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2018

OMB No 1545-0052

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	cale	ndar year 2018, or tax year beginning 07-01-20	)18 , aı	nd ending 06-30-	2019		
		Indation OPEZ FAMILY FOUNDATION		A Employer id	A Employer identification number		
			20-5725952	20-5725952			
		d street (or P O box number if mail is not delivered to street address) ST BROADWAY BLVD	Room/suite	<b>B</b> Telephone nu	ımber (see ınstructıor	ns)	
				(520) 322-6964	1		
		n, state or province, country, and ZIP or foreign postal code Z 85711		<b>C</b> If exemption	application is pendin	g, check here	
	aeck al	Il that apply	former public charity	D 1 Foreign or	ganızatıons, check he	. —	
G CI	ieck ai	☐ Final return ☐ Amended return	Torriler public charity		ganizations, check he	▶ ⊔	
		Address change Name change			k here and attach co		
H C	neck ty	/pe of organization ☑ Section 501(c)(3) exempt private	foundation		undation status was t in 507(b)(1)(A), chec		
_			e private foundation	diffeel section	11 307 (3)(1)(11), ellee	K Here	
			☐ Cash ☑ Accru		ation is in a 60-month		
		from Part II, col(c), ▶\$ 7,846,569 ☐ Other (specify)		under sectio	n 507(b)(1)(B), chec	k here	
	ĺ	(Part I, column (d) must	be on cash basis )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	income	income	purposes	
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)	
	-	schedule)	35,000				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	3	Sch B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	18,217	18,217			
	5a	Gross rents		,			
	ь	Net rental income or (loss)					
<u>9</u>	6a	Net gain or (loss) from sale of assets not on line 10	294,780				
Revenue	ь	Gross sales price for all assets on line 6a					
Re	7	2,256,749 Capital gain net income (from Part IV, line 2)		2,256,749			
	8	Net short-term capital gain		, ,			
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	93,402	О	93,402		
	12	Total. Add lines 1 through 11	441,399	2,274,966	93,402		
	13	Compensation of officers, directors, trustees, etc	0	0	0	0	
	14 15	Other employee salaries and wages	77,598	0	0	77,598	
Ses	16a	Legal fees (attach schedule)	18,226	9,113	0	9,113	
Expenses	ь	Accounting fees (attach schedule)	7,470			3,735	
Ë	c	Other professional fees (attach schedule)				5,.30	
live	17	Interest					
tra	18	Taxes (attach schedule) (see instructions)	152,635	0	0	28,971	
and Administrative	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ā	21	Travel, conferences, and meetings	128	0	0	128	
an	22	Printing and publications					
ing	23	Other expenses (attach schedule)	109,613	5,386	0	104,226	
Operating	24	Total operating and administrative expenses.					
g		Add lines 13 through 23	365,670		0	223,771	
_	25	Contributions, gifts, grants paid	418,500			418,500	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	784,170	18,234	0	642,271	
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-342,771				
	ь	Net investment income (If negative, enter -0-)		2,256,732			
	С	Adjusted net income (If negative, enter -0-)			93,402		
For	Paper	work Reduction Act Notice, see instructions.	•	Cat No 11289	K For	m <b>990-PF</b> (2018)	

21,999

220,152

1,334,000

1,962,504

3,212,913

7,571,272

34,952

42,787

77,739

7,493,533

7,493,533

7,571,272

(چە

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220,152

1,427,402

3,422,499

7,281,061

41,585

88,714

130,299

7,150,762

7,150,762 7,281,061

2

3 4

5

6

7,493,533

-342,771

7,150,762

7,150,762 Form **990-PF** (2018)

204,600

2,008,462

3,422,499

7,846,569

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22

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24

28 29

31 Part III

Liabilities

lances

Bal 25

Fund 26

ŏ

Assets 27

Net 30

2

Pledges receivable

Less allowance for doubtful accounts ▶

Grants receivable . . . . . . . . . . . . .

Less allowance for doubtful accounts

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule) . . . . . .

Less accumulated depreciation (attach schedule) ▶ \_\_\_

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) -

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . Investments—corporate bonds (attach schedule) . . . . . . . .

