1990-PF Department of the Treasury Internal Revenue Service **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

			foundation		, and ending		A Employer identification	numher	
	1441		Touridation				A Employer Identification		
	T	HE	SPARROW CHARITABLE FOU	NDATION			20-0488561		
	Nurr	nber a	nd street (or P O box number if mail is not delivered to street a	iddress)	Room/	suite	B Telephone number		
	_6	50	6 ORCHID LANE		214-349-5055				
	City	or t	own, state or province, country, and ZIP or foreign p		C If exemption application is pending, check here				
	_ <u>D</u>	AL:	LAS, TX 75230						
	G C	heck	all that apply lnitial return	Initial return of a f	ormer public charity		D 1. Foreign organizations	, check here	
			Final return	Amended return			2. Foreign organizations med	ating the 85% test	
	X Address change Name change						check here and attach cor	nputation	
	H_0	_	type of organization: X Section 501(c)(3) es		. 00	1	E If private foundation stat		
	<u></u>			Other taxable private found		<u> </u>	under section 507(b)(1)	• •	
			arket value of all assets at end of year J Account	-	Accrual		F If the foundation is in a 6		
	(11		Part II, col. (c), line 16) [Part I, colur	ther (specify)	s)		under section 507(b)(1)((B), check here	
		irt!I	Analysis of Revenue and Expenses	(a) Revenue and		nt.	(a) Adjusted not	(d) Disbursements	
	% • % •	, - <u>,</u> - ,	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	(b) Net investme income	SIIL	income	for charitable purposes (cash basis only)	
		1	Contributions, gifts, grants, etc., received	2,000,000.	The same of the sa		N/A		
Z C G HI HI HI THE T		2	Check I if the foundation is not required to attach Suh B	SAME AND ASSESSED TO THE PARTY OF THE PARTY					
		3	Interest on savings and temporary cash investments	2,370.				STATEMENT 1	
		4	Dividends and interest from securities						
'		5a	Gross rents			B Telephone number 214-349 C if exemption applications or ganger of the check here and a sunder section 50 or ganger or gange			
/	\mathcal{F}	b	Net rental indoore of (6.634)		ealainte quains etas agente os erigian	illin ni ni Marangga	MINUS PROGRAMMENT AND A STREET OF THE STREET		
	4)	6a	Net gain or (loss) from sale of assets not on line 10				THE MER	ECEIVED	
الدا	, nu	Ь	Gross sales price for all assets on line 6a		4.5		WARRY WAR.		
1	Revenu	7	Capital gain net income (from Part IV, line 2)			0.		N COLOR	
`	E	8	Net short-term capital gain	3.5				\R.1.3+2019 Q	
		9	Income modifications Gross sales less returns		10.00	5	1 Mo to minimistra was structur	N N	
		10a	and allowances			. Toguarian	15.0 6		
			1 ess Cost of goods sold				eleannisminiminimini de est estamonista.	ammanamananan katan yan da	
			Gross profit or (loss)		3.45				
		11 12	Other income Total. Add lines 1 through 11	2,002,370.	2 3	70.			
	_	13	Compensation of officers, directors, trustees, etc	0.	2,3			0.	
2		14	Other employee salaries and wages						
D L			Pension plans, employee benefits						
-	S		Legal fees						
*1) Sus		Accounting fees STMT 2	2,475.	1,2	37.		1,238.	
	Exp	C	Other professional fees						
A			Interest						
	ministrative	18	Taxes						
	ist	19	Depreciation and depletion						
			Occupancy						
	ĕ	21	Travel, conferences, and meetings	5,114.		0.		5,114.	
-	a i	22	Printing and publications						
Ö	_ □		Other expenses		-				
	perati	24	Total operating and administrative	7,589.	1 2	37		6 352	
	ð		expenses. Add lines 13 through 23 Contributions, gifts, grants paid	2,006,250.	1,2			6,352. 2,006,250.	
			Total expenses and disbursements.	2,000,200	A DESCRIPTION OF TAXABLE PROPERTY.	n er majaget	CONTRACTOR OF THE PROPERTY OF	2,000,230	
		-0	Add lines 24 and 25	2,013,839.	1.2	37.		2,012,602.	
	\dashv	27					374		
	Į		Excess of revenue over expenses and disbursements	-11,469.		YT.			
			Net investment income (if negative, enter -0-)		1,1	33.			
		C	Adjusted net income (if negative, enter -0-)	411 411		V.	N/A		

