

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation BE A GIFT FOUNDATION		A Employer identification number 27-4118620	
Number and street (or P.O. box number if mail is not delivered to street address) 12948 E MOUNTAIN VIEW RD		Room/suite	B Telephone number (see instructions) (888) 255-8704
City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ 85259		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 532,659	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	72,155			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	22,192	22,192		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-1,641			
	b Gross sales price for all assets on line 6a _____ 25,004				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	16,992	0	16,992	
	12 Total. Add lines 1 through 11	109,698	22,192	16,992	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,600	800	0	800
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	31,682	0	12,711	18,411
	24 Total operating and administrative expenses. Add lines 13 through 23	33,282	800	12,711	19,211
	25 Contributions, gifts, grants paid	84,303			84,303
	26 Total expenses and disbursements. Add lines 24 and 25	117,585	800	12,711	103,514
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-7,887			
	b Net investment income (if negative, enter -0-)		21,392		
	c Adjusted net income (if negative, enter -0-)			4,281	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	8,266	27,885	27,885
	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 ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	100,019	100,019	462,535
	c	Investments—corporate bonds (attach schedule)	71,760	45,327	42,239
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	180,045	173,231	532,659	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	477	1,550	
	23	Total liabilities (add lines 17 through 22)	477	1,550	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	179,568	171,681	
	30	Total net assets or fund balances (see instructions)	179,568	171,681	
	31	Total liabilities and net assets/fund balances (see instructions) .	180,045	173,231	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	179,568
2	Enter amount from Part I, line 27a	2	-7,887
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	171,681
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	171,681

Part IV Capital Gains and Losses for Tax on Investment Income

(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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PRUDENTIAL CORP BOND FUND	P		2018-02-27
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 25,000		26,645	-1,645
b 4			4
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-1,645
b			4
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-1,641
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	71,359	642,620	0 111044
2016	50,020	570,778	0 087635
2015	61,338	504,747	0 121522
2014	36,112	338,192	0 106780
2013	36,797	277,545	0 132580
2 Total of line 1, column (d)			0 559561
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			0 111912
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			615,061
5 Multiply line 4 by line 3			68,833
6 Enter 1% of net investment income (1% of Part I, line 27b)			214
7 Add lines 5 and 6			69,047
8 Enter qualifying distributions from Part XII, line 4			103,514

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	214
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	214
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	214
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1,770
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	1,770
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
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	1,556
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 1,556 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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) of each state as required by General Instruction G? If "No," attach explanation	8b	No
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.BEAGIFTFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>ELAINE DONOVAN</u> Telephone no ► <u>(480) 614-5498</u>			

Located at ► 12948 E MOUNTAIN VIEW ROAD SCOTTSDALE AZZIP+4 ► 85259

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<i>If "Yes" to 6b, file Form 8870</i>			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
TIMOTHY R DONOVAN 322 KAREN AVENUE LAS VEGAS, NV 89109	PRESIDENT 1 00	0	0	0
ELAINE DONOVAN 12948 EAST MOUNTAIN VIEW ROAD SCOTTSDALE, AZ 85259	SECRETARY/TREASURER 1 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶		0	
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		


Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NOT APPLICABLE	0
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	0
2	
All other program-related investments. See instructions.	
3 	0
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	588,087
b	Average of monthly cash balances.	1b	36,340
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	624,427
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	624,427
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	9,366
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	615,061
6	Minimum investment return. Enter 5% of line 5.	6	30,753

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	30,753
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	214
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	214
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	30,539
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	30,539
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	30,539

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	103,514
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	103,514
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	214
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	103,300

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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, line 7				30,539
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	23,196			
b From 2014.	19,558			
c From 2015.	36,453			
d From 2016.	22,331			
e From 2017.	39,658			
f Total of lines 3a through e.	141,196			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 103,514				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				30,539
e Remaining amount distributed out of corpus	72,975			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	214,171			
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 instructions			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 (see instructions).	23,196			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	190,975			
10 Analysis of line 9				
a Excess from 2014.	19,558			
b Excess from 2015.	36,453			
c Excess from 2016.	22,331			
d Excess from 2017.	39,658			
e Excess from 2018.	72,975			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
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 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)					
(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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) ELAINE DONOVAN
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed ELAINE DONOVAN 11445 E VIA LINDA SUITE 2-407 SCOTTSDALE, AZ 85259 (888) 255-8704 INFO@BEAGIFTFOUNDATION.ORG
b The form in which applications should be submitted and information and materials they should include APPLICATIONS MAY BE SUBMITTED VIA THE FOUNDATION'S WEBSITE AND SHOULD INCLUDE THE REQUESTING ORGANIZATION'S INFORMATION (NAME, ADDRESS, PHONE NUMBER, TAX ID NUMBER, CONTACT PERSON, EMAIL AND PHONE NUMBER) WHERE APPLICABLE AND ALSO A BRIEF DESCRIPTION OF THE REASON FOR THE REQUEST
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 AVERAGE GRANT GENERALLY DOES NOT EXCEED \$500 BUT LARGER REQUESTS WILL BE CONSIDERED ON A CASE-BY-CASE BASIS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