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here

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

Foundations that do not follow SFAS 117, check here ▶

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

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

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

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

(c)

(a) List and describ 2-story brick wa	Date acquired (mo , day, yr )	Date sold (mo , day, yr )			
1 a CENTER STREET LENDIN	G - GAIN ON EXCESS DISTRIBUTIO	N	Р	2013-11-01	2019-06-30
b PUBLICLY TRADED SECU	RITIES		Р		
С					
d					
e					
(a)	(f)	(	(g)		h)
(e) Gross sales price	Depreciation allowed		other basis		or (loss)
· · · · · · · · · · · · · · · · · · ·	(or allowable)	plus expe	ense of sale	(e) plus (	f) minus (g)
a	4,118				4,118
· · · · · · · · · · · · · · · · · · ·	2,631				2,252,631
C					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col(၊) (ၢ), if any	col (k), but not	(h) gain minus : less than -0-) <b>or</b> rom col (h))
a		0,10,100.	(3)// =/	,	4,118
b					2,252,631
c					_,
d					
		If gain, also enter in Pa	art I line 7 I		
2 Capital gain net income		If (loss), enter -0- in P		2	2,256,749
3 Net short-term capital q	gain or (loss) as defined in sections :	1222(5) and (6)			
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi		· }	3	
Part V Qualification I	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Ir	ncome	
	rivate foundations subject to the sec				
f section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributant of qualify under section 4940(e) Do		in the base period	ქ?	es 🗹 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entri	es	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	( <b>d)</b> Distribution rai (col (b) divided by	
2017	3,802,566		2,087,396	•	1 821679
2016	514,276		686,825		0 748773
2015	369,976		1,224,300		0 302194
2014	295,240		1,139,546		0 259086
2013	190,680		756,240		0 252142
2 Total of line 1, column (	d)		2		3 383874
	o for the 5-year base period—divide				
number of years the four	ndation has been in existence if less ncharitable-use assets for 2018 fron	than 5 years	<u>3</u>		0 676775 3,231,204
<b>5</b> Multiply line 4 by line 3			5		2,186,798
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		22,567
			7		2,209,365
	ons from Part XII, line 4 ,				851,856
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	ee the Part VI
				_	000 BE (2010)

Page **6** 

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
<b>L</b>	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? $\square$			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional servi	ces (see instructions). If none, enter "NON	IE".
(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 rel	evant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers prod		Expenses
1		
1		
2		
3		
-		
4		
Part IX-B Summary of Program-Related Investments (see  Describe the two largest program-related investments made by the foundation during to		Amount
IMPROVEMENTS TO A BUILDINGS TO BE USED BY PUBLIC CHARITIES TO		209,585
2	57 H. W. 19 1 H. 19 1	
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		209,585
		Form <b>990-PF</b> (2018)

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

2

3a 3h

4

5

851.856

851.856

Form 990-PF (2018)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

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2018

Page 9

116,425

116,425

Form **990-PF** (2018)

0

**b** Total for prior years

**d** From 2016. . . .

From 2013. . . . .

**b** From 2014. . . . c From 2015. . .

e From 2017. . . . .

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

**b** Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

Form 990-PF (2	018)
Part XIII	Und

Form 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

- 1 Distributable amount for 2018 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. . . . . .

  - 156.816

    - 240,057
  - Excess distributions carryover, if any, to 2018 308 965
    - 485.083

    - 3,746,734
- f Total of lines 3a through e. . . . . . . .
- 4 Qualifying distributions for 2018 from Part

240.057

308,965

485.083

735.431

3,746,734

- - 4.937.655

735.431

5,673,086

156.816

5,516,270

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

N/A



nter gross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
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	18,217	
5 Net rental income or (loss) from real estate					
<ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li></ul>					
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	294,780	
9 Net income or (loss) from special events			16	294,780	
O Gross profit or (loss) from sales of inventory					
1 Other revenue 2 PANTANTO ESCALANTE ASSOCIATES LLC			16	93,402	
b			10	93,402	
c					
d	-				
e		ſ		406 399	
e		C	13	406,399 <b>3</b>	406,399
e	lations )			406,399 <b>3</b>	
e	lations ) ie Accomplish	ment of Exem	pt Purposes	3	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to	
e	lations ) le Accomplish income is report	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	ted importantly to purposes) (See	