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Fo	rm 99	00-PF (2018) THE SPARROW CHARITABLE	FOUNDATION	20-	0488561 Page 2
(i)) a "#\	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	ar,u	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
_	2.	Savings and temporary cash investments	23,257.	11,788.	11,788.
	3	Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable	5 11		
	1	Less: allowance for doubtful accounts		***************************************	
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables due from officers, directors, trustees, and other		,	
	ľ				
	١.	disqualified persons	BENEVAL TRACTES TARES OF THE SE		
	7	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
sts	8	Inventories for sale or use			<u> </u>
Assets	9	Prepaid expenses and deferred charges			
⋖	100	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe >	<u> </u>		
	1	Total assets (to be completed by all filers - see the		·	
	۱"	instructions. Also, see page 1, item I)	23,257.	11,788.	11,788.
_	17		23,237	11,700.	KANCA CEATRABANCE AND
	17	Accounts payable and accrued expenses Grants payable			
	18				EAST AND THE STATE OF THE STATE
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	9/89/C/20/48/37/37/C
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
au	25	Temporarily restricted			
Bal	26	Permanently restricted			PANAY 87 37 30 46 46 46 46 46 46 46 46 46 46 46 46 46
5		Foundations that do not follow SFAS 117, check here			
Ξ	1	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	7#/37 mil 2004 (5-74) 3593
\ss	29	Retained earnings, accumulated income, endowment, or other funds	23,257.	11,788.	
et /	30	Total net assets or fund balances	23,257.	11,788.	
Ž	"	lotal net assets of four palances	25,25,1	11,700.	
	21	Total liabilities and not access Hund halaness	23,257.	11,788.	
_	31	Total liabilities and net assets/fund balances		11,700.	
₹₽	art	Analysis of Changes in Net Assets or Fund Ba	alances		
_	-				· -
1		net assets or fund balances at beginning of year - Part II, column (a), line	30	1 1	00 0==
	•	it agree with end-of-year figure reported on prior year's return)		<u> 1 </u>	23,257.
		amount from Part I, line 27a		2	-11,469.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	11,788.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	<u>Total</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	11,788.
					Form 990-PF (2018)

Form **990-PF** (2018)

823521 12-11-18

-	990-PF (2018) THE SPARROW CHARITABLE FOUNDAT		940((b), 4940(e), or 4	20- 948 -	0488 see in	3561 istruct	Page 4	<u>!</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and er	iter "N//	A" on I	line 1.	の大学	7.4.27	V2540		Ī
	Date of ruling or determination letter: (attach copy of letter if nec								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X	and e	enter 1%	1_			11.	_
	of Part I, line 27b				1	*		小	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	t I, line	e 12, col. (b).				30.2	8
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ers, ent	ter -0-	-)	2	<u> </u>		0.	_
3	Add lines 1 and 2				3	<u> </u>		11.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; ot	hers, en	nter -0)-)	4			0.	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5_			11.	-
6	Credits/Payments:			_					
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	_	0.					
b	Exempt foreign organizations - tax withheld at source	6b	Ь_	0.	- CAY 600		E cin		
C	Tax paid with application for extension of time to file (Form 8868)	6c	Ь	0.	1200 338				
d	Backup withholding erroneously withheld	_6d	<u> </u>	0.					1
7	Total credits and payments. Add lines 6a through 6d				7	<u> </u>		0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	ched			8			0.	_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			>	9	ــــــ		11.	_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			, >	10	<u> </u>			_
	Enter the amount of line 10 to be: Credited to 2019 estimated tax			Refunded ▶	11	<u> </u>			-
€P.a	rt VII-A Statements Regarding Activities						In once is		_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or	r did it	t participate or interven	e in		2.X.Y Y	es No	
	any political campaign?						1a	<u> </u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? See	e the i	nstructions for the defi	nition		1b	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o	f any m	nateria	ls published or					
	distributed by the foundation in connection with the activities]
C	Did the foundation file Form 1120-POL for this year?						1c	X	=
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the								
	(1) On the foundation. ► \$ 0 . (2) On foundation managers.			0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax	ımpos	sed on foundation			14. W	57 S.	
	managers. ► \$0.								1
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?					2	X	:
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strume	nt, art	ticles of incorporation,	or				
	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	,					4a	X_	-
	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b	 -	•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	X	ī
_	If "Yes," attach the statement required by General Instruction T								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner.							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	direction	ons th	iat conflict with the stat	e law				
	remain in the governing instrument?							X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ete Part	t II, co	ol. (c), and Part XV			7	X	į
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	is. P							
_	TX		0	-1 / d (-)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	orney (enera	ai (or designate)			Z-33/4 A		t
_	of each state as required by General Instruction G? If "No," attach explanation	4 40	40737	0) ** 40.40(:)(5) 4== ::1				X /	^
	Is the foundation claiming status as a private operating foundation within the meaning of sec				noar				7
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp						9	$\frac{x}{x}$. •
_10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule	listing t	ner na	mes and addresses		Г	10 rm 990-	PF (2018)	•
						FOI	IIII 930-	• • (2018)	

