

Form 990-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](http://www.irs.gov/Form990PF) for instructions and the latest information.

2018

Open to Public  
Inspection

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		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"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>	
<b>H</b> 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			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 532,659		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

<b>Part I</b> 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)
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				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	16,992	0	16,992	
12	<b>Total.</b> 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	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	33,282	800	12,711	19,211
25	Contributions, gifts, grants paid	84,303			84,303
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	117,585	800	12,711	103,514
27	Subtract line 26 from line 12				
a	<b>Excess of revenue over expenses and disbursements</b>	-7,887			
b	<b>Net investment income</b> (if negative, enter -0-)		21,392		
c	<b>Adjusted net income</b> (if negative, enter -0-)			4,281	

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>					
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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		180,045	173,231	532,659
<b>Liabilities</b>					
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	477	1,550
23	<b>Total liabilities</b> (add lines 17 through 22)		477		1,550
<b>Net Assets or Fund Balances</b>					
24	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
25	Unrestricted				
26	Temporarily restricted				
27	Permanently restricted				
28	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
29	Capital stock, trust principal, or current funds		0	0	
30	Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	
31	Retained earnings, accumulated income, endowment, or other funds		179,568	171,681	
32	<b>Total net assets or fund balances</b> (see instructions)		179,568	171,681	
33	<b>Total liabilities and net assets/fund balances</b> (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				
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a			-1,645	
b			4	
c				
d				
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		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

 Yes  No

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

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
<b>2 Total</b> of line 1, column (d)			2 0 559561
<b>3 Average</b> 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			3 0 111912
<b>4 Enter</b> the net value of noncharitable-use assets for 2018 from Part X, line 5			4 615,061
<b>5 Multiply</b> line 4 by line 3			5 68,833
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			6 214
<b>7 Add</b> lines 5 and 6			7 69,047
<b>8 Enter</b> qualifying distributions from Part XIII, line 4			8 103,514

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	1	214
	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 2b	1	214
c	All other domestic foundations enter 2% of line 2b 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	<b>Tax based on investment income.</b> 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 <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	1,556
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ►	11	0
		Refunded	

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b	Yes	No
	<i>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</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1)	On the foundation ► \$ _____ 0	(2)	On foundation managers ► \$ _____ 0	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Yes	No
	<i>If "Yes," attach a detailed description of the activities</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> <li>By language in the governing instrument, or</li> <li>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?</li> </ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<b>AZ</b>			
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? <i>If "No," attach explanation</i>	8b	Yes	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 <i>If "Yes," complete Part XIV</i>	9	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	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 ► <a href="http://WWW.BEAGIFTFOUNDATION.ORG">WWW.BEAGIFTFOUNDATION.ORG</a>	13	Yes
14	The books are in care of ► <u>ELAINE DONOVAN</u>	Telephone no	► (480) 614-5498
Located at ► <u>12948 E MOUNTAIN VIEW ROAD SCOTTSDALE AZ</u>		ZIP+4 ► <u>85259</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. and enter the amount of tax-exempt interest received or accrued during the year.	15	<input type="checkbox"/>
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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<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 <b>any</b> 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. Organizations relying on a current notice regarding disaster assistance check here.	1b	
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? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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)**

		<b>Yes</b>	<b>No</b>
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"/>	<input checked="" type="checkbox"/> Yes
(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"/>	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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. Organizations relying on a current notice regarding disaster assistance check here.		
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? <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
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"/>	<input checked="" type="checkbox"/> Yes

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
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
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a) Name and address of each employee paid more than \$50,000</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
NONE				
<b>Total number of other employees paid over \$50,000.</b>				0

**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		
3	All other program-related investments. See instructions	
4	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	<b>Total</b> (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	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	615,061
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	30,753

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** 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	<b>Distributable amount</b> 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	<b>Qualifying distributions.</b> 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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	103,300
<b>Note:</b> 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
<b>1</b> Distributable amount for 2018 from Part XI, line 7				30,539
<b>2</b> Undistributed income, if any, as of the end of 2018			0	
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	23,196			
<b>b</b> From 2014. . . . .	19,558			
<b>c</b> From 2015. . . . .	36,453			
<b>d</b> From 2016. . . . .	22,331			
<b>e</b> From 2017. . . . .	39,658			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	141,196			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ► \$ 103,514			0	
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				30,539
<b>e</b> Remaining amount distributed out of corpus	72,975			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	214,171			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .	23,196			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	190,975			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	19,558			
<b>b</b> Excess from 2015. . . . .	36,453			
<b>c</b> Excess from 2016. . . . .	22,331			
<b>d</b> Excess from 2017. . . . .	39,658			
<b>e</b> 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			
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 ►  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 Name and address (home or business)	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
<i>a Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .				► 3a
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .				► 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	22,192	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-1,641	
9 Net income or (loss) from special events			02	-10,963	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		9,588	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		9,588

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



**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)				
<i>a 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 FIBROSIS 57 N 11TH ST RICHMOND, VA 23298	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	1,616
AUTUMN HOUSE 868 E UNIVERSITY DR MESA, AZ 85203	N/A	501(C)(3) PUBLIC CHA	SUPPORT GENERAL OPERATIONS	500
<b>Total . . . . .</b>			► 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)				
<b>a Paid during the year</b>				
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
<b>Total . . . . .</b>			► 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)				
<b>a Paid during the year</b>				
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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<b>a Paid during the year</b>				
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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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)				
<i>a 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
<b>Total . . . . .</b>			► 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

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

- Attach to Form 990, 990-EZ, or 990-PF
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

**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

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- 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 33<sup>1</sup> 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).

<b>Name of organization</b> BE A GIFT FOUNDATION		<b>Employer identification number</b> 27-4118620	
<b>Part I</b> <b>Contributors</b> (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 322 KAREN AVE 802  LAS VEGAS, NV 89109	\$ 9,659	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			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  71 S WACKER DRIVE  CHICAGO, IL 60606	\$ 10,000	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			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 12948 E MOUNTAIN VIEW RD  SCOTTSDALE, AZ 85259	\$ 5,000	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			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 12948 E MOUNTAIN VIEW RD  SCOTTSDALE, AZ 85259	\$ 5,000	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			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 12948 E MOUNTAIN VIEW RD  SCOTTSDALE, AZ 85259	\$ 5,000	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			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 )

**Name of organization**  
BE A GIFT FOUNDATION

**Employer identification number**

27-4118620

**Part II** **Noncash Property**

(a) No. from Part I		(See instructions) Use duplicate copies of Part II if additional space is needed (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
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	

**Name of organization**  
BE A GIFT FOUNDATION

**Employer identification number**

27-4118620

**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