. (==		
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

Part XVII	Exempt Organiz	zations			io ana itolatio		.c.i.aiiitabic		
1 Did the or (c) (other	ganization directly or in- than section 501(c)(3)	directly engage	in any of the	following with any 527, relating to pol	other organization	n described in sections?	on 501	Yes	No
a Transfers	from the reporting foun	dation to a nonc	harıtable ex	empt organization	of				
( <b>1</b> ) Cash							. 1a(1)		No
<b>(2)</b> Other	rassets						. 1a(2)		No
<b>b</b> Other tran	sactions								
<b>(1)</b> Sales	of assets to a nonchari	table exempt or	ganızatıon.				. 1b(1)		No
<b>(2)</b> Purch	nases of assets from a n	oncharitable exe	empt organiz	zation			1b(2)		No
(3) Renta	(3) Rental of facilities, equipment, or other assets								No
	bursement arrangemen						. 1b(4)		No
	s or loan guarantees.						. 1b(5)	_	No
	mance of services or m						1b(6)		No
-	facilities, equipment, n	-	· ·						No
of the goo	wer to any of the above ds, other assets, or serv nsaction or sharing arra	vices given by th	e reporting	foundation If the f	oundation receive	d less than fair mark	ket value		
(a) Line No	(b) Amount involved	(c) Name of non	charitable exe	mpt organization	(d) Description of	transfers, transactions,	and sharing arra	ngemen	ts
described	ndation directly or indire in section 501(c) (other omplete the following so (a) Name of organizatio	than section 50 chedule	1(c)(3)) or i	•		_			
of m whice	er penalties of perjury, ny knowledge and belief th preparer has any kno	, it is true, corre							
Sign Here	*****			2019-10-13	*****		May the IRS d return with the prepa		
	Signature of officer or ti	rustee		Date	Title		below (see instr )?	✓ <sub>Yes</sub> [	□ <sub>No</sub>
	Print/Type preparer's	name Pro	eparer's Signature		Date	Check if self- employed ▶ ☐	PTIN P0008	4187	
Paid Preparer	LORETTA PETO  Firm's name ▶ CLIF	TONLARSONALL	ENILP	2019-10-12					
Jse Only		TONLARSONALL	LIN LLF			F	Firm's EIN ▶41	-07467	'49
•	Firm's address ► 52	55 EAST WILLIA		STE 5000		F	Phone no (520	790-3	3500
	1000011,72 007.22								

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

OMAD MEDELEC				
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 1 00			
CZARINA M LOPEZ	SECRETARY	0	0	0
3901 E BROADWAY BLVD TUCSON, AZ 85711				

CZARINA M LOPEZ	SECRETARY			0
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			
OMAR MIRELES	TREASURER	0	0	0
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			

TUCSON, AZ 85/11				
OMAR MIRELES	TREASURER	0	0	0
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			
ILIANA M LOPEZ	DIRECTOR	0	0	0
	7 1 00			1

	TREMBORER		_	_
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			
ILIANA M LOPEZ	DIRECTOR	0	0	0
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			

TUCSON, AZ 85/11				
ILIANA M LOPEZ	DIRECTOR	0	0	0
3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			
STEPHEN P COUIG	DIRECTOR	0	0	0

3901 E BROADWAY BLVD TUCSON, AZ 85711	1 00			
STEPHEN P COUIG	DIRECTOR	0	0	0
'				

3901 E BROADWAY BLVD TUCSON, AZ 85711				
IOVANNA COUIG	DIRECTOR	0	0	(
3901 E BROADWAY BLVD	1 00			

0

0

DIRECTOR

1 00

TUCSON, AZ 85711

3901 E BROADWAY BLVD TUCSON, AZ 85711

AMY MIRELES

Form 990PF Part XV Line 1a - 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). HUMBERTO S LOPEZ

CZARINA M LOPEZ

I IOVANNA COUIG

ILIANA M LOPEZ

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN CANCER SOCIETY NONE PC. TO SAVE LIVES, CELEBRATE 5,000 250 WILLIAMS STREET NW LIVES, AND LEAD THE FIGHT FOR A WORLD WITHOUT ATLANTA, GA 30303 CANCER

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

ANGEL CHARITY FOR CHILDREN INC 3132 N SWAN RD TUCSON, AZ 85712	NONE	PC	TO IMPROVE THE QUALITY OF LIFE FOR THE CHILDREN IN OUR COMMUNITY	1,000
ARIZONA ONCOLOGY FOUNDATION 2625 N CRAYCROFT RD STE 101 TUCSON, AZ 85712	NONE	PC	DELIVERS INTEGRATIVE AND SUPPORT SERVICES TO THE WHOLE COMMUNITY TO ANYONE TOUCHED BY CANCER	10,000

▶ 3a

418,500

Total .