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Form 990-PF (2018) THE SPARROW CHARITABLE F			20-04885	61 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)	
5a During the year, did the foundation pay or incur any amount to:			20	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 💲	
(2) Influence the outcome of any specific public election (see section 4955), o		ctly,		
any voter registration drive?			es 🗓 No 🕻	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	· ·	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠. ــــــ		
· · ·			es X No	
4945(d)(4)(A)? See instructions	an advantumed more and as fo		S (22) NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or it		ਿਦਾ	
the prevention of cruelty to children or animals?			es 🗓 No 💈	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	2 4 2	
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	[/A 🔲 Y	es 🔲 No 🧣	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			į.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			经 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
a personal benefit contract?	-		es 🗶 No 💈	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		i	6b X
If "Yes" to 6b, file Form 8870.			<u> </u>	74 92 PE
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/- F	7b
• • • • • • • • • • • • • • • • • • • •			11/A	70
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or	\Box		
excess parachute payment(s) during the year?	aa Faradalaa Maa		es X No	
Rart:VIII	es, Foundation Mar	iagers, nignly		
List all officers, directors, trustees, and foundation managers and the second se	i	- 		
List all officers, directors, trustees, and foundation managers and to	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to	(a) Evpanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
RAYMOND HARRIS	DIRECTOR			
6506 ORCHID LANE	,			
DALLAS, TX 75230	0.00	0.	0.	0.
MARYDEL HARRIS	DIRECTOR	-		
6506 ORCHID LANE				
DALLAS, TX 75230	0.00	0.	0.	0.
STEPHEN R. HARRIS	DIRECTOR	Î		
6506 ORCHID LANE	1			
DALLAS, TX 75230	0.00	0.	0.	0.
	DIRECTOR			
6506 ORCHID LANE		[*		
DALLAS, TX 75230	0.00	٥.	0.	0.
2 Compensation of five highest-paid employees (other than those inc			<u> </u>	<u> </u>
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	ano deletted	account, other allowances
NONE	devoted to position		compensation	allowances
NONE .				
· · · · · · · · · · · · · · · · · · ·				
		-		
		L		L
Total number of other employees paid over \$50,000			>	0
			Form	990-PF (2018)

	<u>04885</u>	61 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
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 service		(c) Compensation
NONE		
	\longrightarrow	
	-+	
		
	\longrightarrow	
Total number of others receiving over \$50,000 for professional services Part IXA Summary of Direct Charitable Activities	<u> </u>	0
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.	E	Expenses
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	i	Amount
1 N/A		
		··-·
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Form	990-PF (2018)

Form 990-PF (2018)

2,012,

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

THE SPARROW CHARITABLE FOUNDATION Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,		·		12 520
line 7				12,538.
2 Undistributed income, if any, as of the end of 2018			0.	
a Enter amount for 2017 only			<u>U.</u>	_
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:		<u> </u>		
الممماليم أأمان				
b From 2014 988,894. c From 2015 2,479,608.				
d From 2016 2, 473, 603.				
e From 2017 2,479,073.				
f Total of lines 3a through e	9,429,715.			i
4 Qualifying distributions for 2018 from	J, 42J, 11J.			•
Part XII, line 4. ►\$ 2,012,602.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				12,538.
e Remaining amount distributed out of corpus	2,000,064.			12,330.
5 Excass distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,429,779.			!
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				}
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	1,604,603.			
9 Excess distributions carryover to 2019.	0 005 456			
Subtract lines 7 and 8 from line 6a	9,825,176.			
10 Analysis of line 9	аринницикакальноенийрыма фотовой а	wallillininininininininininininininininin	ः भ जन्मात्राम् । वर्गातिकः	ang s restallinggebourden ; 🐧 🕈
a Excess from 2014 988,894.				
b Excess from 2015 2,479,608.				
c Excess from 2016 1,877,537.				1
d Excess from 2017 2,479,073.				
e Excess from 2018 2,000,064.			<u> </u>	.

