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.

			irs.gov/Form990PF for inst				Open to Public Inspection
		ndar year 2018 or tax year beginning JUI	1, 2018	, and e	nding	JUN 30, 2019	
		f foundation				A Employer identificatio	n number
		LEGACY FOUNDATION OF	05.0405054				
		ZONA				86-0186064	4
		and street (or P O box number if mail is not delivered to stree	t address)		Room/suite	B Telephone number	
		BOX 1089			L	520-335-60)15
		own, state or province, country, and ZIP or foreign	postal code			C If exemption application is	pending, check here
/ <u>s</u>	SIE	RRA VISTA, AZ 85636				}	
9	Chec	call that apply Initial return`	Initial return of a fo	ormer public o	harity	D 1. Foreign organization	s, check here
		Final return	Amended return			2 Foreign organizations m	section the 85% test
		Address change	Name change			2 Foreign organizations m check here and attach c	omputation
H C	_	type of organization: X Section 501(c)(3) e			αl	E If private foundation sta	atus was terminated
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		04	under section 507(b)(1)(A), check here
		· 1 —	ing method: Lash	X Accr	ual	F If the foundation is in a	60-month termination
-			ther (specify)			under section 507(b)(1)(B), check here
	<u>\$</u>	60,488,830. (Part I, colu	mn (d) must be on cash basi	s.)			· · · · · · · · · · · · · · · · · · ·
<u>P</u>	art l	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
_	_		expenses per books	inco	ome	income	(cash basis only)
3/	1	Contributions, gifts, grants, etc , received				N/A	
\D	2	Check I I if the foundation is not required to attach Sch B			, ,	<u> </u>	
- '	3	Interest on savings and temporary cash investments	1 (1)	1 6 4	4 060		CONTRACTOR OF
	4	Dividends and interest from securities	1,644,262.	1,64	4,262.	ļ	STATEMENT 1
	Ι.	Gross rents	153,671.				STATEMENT 2
	6	Net rental income or (loss) 153,671.			_		<u> </u>
ē		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 2 2 2 1 1 2 1	-542,574.		_	 	<u> </u>
en		assets on line 6a				·	
Revenu	1	Capital gain net income (from Part IV, line 2)			0.		ļ
_	8	Net short-term capital gain					<u> </u>
	9	Income modifications Gross sales less returns				<u> </u>	
	1 .	and allowances				 	
	1	Less Cost of goods sold					
	1	Gross profit or (loss)	18,113.		0.		STATEMENT 3
	11	Other income	1,273,472.	1 61	$\frac{0.}{4,262.}$		STATEMENT 3
. —	-	Total. Add lines 1 through 11	279,232.	1,04	<u>4,202.</u> 0.		279,232.
•	13	Compensation of officers, directors, trustees, etc	208,705.		0.		201,962.
ζ	14	Other employee salaries and wages	73,059.		0.	RECEIVED	73,059.
2 %		Pension plans, employee benefits Lenal fees STMT 4	77,339.		0-	KECEIVED	(2 012
sasuadx A Ban	100		77,170.	·	<u> </u>		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
gen ş	ן "	Accounting fees STMT 5 Other professional fees STMT 6	315,627.	26	5,786.	MAY 1 3 2020	49,841.
F S F			365.	20	3, 189. Q.		49,841.
peo Duite ii peviece strative E	,	Taxes STMT 7	32,393.		10.	OCDEN LIT	482.
St. T. St.	1	Depreciation and depletion	219,983.	<u> </u>	− Lŏ.	OGDEN, UT	1 202.
	1	Occupancy	79,943.	·	0.		79,193.
A dn		• •	75,128.		0.	 	67,452.
1	22	Printing and publications				 	1 0,, 432.
g a	1	Other expenses STMT 8	177,553.		0.		194,265.
Batching Operating and Administrative Expenses	1	Total operating and administrative	1,1,333.		- 0.		174,203.
S ea	• •	expenses Add lines 13 through 23	1,616,497.	26	5,786.		1,086,808.
§ ဝိ	25	Contributions, gifts, grants paid	733,991.		_ , , , , , , .	 	1,332,587
3		Total expenses and disbursements.					1 -, -, -, -, -, -, -, -, -, -, -, -, -,
2		Add lines 24 and 25	2,350,488.	26	5,786.		2,419,395.
; —	27	Subtract line 26 from line 12.					
	ı	Excess of revenue over expenses and disbursements	-1,077,016.				
•		Net investment income (if negative, enter -0-)		1,37	8,476.		
ട്		Adjusted net income (if negative, enter -0-)				N/A	
- —		Aujusteu net mcome (il negative, enter -0-)	<u> </u>				<u> </u>