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BOYS TO MEN TUCSON INC 5210 E PIMA STREET SUITE 200 TUCSON, AZ 85712	NONE	PC	TO HELP BOYS ON THEIR JOURNEY TO MANHOOD BY PROVIDING THEM WITH SKILLED MALE GROUP MENTORS AS WELL AS OPPORTUNITIES FOR PERSONAL AND EMOTIONAL GROWTH	2,000	
CATHOLIC COMMUNITY SERVICES OF SOUTHERN AZ 140 W SPEEEDWAY BLVD SUITE 230 TUCSON, AZ 85705	NONE	PC	WE STRENGTHEN CHILDREN, ADULTS, FAMILIES AND COMMUNITIES BY PROVIDING HELP, CREATING HOPE AND SERVING ALL	15,000	
CATHOLIC FOUNDATION FOR THE DIOCESE	NONE	PC	SERVING TO BUILD RESOURCES FOR THE DIOCESE OF PHOENIX,	75,000	

SOUTHERN AZ 140 W SPEEDWAY BLVD SUITE 230 TUCSON, AZ 85705	NONE	PC .	ADULTS, FAMILIES AND COMMUNITIES BY PROVIDING HELP, CREATING HOPE AND SERVING ALL	13,000
CATHOLIC FOUNDATION FOR THE DIOCESE	NONE	PC	SERVING TO BUILD RESOURCES FOR THE DIOCESE OF PHOENIX,	75,000

TUCSON, AZ 85705			HELP, CREATING HOPE AND SERVING ALL	
CATHOLIC FOUNDATION FOR THE DIOCESE 400 E MONROE STREET PHEONIX, AZ 85004	NONE	PC	SERVING TO BUILD RESOURCES FOR THE DIOCESE OF PHOENIX, ITS MINISTRIES AND APOSTOLATES	75,00

418,500

. . . ▶ 3a

TUCSON, AZ 85705			SERVING ALL	
CATHOLIC FOUNDATION FOR THE DIOCESE 400 E MONROE STREET	NONE	PC	SERVING TO BUILD RESOURCES FOR THE DIOCESE OF PHOENIX, ITS MINISTRIES AND	75

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY FOUNDATION FOR NONE PC TO CREATE A STRONGER 5,000 SOUTHERN ARIZONA COMMUNITY BY CONNECTING 22EO E BROADWAY BOLLLEVARD DONORS TO CALISES THEY CARE

TUCSON, AZ 85719			ABOUT NOW AND FOREVER	
GINNY L CLEMENTS BREAST CANCER RESEARCH FUND 20280 N 59TH AVE STE 115 312 GLENDALE, AZ 85308	NONE	PC	PROVIDES INFORMATION AND ASSISTANCE TO THE GENERAL PUBLIC CONCERNING BREAST CANCER AND OTHER DEGENERATIVE DISEASES	5,000
CIDL CCOLITC OF COLITHERN ARIZONA	NONE	l nc	TO HELD LOCAL CIRL CCOLITC	10,000

20280 N 59TH AVE STE 115 312 GLENDALE, AZ 85308		PUBLIC CONCERNING BREAST CANCER AND OTHER DEGENERATIVE DISEASES	
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON, AZ 85711	NONE	TO HELP LOCAL GIRL SCOUTS BUILD THECOURAGE, CONFIDENCE AND CHARACTER TO MAKE THE WORLD A BETTER PLACE	10,000

			DEGENERATIVE DISEASES	
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON, AZ 85711	NONE	PC	TO HELP LOCAL GIRL SCOUTS BUILD THECOURAGE, CONFIDENCE AND CHARACTER TO MAKE THE WORLD A BETTER PLACE	10,000
Total				418,500

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

GOSPEL RESCUE MISSION 707 W MIRACLE MILE TUCSON, AZ 85705	NONE	PC	TO SERVE THE HOMELESS AND NEEDY BY PROVIDING FOR THEIR SPIRITUAL, PHYSICAL, EMOTIONAL, AND MENTAL WHOLENESS THROUGH THE POWER OF JESUS CHRIST	109,600
HEDRICK HOUSES42 N WEST BLVD	NONE	DC.	PROVIDES HALFWAY HOUSE	25 000

			POWER OF JESUS CHRIST	
HEDRICK HOUSE542 N WEST BLVD VINELAND, NJ 08360	NONE	PC	PROVIDES HALFWAY HOUSE TREATMENT TO ADULT MEN AND WOMEN	25,000
MENTORING TUCSON'S KIDS PO BOX 89729	NONE	PC	PROVIDE POSITIVE INFLUENCE TO KIDS FACING TOUGH LIFE	900