Part XVII

- | | | |
|---|----|----|
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | No |
|---|----|----|

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

- 2d Is the foundation an entity or individual, animated (living) or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 5373? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

Sign _____ May the IRS discuss this _____

Signature of officer or trustee _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below

**Paid
Preparer
Use Only**

Paid	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN
	ELLYN SAMSKY				P00626208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACCEL FOUNDATION 10251 NORTH 35TH AVENUE PHOENIX, AZ 85051	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,500
ADULT CYSTIC FIBROSIS57 N 11TH ST RICHMOND, VA 23298	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,616
AUTUMN HOUSE868 E UNIVERSITY DR MESA, AZ 85203	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	500
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUBS OF GREATER SCOTTSDALE 2311 NORTH MILLER ROAD SCOTTSDALE, AZ 85257	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,500
CATHOLIC CHARITIES COMMUNITY SERVICES ARIZONA 4747 NORTH 7TH AVENUE PHOENIX, AZ 85013	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	300
CHILDREN'S CANCER CENTER AT LEHIGH VALLEY HOSPITAL 1210 S CEDAR CREST BLVD ALLENTOWN, PA 18103	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	200
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHILDREN'S MEDICAL CENTER DALLAS 1935 MEDICAL DISTRICT DR DALLAS, TX 75235	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	314
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,125
FAR EAST SIDE NEIGHBORHOOD CENTER 8902 E 38TH ST INDIANAPOLIS, IN 46226	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	615
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GHC HOSPICE906 W 9TH ST UPLAND, CA 91786	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,000
GREENVILLE HEALTH SYSTEM CHILDREN'S HOSPITAL 249 N GROVE MEDICAL PARK DR SPARTANBURG, SC 29303	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	262
HOSPICE OF SOUTHERN ILLINOIS 305 SOUTH ILLINOIS ST BELLEVILLE, IL 62221	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,813
Total ► 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUNKAPI PROGRAMS 12051 NORTH 96TH STREET SCOTTSDALE, AZ 85260	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	3,600
MAGGIES PLACEPO BOX 1102 PHOENIX, AZ 85001	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	46,134
MY SISTER'S PLACEPO BOX 1869 CHANDLER, AZ 85244	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	2,248
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ONE WAY OUT MINISTRIES 12873 S CLEVELAND AVE FORT MYERS, FL 33907	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,200
OUR LADY OF PERPETUAL HELP 7655 EAST MAIN ST SCOTTSDALE, AZ 85251	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,000
PIERRE VAUTHY CYSTIC FIBROSIS CENTER 2121 HUGHES DR SUITE 640 TOLEDO, OH 43606	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	200
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROVIDENCE HOSPICE 18601 N CREEK DRIVE TINLEY PARK, IL 60477	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	691
RAINBOW BABIES & CHILDREN'S FOUNDATION 11100 EUCLID CLEVELAND, OH 44106	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	675
REDEEMING LOVE CHURCH 1950 CONNER STREET NOBLESVILLE, IN 46060	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	672
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCHOOL SISTERS OF ST FRANCIS 1501 S LAYTON BLVD MILWAUKEE, WI 53215	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	690
SCOTTSDALE UNIFIED SCHOOL DISTRICT 8330 E OSBORN RD SCOTTSDALE, AZ 85250	N/A	SCHOOL DISTRICT	SUPPORT GENERAL OPERATIONS	2,190
SOJOURNER CENTER 2224 E FILLMORE ST PHOENIX, AZ 85036	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	500
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LUKES HOSPICE 3330 E LOUISE DR SUITE 400 MERIDIAN, ID 83642	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,767
ST LUKES FRUITLAND CLINIC 1210 NW 16TH ST FRUITLAND, ID 83619	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	740
ST LUKES MEDICAL CENTER 190 E BANNOCK ST BOISE, ID 83712	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	4,777
Total ► 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST VINCENT DEPAUL 2628 DEL PRADO BLVD CAPE CORAL, FL 33904	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	2,409
SUTTER CYSTIC FIBROSIS CENTER 1625 STOCKTON BLVD 112 SACRAMENTO, CA 95816	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	200
TAMPA GENERAL CANCER CENTER 3 TAMPA GENERAL CIRCLE TAMPA, FL 33603	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,200
Total ▶ 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF WISCONSIN HEALTH 600 HIGHLAND AVE MADISON, WI 53792	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,035
VCU HEALTH SYSTEM 1200 E BROAD ST 10TH FLOOR RICHMOND, VA 23298	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	200
YOUTH AND FAMILY COUNSELING 1113 S MILWAUKEE 104 LIBERTYVILLE, IL 60048	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	480
Total ► 3a				84,303