823581 12-11-18

Form 990-PF (2018) THE SPA	RROW CHARIT.	ABLE FOUNDA	rion	20-04	88561 / Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2018, enter the date of t	the ruling	>		
b Check box to indicate whether the foun	d <u>ation is a private operatir</u>	ng foundation described in	n section	4942(j)(3) or/49	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) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed		<u> </u>	ļ <u>.</u>		
b 85% of line 2a				 / _ 	
c Qualifying distributions from Part XII,		•			
line 4 for each year listed			,	4	
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		
(1) Value of all assets					
(2) Value of assets qualifying		/			
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		/			
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter;		/			
(1) Total support other than gross		/			
investment income (interest, dividends, rents, payments on	1	/			
securities loans (section	/				
512(a)(5)), or royalties)					
(2) Support from general public				1	
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)				ļ	
(3) Largest amount of support from			i		
an exempt organization					
(4) Gross investment income	<u>/</u>			1 105 000	
Part XV: Supplementary Info			r the foundation	naa \$5,000 or moi	e in assets
at any time during t	ne year-see msu	uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed it			ibutions received by the	foundation before the clos	e of any tax
, ,	nore man 40,000). (See S	ection 307(d)(2).)			
SEE STATEMENT 3	400/				I
b List any managers of the foundation when other entity) of which the foundation has			or an equally large porti	on of the ownership of a pa	rtnersnip or
NONE	o a voye or ground miles of				
		Cabalanahin ata Du			
2 Information Regarding Contribut Check here ► X if the foundation is		• • • • •	•	not accept uncollected requi	acte for funde. If
the foundation makes gifts, grants, etc.					5515 101 101105. 11
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·				-
a The hame, address, and telephone hum	oor or email address of th	о рогоон со многи аррисс	arrous surviviu ne angles	Jou	
b The form in which applications should l	ne submitted and informat	tion and materials they sh	only include.		
order approactions and the		and marshale andy on	==-2 		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	
	-				

Total

2018.02070 THE SPARROW CHARITABLE FO 85905601

▶ 3b

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		uded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business - code	(b) Amount	(C) Exclu- sion- code	(d) Amount	Related or exempt function income
			1		
b					
c					
d					
е					
f				<u> </u>	
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	2,370.	
Dividends and interest from securities					
Net rental income or (loss) from real estate:	2017年				第573 第55 (第542)
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a			<u> </u>		· · · · · · · · · · · · · · · · · · ·
b		*	-		· · · · · · · · · · · · · · · · · · ·
c			-		
d	—		-		
e	#575#	0	4.72	2,370.	0.
Cubantal Add antiumon (b) (d) and (a)		0.	A. butil	*	
	+644 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2 3 3711
3 Total. Add line 12, columns (b), (d), and (e)				13	2,370.
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	s.)				2,370.
3 Total. Add line 12, columns (b), (d), and (e)	s.)	mplishment of Ex	empt		2,370.
B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie	s.) es to the Acco			Purposes	
B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie ine No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie ine No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	
Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculation Part:XVI-B. Relationship of Activitie line No. Explain below how each activity for which	es to the Acco	ın column (e) of Part XVI-A		Purposes	

Form 990-PF (201	8) THE	SPARROW	CHARITABLE	FOUNDATION	20-0488561	Page 13
Part XVII	Information	Regarding 1	Transfers to and 1	Fransactions and	Relationships With Noncharitable	
	Exempt Org	anizations				