			WOMEN	
MENTORING TUCSON'S KIDS PO BOX 89729 TUCSON, AZ 85752	NONE	PC	PROVIDE POSITIVE INFLUENCE TO KIDS FACING TOUGH LIFE CHALLENGES	900
Total			▶ 3a	418,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MOBILE MEALS OF TUCSON NONE PC PRESERVE THE HEALTH, 2,500 4803 E 5TH ST 209 DIGNITY AND INDEPENDENCE TUCSON, AZ 85711 OF ELDERLY AND DISABLED

1000011,712 00711			ADULTS BY PROVIDING MEDICALLY-TAILORED, HOME- DELIVERED MEALS	
OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH ST 1 TUCSON, AZ 85711	NONE	PC	TO OFFER HOUSING, COUNSELING AND SUPPORT SERVICES TO HELP HOMELESSNESS TRANSFORM THEIR LIVES	10,000
PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS RD PHOENIX. AZ 85016	NONE	PC	TO OFFER THE VERY BEST MEDICAL SPECIALISTS, CUTTING-EDGE TECHNOLOGY,	10,000

4501 E 5TH ST 1 TUCSON, AZ 85711			COUNSELING AND SUPPORT SERVICES TO HELP HOMELESSNESS TRANSFORM THEIR LIVES	,
PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 85016	NONE	PC	TO OFFER THE VERY BEST MEDICAL SPECIALISTS, CUTTING-EDGE TECHNOLOGY, AND FAMILY-FRIENDLY SERVICES WITHOUT REGARD TO THE FAMILY'S ABILITY TO PAY	10,000
Total			<b>&gt;</b> 3a	418,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POVERELLO HOUSE221 E LEE ST NONE PC TO PROVIDE DAILY LIFE-3,500 TUCSON, AZ 85705 SUSTAINING SERVICES TO THE POOR, HUNGRY AND HOMELESS

ı				OF THE FRESNO COMMUNITY	
	PURPLE HEART COMBAT WOUNDED VETERANS OF ARIZONA 22511 N GALICIA DR SUN CITY WEST, AZ 85375	NONE	PC	FOSTER AN ENVIRONMENT OF GOODWILL AND CAMARADERIE AMONG COMBAT WOUNDED VETERANS, PROMOTE PATRIOTISM, SUPPORT NECESSARY LEGISLATIVE INITIATIVES, AND MOST IMPORTANTLY, PROVIDE SERVICE TO ALL VETERANS AND THEIR FAMILIES	2,500

PC

SCHOOL FOR

DEVELOPMENTALLY DISABLED

5,000

418,500

NONE

SANTA CRUZ TRAINING PROGRAM INC

PO BOX 638

NOGALES, AZ 85628

_	1	T		<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SISTER JOSE'S WOMANS CENTER PO BOX 1028 TUCSON, AZ 85702	NONE	PC	THE SISTER JOSE WOMEN'S CENTER (SJWC) IS DEDICATED TO THE CARE AND NURTURE OF HOMELESS WOMEN IN A WELCOMING AND SAFE ENVIRONMENT	15,000
ST AUGUSTINE CATHOLIC HIGH SCHOOL 8800 E 22ND ST TUCSON, AZ 85710	NONE	PC	TO FACILITATE ACADEMIC EXCELLENCE IN A CATHOLIC ENVIRONMENT WHERE STUDENTS ARE ENCOURAGED TO GROW IN THE CHRISTIAN LIFE THROUGH DIALOGUE, PROCLAMATION, CHARITABLE OUTREACH, WORSHIP, AND CELEBRATION	5,000
ST ELIZABETH'S HEALTH CENTER 140 W SPEEDWAY BLVD STE 100 TUCSON, AZ 85705	NONE	PC	WE COMMIT TO PROVIDE HIGH QUALITY HEALTHCARE WITH RESPECT AND DIGNITY BY	5,000

Total . .

RESPONDING TO INDIVIDUAL NEEDS AND ENCOURAGING HEALTH AND WELL-BEING

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST LUKE'S HOME615 E ADAMS ST NONE PC TO PROVIDE HIGH-QUALITY 2,500 TUCSON, AZ 85705 LEVELS OF SERVICE AND CARE FOR ITS ELDER COMMUNITY MEMBERS WHO ARE ALL OF LIMITED FINANCIAL MEANS NONE PC 5,000 SUNNYSIDE UNIFIED SCHOOL DIST TO PROMOTE EDUCATIONAL **FOUNDATION** EXCELLENCE BY PROVIDING 2220 E CINTED DOAD DECOLIDEES TO SUPPORT MORK ററ

TUCSON, AZ 85706			WHICH ENRICHES THE EDUCATION, DEVELOPMENT, AND WELL BEING OF ALL SUNNYSIDE UNIFIED SCHOOL DISTRICT CHILDREN	
THE HAVEN1107 E ADELAIDE DR TUCSON, AZ 85719	NONE	PC	TO PROVIDE GENDER-SPECIFIC SUBSTANCE USE SERVICES FOR WOMEN IN A SAFE, SUPPORTIVE	1,500

Total .