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	550
ZION-BENTON TOWNSHIP HIGH SCHOOL 3901 W 21ST ST ZION, IL 60099	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	400
Total ▶ 3a				84,303

TY 2018 Accounting Fees Schedule**Name:** BE A GIFT FOUNDATION**EIN:** 27-4118620

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,600	800	0	800

TY 2018 All Other Program Related Investments Schedule

Name: BE A GIFT FOUNDATION
EIN: 27-4118620

Category	Amount
NOT APPLICABLE	0

TY 2018 Explanation of Non-Filing with Attorney General Statement

Name: BE A GIFT FOUNDATION

EIN: 27-4118620

Statement:

FOR TAXABLE YEARS 2018 AND AFTER: PER THE ARIZONA DEPARTMENT OF REVENUE, TAX EXEMPT ORGANIZATIONS WILL NO LONGER NEED TO FILE EITHER THE ARIZONA FORM 99 OR COPIES OF THEIR FEDERAL FORM 990 WITH ARIZONA.

TY 2018 Investments Corporate Bonds Schedule**Name:** BE A GIFT FOUNDATION**EIN:** 27-4118620**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PRUDENTIAL SHORT TERM BOND CL C	45,327	42,239

TY 2018 Investments Corporate Stock Schedule

Name: BE A GIFT FOUNDATION

EIN: 27-4118620

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
6,930 SHARES JBSS STOCK - DONOVAN	89,876	385,724
1,380 SHARES JBSS STOCK - KARACIC	10,143	76,811

TY 2018 Other Expenses Schedule**Name:** BE A GIFT FOUNDATION**EIN:** 27-4118620**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WEB-SITE DESIGN	1,032	0	0	1,032
PHONE	450	0	0	450
OTHER WEB-SITE EXPENSE	197	0	0	197
BANK FEES	416	0	0	416
FANDANGO FUNRAISING EXPENSE	27,955	0	12,711	15,244
OTHER ADMINISTRATIVE EXPENSES	1,632	0	0	1,072

TY 2018 Other Income Schedule

Name: BE A GIFT FOUNDATION

EIN: 27-4118620

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	16,992		16,992

TY 2018 Other Liabilities Schedule**Name:** BE A GIFT FOUNDATION**EIN:** 27-4118620

Description	Beginning of Year - Book Value	End of Year - Book Value
UBS VISA CREDIT CARD PAYABLE	477	1,550

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization BE A GIFT FOUNDATION		Employer identification number 27-4118620

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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

☒ 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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BE A GIFT FOUNDATION	Employer identification number 27-4118620
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELAINE AND TIM DONOVAN	\$ 9,659	Person <input checked="" type="checkbox"/>
	322 KAREN AVE 802		Payroll <input type="checkbox"/>
	LAS VEGAS, NV 89109		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAYER BROWN LLP	\$ 10,000	Person <input checked="" type="checkbox"/>
	71 S WACKER DRIVE		Payroll <input type="checkbox"/>
	CHICAGO, IL 60606		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID BONDERMAN	\$ 5,000	Person <input checked="" type="checkbox"/>
	12948 E MOUNTAIN VIEW RD		Payroll <input type="checkbox"/>
	SCOTTSDALE, AZ 85259		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RANDALL EISENBERG	\$ 5,000	Person <input checked="" type="checkbox"/>
	12948 E MOUNTAIN VIEW RD		Payroll <input type="checkbox"/>
	SCOTTSDALE, AZ 85259		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARK FRISSORA	\$ 5,000	Person <input checked="" type="checkbox"/>
	12948 E MOUNTAIN VIEW RD		Payroll <input type="checkbox"/>
	SCOTTSDALE, AZ 85259		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

27-4118620

Part II	Noncash Property
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[illegible]

Name of organization BE A GIFT FOUNDATION	Employer identification number 27-4118620
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Part III	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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ 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
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	