		Exempt Organ	izations				•			
1	Did the o	rganization directly or indi	rectly engage in any o	f the following	ig with any other organization	on described in sect	ion 501(c)		Yes	No
		•	, , , ,		to political organizations?					```
a Transfers from the reporting foundation to a noncharitable exempt organization of:										
_	(1) Cash	, <u> </u>						1a(1)		X
	(2) Othe							1a(2)		X
b Other transactions;								1.2127		
		s of assets to a noncharital	hle evernt organizati	nn .				1b(1)		X
	• •	hases of assets from a no						1b(2)		X
	• •	al of facilities, equipment,	Ť	gamzanon				1b(3)		X
			UI UIIIEI assets							X
		nbursement arrangements						1b(4)		X
		is or loan guarantees	mharahin ar fundraiai	na colicitatio	20			1b(5)		X
_		ormance of services or me		-				1b(6)		X
	-	of facilities, equipment, ma	-		• •			16		
a					dule. Column (b) should al				ets,	
					ed less than fair market valu	ie in any transaction	or snaring arrangemen	n, snow in		
2)1		d) the value of the goods, (b) Amount involved			e exempt organization	(d) D				
ajı	ine no	(b) Amount involved	(c) Name of		exempt or yamzation	(a) Description	n of transfers, transactions,	and sharing arra	ingemen	ts
				N/A		_				
							· · · · · · · · · · · · · · · · · · ·			
					<u> </u>					
						_				
					· · · · · · · · · · · · · · · · · · ·					
2a	Is the fou	ndation directly or indirect	ly affiliated with, or re	lated to, one	or more tax-exempt organi	zations described				
	in section	501(c) (other than section	n 501(c)(3)) or in sect	tion 527?				Yes	X] No
b	If "Yes," c	omplete the following sch	edule.							
		(a) Name of org	anızatıon		(b) Type of organization		(c) Description of relati	ionship		
		N/A								
		/								
					accompanying schedules and st			May the IRS d	scuss th	nis
Si		ellef, it is true, correct, and com	plete Declaration of prepa	arer fother than	taxpayer) is based on all informat	tion of which preparer h	as any knowledge	return with the shown below?	prepare	, ,
He	re	1 UNDU			13/2/2019	PRESII	ENT	X Yes	000 112	No
	Sigi	nature of officer or trustee			Date	Title				
	•	Print/Type preparer's na	me	Preparer's si	gnature	Date	Check If PT	în .		
				~ 1	. 0		self- employed			
Pa	id	JUSTIN W. 1	REEVES	UX.	WW	03/02/19	1	01248	048	
Pr	eparer	Firm's name ► WEA		ELL, I	LLP		Firm's EIN ► 75-			
Us	e Only			,	= =			J. 300.		
	_	Firm's address ▶ 23	00 N. FIET	D ST.	. STE. 1000		<u> </u>			
				5201	,		Phone no. 972.	490.10	970	
_							11.110110110. 272		5=	

Schedule B

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

Department of the Treasury Internal Revenue Service

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

2018

Name of the organization **Employer identification number** THE SPARROW CHARITABLE FOUNDATION 20-0488561 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 contributors **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 (entering "N/A" in column (b) instead of the contributor name and address), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization **Employer identification number** 20-0488561 THE SPARROW CHARITABLE FOUNDATION Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 RAYMOND HARRIS Person **Payroll** 6506 ORCHID LANE 2,000,000. Noncash (Complete Part II for DALLAS, TX 75230 noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

823452 11-08-18

(Complete Part II for noncash contributions) Name of organization

Employer identification number

THE SPARROW CHARITABLE FOUNDATION

20-0488561

<u> </u>	THE COMPANIE TO SHE TO		0_0400301
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

THE S	PARROW CHARITABLE FOUNDA	rion		20-0488561					
Part III	Exclusively religious, charitable, etc., contribution	ns to organizations described in sec							
1.95.74.730.04.88	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough-(e) and the following line entry	For organizations -	> \$					
	Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1, 000 of le bace is needed	SS for the year (Enterthis into one	e) •					
(a) No.	Coo deprior of opinior of the first in it decision of	3400 10 1100000							
from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I									
			_						
			_						
		(e) Transfer of gift							
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from	415		4.5.5						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of gift							
	(~)								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to trans								
	174110101000111111011011011011		110101101101110						
			-,						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
raiti									
ŀ		(a) Tunnelsu of with		<u> </u>					
		(e) Transfer of gift							
	T	1710 - 4	Deletionation of the						
	Transferee's name, address, and	1 ZIP + 4	Helationship of trai	nsferor to transferee					
ĺ			·						
									
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I		· · · · · · · · · · · · · · · · · · ·							
		· · -	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
		(e) Transfer of gift							
ļ	Transferee's name, address, and	I ZIP + 4	Relationship of trai	nsferor to transferee					

NGS AND TEM	PORARY CASI	H INVESTMENTS	STATEMENT 1
REVE	NUE NE	(B) I INVESTMENT INCOME	(C) ADJUSTED NET INCOME
	2,370.	2,370.	
	2,370.	2,370.	
ACCOUNTI	NG FEES		STATEMENT 2
(A) EXPENSES PER BOOKS			
2,475.	1,2	37.	1,238.
2,475.	1,2	37.	1,238.
	ACCOUNTI (A) EXPENSES PER BOOKS 2,475.	(A) REVENUE NET PER BOOKS 2,370. 2,370. ACCOUNTING FEES (A) EXPENSES NET INVEST PER BOOKS MENT INCOM 2,475. 1,25	REVENUE NET INVESTMENT INCOME 2,370. 2,370. 2,370. 2,370. ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST-PER BOOKS MENT INCOME NET INCOME 2,475. 1,237.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 3
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

RAYMOND HARRIS MARYDEL HARRIS