ENVIRONMENT FREE OF JUDGMENT AND STIGMA

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Name	show any relationship to any foundation manager	status of recipient	contribution	
Name and address (home or business)	or substantial contributor	· ·		
a Paid during the year				
THE PRIMAVERA FOUNDATION INC 151 W 40TH ST TUCSON, AZ 85713	NONE	PC	TO PROVIDE PATHWAYS OUT OF POVERTY	2,500
THE SALVATION ARMY 5757 N ORACLE RD 105 TUCSON, AZ 85704	NONE	PC	TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION	1,000
THE TIA FOUNDATIONPO BOX 36203 TUCSON, AZ 85067	NONE	PC	TO BRING ACCESS TO LIFESAVING HEALTHCARE AND PREVENTATIVE EDUCATION IN THE POOREST REMOTE PLACES WHERE THERE ARE NO DOCTORS OR MEDICINE THROUGH TIA'S SELF- SUSTAINING, TEACH THEM TO FISH PROGRAM	1,000

Total .

orm 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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
TU NIDITO CHILDREN & FAMILY SERVICES 3922 N MOUNTAIN AVE TUCSON, AZ 85719	NONE	PC	TO CREATE A COMMUNITY OF ACCEPTANCE AND UNDERSTANDING REGARDING CHILDREN IN GRIEF	10,000	
TUCSON POLICE OFFICERS ASSOCIATION 3849 W BROADWAY STE 320 TUCSON, AZ 85716	NONE	PC	POLICE OFFICERS HAVE THE SAME CONSTITUTIONAL RIGHTS AND DUE PROCESS AS OTHER CITIZENS OF THE UNITED STATES AND WILL SCRUPULOUSLY WORK TO PROTECT THOSE RIGHTS	5,000	
TUCSON SYMPHONY SOCIETY	NONE	PC	TO ENGAGE, EDUCATE AND	2,500	

3849 BROADWAY STE 320 TUCSON, AZ 85716			AND DUE PROCESS AS OTHER CITIZENS OF THE UNITED STATES AND WILL SCRUPULOUSLY WORK TO PROTECT THOSE RIGHTS	
TUCSON SYMPHONY SOCIETY 2715 N 6TH AVE	NONE	PC	TO ENGAGE, EDUCATE AND TRANSFORM OUR COMMUNITY	2,50

418,500

			PROTECT THOSE RIGHTS	
TUCSON SYMPHONY SOCIETY 2715 N 6TH AVE TUCSON, AZ 85705	NONE	PC	TO ENGAGE, EDUCATE AND TRANSFORM OUR COMMUNITY THROUGH LIVE MUSICAL EXPERIENCES OF THE HIGHEST QUALITY	2,!

Total . .

Form 990PF Part XV Line 3 - Gran	i	1	· · ·	•
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE MC 0940 LA JOLLA, CA 92093	NONE	PC	HELPS UC SAN DIEGO OBTAIN PRIVATE GIFTS (IN SUPPORT OF RESEARCH, TEACHING, AND PUBLIC SERVICE) AND MANAGES THE GIFT ASSETS	50,000
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOK STE 200 TUCSON, AZ 85745	NONE	PC	BUILDING A THRIVING COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES	10,000
USO COUNCIL OF SAN DIEGO INC 2790 TRUXTUN RD SUITE 110 SAN DIEGO, CA 92106	NONE	PC	TO ENHANCE THE QUALITY OF LIFE OF THE U S ARMED FORCES PERSONNEL AND THEIR FAMILIES WORLDWIDE AND TO CREATE A COOPERATIVE RELATIONSHIP BETWEEN U S	500

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOK STE 200 TUCSON, AZ 85745	NONE	PC	BUILDING A THRIVING COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES	10,00
USO COUNCIL OF SAN DIEGO INC 2790 TRUXTUN RD SUITE 110 SAN DIEGO, CA 92106	NONE	PC	TO ENHANCE THE QUALITY OF LIFE OF THE U S ARMED FORCES PERSONNEL AND THEIR FAMILIES WORLDWIDE AND TO CREATE A COOPERATIVE RELATIONSHIP BETWEEN U S	50

