***** | | ay the IRS d turn | scuss th | 115 |
| пег | | - | | | | —) | | th the prepa low | rer shov | vn |
| | ' | Signature of officer or ti | rustee | | Date | Title | | ee ınstr)? [| √ Yes | □ No |
| | • | Print/Type preparer's | name Pr | eparer's Sigr | nature | Date | PTIN | | | |
| n- • | _1 | DIANE R SMITH | | | | 2019-03-28 | employed ▶ ✓ | P00240 | 0111 | |
| | pare | The state of the s | & APPLEBY LLF |) | | | F | 's EIN ▶01 | -05027 | |
| Use | Only | | 44 MONTANIA | \/F\$!!!F | | | Firm | 2 FIIN ►01 | -03722 | .20 |
| | | | 11 MONTANA A | | | | DI | o no (015 | 1 522 4 | 8000 |
| | | | DACO TV 700 | 02 | | | Phor | e no (915 | 1 332-1 | 2000 |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation MONIQUE MERRELL CHAIRMAN 0 0 1 00

| PO BOX 221712 EL PASO, TX 79913 | | | | |
|------------------------------------|---------------|---|---|---|
| SUSAN ELIAS-ASSI | VICE CHAIRMAN | 0 | 0 | 0 |
| PO BOX 221712 EL PASO, TX 79913 | 1 00 | | | |

O

٥

30,000

0

SECRETARY /

TREASURER

DIRECTOR

DIRECTOR 0.50

EXECUTIVE DIRECTOR

1 00

0.50

20 00

MONA GOLDBERG

PO BOX 221712

PO BOX 221712 EL PASO, TX 79913 ANDREW AINSA

PO BOX 221712 EL PASO, TX 79913 LOUISE KEATS

PO BOX 221712 EL PASO, TX 79913

JAMES BEALE

EL PASO, TX 79913

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALL OTHER INDIGENT PERSONS NONE N/A PROVIDE NECESSITIES OF LIFE 30,839 PROVIDED LESS THAN 1000 PO BOX 221712

| EL PASO, TX 79913 | | | | |
|--|------|-----|-----------------------------|-------|
| MICHAEL SAUCEDO 11052 SUNSHINE COURT EL PASO, TX 79936 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 2,068 |
| ANGELICA DURAN3300 JOHNSON APT3 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,700 |

| 11052 SUNSHINE COURT EL PASO, TX 79936 | | | | |
|---|------|-----|-----------------------------|-------|
| ANGELICA DURAN3300 JOHNSON APT3 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,700 |

| , | | | | |
|--|------|-----|-----------------------------|--|
| ANGELICA DURAN3300 JOHNSON APT3 EL PASO, TX 79930 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |
| | | | _ | |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ROGELIO LOZANO NONE N/A PROVIDE NECESSITIES OF LIFE 5,810 401 NORTH CAROLINA DRIVE

| EL PASO, TX 79915 | | | | |
|--|------|-----|---------------------------|-------|
| JULIE BROWN3819 OLYMPIC EL PASO, TX 79904 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 3,565 |
| ALAN CHAVIRA717 OSCAR PEREZ EL PASO, TX 79932 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 1,564 |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EMILY DAVILA3333 ZION S16 NONE N/A **EDUCATIONAL FINANCIAL AID** 1,205

| EL PASO, TX 79904 | | | | · |
|---|------|-----|-----------------------------|-------|
| ELVA WRIGHT5712 CRESTON AV EL PASO, TX 79924 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 2,585 |
| TEMEKA SPENCE10505 GRAN CIMA | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,169 |

| EL PASO, TX 79924 | HONE | 1477 | THOUSE NECESSITIES OF EITE | |
|---|------|------|-----------------------------|--|
| TEMEKA SPENCE10505 GRAN CIMA EL PASO, TX 79935 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

| EL PASO, TX 79935 | | | | |
|------------------------------|------|-----|-----------------------------|--|
| TEMEKA SPENCE10505 GRAN CIMA | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

| EL PASO, TX 79935 | | | | |
|------------------------------|------|-----|-----------------------------|--|
| TEMEKA SPENCE10505 GRAN CIMA | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

| Total | | 147,791 |
|-------|------|---------|
| 3a | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 1ESSICA 10HNSON8604 DYFR C22 NONE N/A EDUCATIONAL FINANCIAL AID 1.581 EL PASO, TX 79904

| EL PASO, TX 79902 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,125 |
|---|------|-----|-----------------------------|---------|
| FELIPE AND JILL CARRILLO 10725 FORT WORTH EL PASO, TX 79924 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 4,011 |
| Total | | | | 147,791 |