USO COUNCIL OF SAN DIEGO INC	NONE	PC	TO ENHANCE THE QUALITY OF	50
2790 TRUXTUN RD SUITE 110	1.0.1.2	-	LIFE OF THE U.S. ARMED	
SAN DIEGO, CA 92106			FORCES PERSONNEL AND THEIR	
<b>'</b>			FAMILIES WORLDWIDE AND TO	
			CREATE A COOPERATIVE	
			RELATIONSHIP BETWEEN U S	
			MILITARY COMMUNITIES AND	
			INVOLVED OR SUPPORTING	1

Total .

CIVILIAN COMMUNITIES

▶ 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702	NONE	PC	THE YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL THROUGH THE DEVELOPMENT OF SPIRIT, MIND AND BODY	5,000
Total			▶ 3a	418,500

efile GRAPHIC print - DO NOT F	ROCESS As I	Filed Data -		DI	N: 93491309001419		
TY 2018 Accounting Fees Schedule							
Name: THE HS LOPEZ FAMILY FOUNDATION EIN: 20-5725952							
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		7,470	3,735	0	3,735		

TY 2018 General Explanation Attachment	

DLN: 93491309001419

Name: THE HS LOPEZ FAMILY FOUNDATION

**EIN:** 20-5725952

## \_ .\_ .\_ . .. .. ..

General E	eneral Explanation Attachment						
Identifier	Return Reference	Explanation					
1	CONTROLLED ENTITIES	FORM 990-PF, PAGE 5, PART VII-A, LINE 11	NAME OF CONTROLLED ENTITY HSL CENTER FOR OPPORTUNITY, LLCEN 82- 2822769ADDRESS 3901 E BROADWAY, TUCSON, AZ 85711EXCESS BUSINESS HOLDING NO				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491309001419					
TY 2018 Investments Corporate Stock Schedule							
Name:	THE HS LOPEZ FA	AMILY FOUNDATION					
EIN:	20-5725952						
Investments Corporation Stock Schedule							

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
FORD MOTOR COMPANY	220,152	204,600		

eme diaffile print - bo Not Frocess	A3 i fied Data -	DEN. 33431303001413					
TY 2018 Investments - Other Schedule							
Name:	THE HS LOPEZ FA	AMILY FOUNDATION					

DI N: 93491309001419

30,595

efile GPAPHIC print - DO NOT PPOCESS | As Filed Data -

CENTER STREET LENDING

<b>EIN:</b> 20-5725952							
Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
PANTANO ESCALANTE ASSOCIATES LLC	AT COST	1,427,402	1,977,867				

AT COST

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491309001419
TY 2018 Legal Fees Schedul	e			_
Nam	e: THE HS LOP	EZ FAMILY FOUND	ATION	
<b>EIN:</b> 20-5725952				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	18,226	9,113	0	9,113

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

DLN: 93491309001419

Name: THE HS LOPEZ FAMILY FOUNDATION

<b>EIN:</b> 20-5725952	
------------------------	--

Other Assets Schedule				
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value	
DEPOSIT - SW GAS	535	0	0	
TABULA RASA HEALTH CARE CONTINGENCY	1 961 969	n	n	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491309001419
TY 2018 Other Expenses Scho	edule			
Name:	: THE HS LOPEZ	FAMILY FOUNDAT	ΓΙΟΝ	
EIN:	20-5725952			
Other Expenses Schedule				
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

1,366

21,999

5,000

1,494

36,412

13,310

22,910

231

193

113

0

0

2,500

747

0

0

0

0

116

97

Purposes

0

0

0

0

0

0

1,366

21,999

2,500

747

113

36,412

13,310

22,910

115

96

Books

ADVERTISING

WEBSITE

**TELEPHONE** 

UTILITIES

LANDSCAPING

LEASE PAYMENTS

OFFICE SUPPLIES

BANK CHARGES

PROPERTY INSURANCE

SIGNS/GRAPHICS/BROCHURES

Description

Revenue and
Expenses per
Books

Revenue and
Expenses per
Books

Revenue and
Expenses per
Income
Income
Purposes

	Books			i di poses
DUES AND FEES	66	33	0	33
REPAIRS AND MAINTENANCE	2,733	0	0	2.733

10

1,870

3,741

1,870

Other Expenses Schedule

POSTAGE

LICENSES AND FEES

**ENTERTAINMENT** 

efile GRAPHIC print - DO NOT PROCESS

Name: THE HS LOPEZ FAMILY FOUNDATION

## **EIN:** 20-5725952

Other Income Schedule

As Filed Data -

Net Investment

93,402

**Adjusted Net Income** 

DLN: 93491309001419

PANTANTO ESCALANTE ASSOCIATES LLC

Revenue And

Income

93,402

**Expenses Per Books** 

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491309001419		
<b>TY 2018 Other Liabilities Sche</b>	TY 2018 Other Liabilities Schedule					
Name:	THE HS LOPEZ	z family fol	JNDATION			
EIN:	20-5725952					
				1		
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
REAL ESTATE TAXES PAYABLE			42,737	50,327		
OTHER ACCRUED EXPENSES			50	38,387		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491309001419 TY 2018 Reduction Explanation Statement Name: THE HS LOPEZ FAMILY FOUNDATION **EIN:** 20-5725952 **Explanation:** THE VALUATION OF PANTANO/ESCALANTE ASSOCIATES WAS BASED ON A NON-CONTROLLING, NONMARKETABLE OWNERSHIP BASIS USING GENERALLY ACCEPTABLE METHODS FOR VALUATION PURPOSES BY A QUALIFIED APPRAISER. THE INVESTMENT IS CLOSELY HELD AND IS NOT READILY SOLD. THE APPRAISED VALUE USED AN EFFECTIVE DISCOUNT OF 35%. THE DISCOUNT IN THE AVERAGE MONTHLY FAIR MARKET VALUE WAS LIMITED TO 10% OF THE GROSS VALUE OF THE INVESTMENT.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934913090014	419		
TY 2018 Substantial Contributors Schedule					
Name: THE HS LOPEZ FAMILY FOUNDATION EIN: 20-5725952					
Name	Name Address				
HSL PROPERTIES INC		3901 E BROADWAY BLVD TUCSON, AZ 85711			
HUMBERTO S AND CZARINA LOPEZ		3901 E BROADWAY BLVD TUCSON, AZ 85711			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data		DLN	N: 93491309001419	
TY 2018 Taxes Schedule					
Name: 7	THE HS LOP	EZ FAMILY FOUND	ATION	1	
<b>EIN:</b> 20-5725952					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
REAL ESTATE TAXES - CENTER OF OPPORTUNITY	79,250	0	0	28,923	
FEDERAL TAXES	73,337	0	0	0	
PAYROLL TAXES	48	0	0	48	

efile GRAPHIC print - De	NOT PROCESS As Filed Data	-		DLN: 93491309001419		
Schedule B	Sched	dule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF gov/Form990 for the latest inform	nation	2018		
Name of the organization			Employer i	dentification number		
Organization type (chec	k one)		20-5725952	:		
	•					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number	) organization				
	4947(a)(1) nonexempt ch	narıtable trust <b>not</b> treated as a p	rivate foundation			
	☐ 527 political organization					
Form 990-PF	<b>☑</b> 501(c)(3) exempt private	foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private	foundation				
	on filing Form 990, 990-EZ, or 990 property) from any one contributor					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cl one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (a stal contributions of more than \$1,0 he prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,			
during the year, of If this box is check purpose Don't co	on described in section 501(c)(7), (a contributions exclusively for religious ked, enter here the total contributio mplete any of the parts unless the le, etc, contributions totaling \$5,00	s, charitable, etc , purposes, bu ons that were received during th <b>General Rule</b> applies to this or	t no such contributions tot e year for an exclusively re ganization because it rece	aled more than \$1,000 eligious, charitable, etc , eved <i>nonexclusively</i>		
990-EZ, or 990-PF), but	that isn't covered by the General F must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify t	e 2, of its Form 990, or check the	e box on line H of its			
For Paperwork Reduction Affor Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)		

Name of organi THE HS LOPEZ FA	zation AMILY FOUNDATION	Employer identification 20-5725952	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JIM CLICK 6725 EAST CAMINO PRINCIPAL TUCSON, AZ 85715	\$ 20,000	Person  Payroll  Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions )  (d)  Type of contribution
2	BURSEY REVOCABLE TRUST  2800 E CALLE SIN PECADO  TUCSON, AZ 85718	\$ 5,000	Person   Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TOWN WEST REALTY  3002 N CAMPBELL AVE 200  TUCSON, AZ 85719	\$ 10,000	Person  Payroll  Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions )
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
		\$	Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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