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STEPHANIE SEGURA3912 LAS VEGAS NONE N/A PROVIDE NECESSITIES OF LIFE 2,581

| EL PASO, TX 79912 | | | | |
|---|------|-----|--|-------|
| VERONICA PAEZ10533 GRAN CIMA EL PASO, TX 79935 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,112 |
| OMAR MENDIOLA 6025 BRIDALVEIL DRIVE EL PASO, TX 79924 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,450 |
| · · · · · · · · · · · · · · · · · · · | | | The state of the s | |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| a Paid during the year | | | | |
|---|------|-----|-----------------------------|--|
| ROGELIO DELGADO 12461 SOMBRA GRANDE EL PASO. TX 79938 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

or substantial contributor

3a

| , , , | | | | |
|--|------|-----|-----------------------------|--|
| ALICIA MADRID 177 HORIZON POINT CIRCLE EL PASO, TX 79928 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |
| | | | | |

| 177 HORIZON POINT CIRCLE EL PASO, TX 79928 | | , | | |
|---|------|-----|-----------------------------|--|
| LORENA SOTO71787 FATIMA | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

| LORENA SOTO71787 FATIMA EL PASO, TX 79915 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,200 |
|--|------|-----|-----------------------------|---------|
| Total | | | | 147,791 |

1.180

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LORETTO ACADEMY NONE P/C 12,400 EDUCATIONAL FINANCIAL AID 1300 HARDWAY STREET FOR 3 INDIVIDUALS

| EL PASO, 1X 79903 | | | | |
|--|------|-----|-----------------------------|-------|
| ELSA LEON1028 MONTERA EL PASO, TX 79907 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 1,200 |
| MARKEISHA MAY5845 N MESA C1 EL PASO, TX 79912 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,610 |

| EL PASO, TX 79907 | HONE | 147 | EBOCKTION/IE I IIV INCINE / IIB | 1,2 |
|--|------|-----|---------------------------------|-----|
| MARKEISHA MAY5845 N MESA C1 EL PASO, TX 79912 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,6 |
| | | | | |

| 2217/36/1X 73307 | | | | II |
|--|------|-----|-----------------------------|----|
| MARKEISHA MAY5845 N MESA C1 EL PASO, TX 79912 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |

За

| EL PASO, TX 79912 | NONE | NA | TROVIDE NECESSITIES OF EITE | 1,010 |
|-------------------|------|----|-----------------------------|---------|
| Total | | | | 147,791 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|-----|-----------------------------|-------|
| WILLIAM AND JESSICA BRADLEY 10360 REDWOOD ST EL PASO, TX 79924 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,400 |

| EL PASO, TX 79924 | | | | |
|---|------|-----|-----------------------------|-------|
| ANGELICA TORRES8629 LAWSON APT 6 EL PASO, TX 79904 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,325 |
| GABRIELLE GALLOWAY | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,150 |

| GABRIELLE GALLOWAY 5815 TIMBERWOLF DRIVE C5 EL PASO, TX 79903 NONE NONE N/A PROVIDE NECESSITIES OF LIFE 1,150 | EL PASO, TX 79904 | | , | | _, |
|---|--------------------------|------|-----|-----------------------------|-------|
| | 5815 TIMBERWOLF DRIVE C5 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,150 |

| GABRIELLE GALLOWAY 5815 TIMBERWOLF DRIVE C5 EL PASO, TX 79903 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,150 |
|---|------|-----|-----------------------------|---------|
| Total | | | | 147,791 |

| T-1-1 | | | | 4 4 7 704 |
|---|------|-------|-----------------------------|-----------|
| 5815 TIMBERWOLF DRIVE C5 EL PASO, TX 79903 | | | | |
| GABRILLE GALLOWAT | NONE | 1N/ A | LEVOLUTE MECESSITIES OF THE | i |

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MARK LOPEZ2633 CATNIP STREET NONE N/A PROVIDE NECESSITIES OF LIFE 1,299 EL PASO. TX 79925

| CARLOS SILVA10209 CHINABERRY EL PASO, TX 79925 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 3,200 |
|---|------|-----|-----------------------------|-------|
| ROSARIO COLLASO 4020 CHESTER AVENUE EL PASO, TX 79903 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,815 |
| | | | | |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|-----|-----------------------------|-------|
| JOSEPH EVANS11740 BUNKY HENRY EL PASO, TX 79936 | NONE | N/A | PROVIDE NRCESSITIES OF LIFE | 1,800 |
| MARIA ARROYO | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1.545 |

| MARIA ARROYO 5845 NORTH MESA APT B14 EL PASO,TX 79912 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | |
|---|------|-----|-----------------------------|--|
| ORETTO CHALLENGE PROGRAM | NONE | PC | EDUCATIONAL FINANCIAL AID | |

| EL PASO, TX /9912 | | | | |
|---|------|----|--|---|
| LORETTO CHALLENGE PROGRAM 1300 HARDWAY STREET EL PASO, TX 79903 | NONE | PC | EDUCATIONAL FINANCIAL AID FOR 5 STUDENTS | 2 |

| П | <u>'</u> | | | | |
|---|---|------|----|---|--|
| | LORETTO CHALLENGE PROGRAM 1300 HARDWAY STREET EL PASO, TX 79903 | NONE | PC | EDUCATIONAL FINANCIAL AID FOR 5 STUDENTS | |

| Tatal | | | 1.47.701 |
|--|--------|----------------|----------|
| L300 HARDWAY STREET EL PASO, TX 79903 | | FOR 5 STUDENTS | |
| CITETIO CITALLETTOL I ROCKATI | 110112 | | 20,75 |

| EL PASO, TX 79903 | | |
|-------------------|------|-------------|
| Total | | 147,791 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EL PASO SYMPHONY ORCHESTRA NONE PC EDUCATIONAL FINANCIAL AID 15,325 PO BOX 180

| EL PASO, TX 79942 | | | | |
|--|------|-----|-----------------------------|-------|
| ANTHONY SULLIVAN 4724 TETONS DRIVE EL PASO, TX 79904 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,026 |
| TERESA GONZALES | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,455 |

1100 N FLORENCE APT 1

EL PASO, TX 79902 Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LORENZO NAVARRO NONE N/A EDUCATIONAL FINANCIAL AID 2.300 11524 STOCKMEYER DRIVE EL DACO EV 70006

| EL PASO, 1X 79936 | | | | |
|---|------|-----|-----------------------------|-------|
| PAUL LUDWIG6605 LA CADENA EL PASO, TX 79912 | NONE | N/A | EDUCATIONAL FINANCIAL AID | 2,000 |
| AMANDA ROBLES365 LA PUESTA EL PASO, TX 79935 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,530 |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JESSICA PETEREIT4724 TETONS DRIVE NONE N/A PROVIDE NECESSITIES OF LIFE 1,250 EL PASO, TX 79904

| · | | | | |
|---|------|-----|-----------------------------|-------|
| YVETTE RANGEL4342 TITANIC EL PASO, TX 79930 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 1,500 |
| FERNANDO MEDINA 4501 VULCAN AVENUE TRAILER 106K EL PASO, TX 79904 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 3,071 |
| | · | | · | |

147,791

| ı | EL PASO, IX 79930 | | | | |
|---|---|------|-----|-----------------------------|-----|
| | FERNANDO MEDINA 4501 VULCAN AVENUE TRAILER 106K EL PASO, TX 79904 | NONE | N/A | PROVIDE NECESSITIES OF LIFE | 3,0 |
| 1 | | | | | |

Total .

3a

Recipient If recipient is an individual, show any relationship to any foundation manager

Name and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager

Recipient If recipient is an individual, show any relationship to any foundation manager

Recipient If recipient is an individual, show any relationship to any foundation manager

Recipient If recipient is an individual, show any relationship to any foundation manager

Recipient If recipient is an individual, show any relationship to any foundation manager

3,000

147,791

| a Paid during the year | | | | |
|--|------|-----|---------------------------|--|
| JOVANNA BEJAR8247 N LOOP DR EL PASO. TX 79907 | NONE | N/A | EDUCATIONAL FINANCIAL AID | |

or substantial contributor

Total .

3a

| efile GRAPHIC print - DO NOT | PROCESS | As Filed D | ata - | DI | N: 93491098000059 |
|------------------------------|---------|------------|--------------------------|------------------------|---|
| TY 2017 Accounting I | ees Sch | edule | | | _ |
| | | | | | |
| | Name: | MARY L F | PEYTON FOUNDATI | ON | |
| | EIN: | 74-1276 | 102 | | |
| Accounting Fees Schedule | i | | | | |
| Category | Am | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| ACCOUNTING FEES | | 3,380 | 0 | 0 | 3,380 |

TY 2017 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: MARY L PEYTON FOUNDATION

ETNI. 74 127610'

EIN: 74-1276102 Description of Prior Years' Computation Method **Current Year's** Net Investment **Adjusted Net** Cost of Goods Date Cost or Other Rate / Property Basis Life (# of years) Depreciation Income Sold Not Acquired Depreciation Income Included Expense HP LASER PRINTER 1990-10-19 1,538 1,538 SL 5 000000000000 0 IBM TYPEWRITER 1990-09-10 925 925 SL 6 000000000000 0 COMPUTER HUTCH 1990-01-18 180 180 SL 10 000000000000 1,200 SL PENTIUM CELERON 2000-02-29 1,200 5 0000000000000 0 COMPUTER CYMA ACCOUNTING 2000-02-29 615 615 SL 5 000000000000 Ω SOFTWARE 900 CANON COPIER 1999-07-18 900 SL 5 000000000000 0 485 SL DELL COMPUTER. 2008-05-31 485 5 0000000000000 Ω MONITOR AND PRINTER PEACHTREE SOFTWARE 2008-10-15 1,545 1,545 SL 3 000000000000 0 LAPTOP 2016-12-31 3,086 257 SL 5 000000000000 617 0 617

DLN: 93491098000059

| eme dixarmic print - Do Not Process | As I fied Data - | DLN: 3343103000033 |
|-------------------------------------|------------------------|--------------------|
| TY 2017 Investments Corporat | a Rande Schadula | |
| 11 2017 Investments Corporat | e bolius Schedule | |
| Name: 1 | 1ARY L PEYTON FOUNDATI | ON |
| | 14 1076100 | |

DI N. 03/01/09/00/050

230,620

232,600

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

BOND FUNDS

Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

| TY 2017 Investments Corporate Stock Schedule |
|--|
|--|

DLN: 93491098000059

Name: MARY L PEYTON FOUNDATION EIN: 74-1276102

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Name of Stock End of Year Book Value EQUITY FUNDS Equity FUNDS End of Year Fair Market Value 3,261,698

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491098000059 | | | |
|--------------------------------------|-----------------|------------|---------------------|--|--|--|
| TY 2017 Investments - Other Schedule | | | | | | |
| | | | | | | |
| Name: | MARY L PEYTON I | FOUNDATION | | | | |
| EIN: | 74-1276102 | | | | | |
| Investments Other Schedule 2 | | | 1 | | | |

| Investments Other Schedule 2 | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |
| CERTIFICATES OF DEPOSIT | FMV | 798,663 | 783,870 | |

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data - | DLN: 93491098000059 |
|-------------------------------------|----------------------------|---------------------|
| TY 2017 Land, Etc. Schedule | | |
| | : MARY L PEYTON FOUNDATION | |

| EIN: 74-12/6102 | | | | |
|------------------------|-----------------------|--------------------------|------------|----------------------------------|
| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
| LAPTOP | 3,086 | 874 | 2,212 | |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2017 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: | MARY L PEYTON | FOUNDATION | | | |
| EIN: 74-1276102 | | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| TELEPHONE | 1,380 | 0 | 0 | 1,242 | |

853

1,452

427

1,307

| Description | Pevenue and | Net Investment |
|-------------------------|-------------|----------------|
| Other Expenses Schedule | | |

INSURANCE OFFICE EXPENSE

| Category | Amount | Net Investment | Adjusted Net | Dishursements | | |
|--|------------------|----------------|--------------|-------------------|--|--|
| EIN: 74-1276102 | | | | | | |
| Name: MARY L PEYTON FOUNDATION | | | | | | |
| TY 2017 Other Professional Fees Schedule | | | | | | |
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| 7 1 1270102 | | | | | |
|-------------|--------|--------------------------|------------------------|---|--|
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |

22,265

22,265

22,265

INVESTMENT MANAGER FEES

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|--|---------------------|---------------------------|------------------------|---|--|--|--|
| TY 2017 Taxes Schedule | | | | | | | |
| | | | | | | | |
| Name: MARY L PEYTON FOUNDATION EIN: 74-1276102 | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| PAYROLL TAXES | 2,295 | 0 | 0 | 2,066 | | | |