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

86-0186064 Page 2

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	art _	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	54,254.	13,164.	13,164.
	2	Savings and temporary cash investments	981,573.	632,529.	632,529.
	3	Accounts receivable ► 4 , 752.			
		Less; allowance for doubtful accounts	720.	4,752.	4,752.
	4	Pledges receivable			1
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable STMT 9 > 1,299,703.			1
	l	Less: allowance for doubtful accounts ► 1,299,703.			
ģ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	65,693.	83,460.	83,460.
As	10a	Investments - U.S and state government obligations STMT 10	2,304,325.	2,140,864.	2,140,864.
	1	Investments - corporate stock STMT 11	52,422,821.	52,346,644.	52,346,644.
	1	Investments - corporate bonds STMT 12	1,231,350.	1,287,070.	1,287,070.
	ı	Investments - land, buildings, and equipment basis			1
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis ► 6,221,992.			, 1
		Less accumulated depreciation 2,241,645.	4,200,330.	3,980,347.	3,980,347.
	15	Other assets (describe ►		3,233,333	
		Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, item 1)	61,261,066.	60,488,830.	60,488,830.
_	17	Accounts payable and accrued expenses	79,991.	188,197.	1
	18	Grants payable	1,954,206.	1,299,472.	i
ø	19	Deferred revenue	5,352,875.	5,199,204.	<u> </u>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
gp	21	Mortgages and other notes payable			<u> </u>
Ë		Other liabilities (describe >			- <u></u> -
	23	Total liabilities (add lines 17 through 22)	7,387,072.	6,686,873.	-
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			İ
Ses	24	Unrestricted	53,873,994.	53,801,957.	
Balances	25	Temporarily restricted			
Bal	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.			į
Net Assets or Fund	27	Capital stock, trust principal, or current funds			į
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			-
As	29	Retained earnings, accumulated income, endowment, or other funds			
det.	30)	Total net assets or fund balances	53,873,994.	53,801,957.	1
_	۱۳	'			
	313	Potal liabilities and net assets/fund balances	61,261,066.	60,488,830.	,
P	art	III Alialysis of Changes in Net Assets of Fund B			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)	1	53,873,994.	
		amount from Part I, line 27a		2	-1,077,016.
3	Othe	STMENTS 3	1,066,137.		
		ines 1, 2, and 3		4	53,863,115.
		eases not included in line 2 (itemize) INCREASE IN AL			61,158.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	53,801,957.
					Form 990-PF (2018)

Part IV Capital Gains a	nd Lo	sses for Tax on In	vestmen	t Income					
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)					`P	How ac - Purc) - Don		(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED	SE	CURITIES						· · · · · · · · · · · · · · · · · · ·	
<u>b</u>									
<u>c</u>					 				
e					├	_			+
	(f)	Depreciation allowed	(a) Co	st or other basis		Ι		(h) Gain or (los	is)
(e) Gross sales price		(or allowable)	plus	expense of sale		L _		((e) plus (f) minus	s (g))
a 18,284,181.			1	8,826,75	55.				-542,574.
ь						<u> </u>			
<u>c</u>						<u> </u>			
d e									
Complete only for assets showing	gain in	column (h) and owned by t	he foundatio	n on 12/31/69.				I) Gains (Col (h) gai	n minus
		(j) Adjusted basis		xcess of col (i)			cò	l. (k), but not less th	an -0-) or
(i) FMV as of 12/31/69		as of 12/31/69	ove	col. (j), if any				Losses (from col.	· · ·
<u>a</u>						<u> </u>			-542,574.
<u>b</u>									
d									
e									
2 Capital gain net income or (net cap	ıtal loss)	{ If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2			-542,574.
3 Net short-term capital gain or (loss		•		•)				
If gain, also enter in Part I, line 8, co			J (0)		Ĵ				
If (loss), enter -0- in Part I, line 8		1010/	8-1	r yali aa Na		3	A T-	N/2	<u> </u>
Part V Qualification Un							nent in	come	
(For optional use by domestic private f	oungatio	ons subject to the section 4	940(a) tax oi	i net investment in	COM	e.)			
If section 4940(d)(2) applies, leave this	s part bla	ank.							
Was the foundation liable for the section	on 4942	tax on the distributable ame	ount of any y	ear in the base pei	rıod?				Yes X No
If "Yes," the foundation doesn't qualify									_
1 Enter the appropriate amount in ea	ch colu		structions be	fore making any e					(4)
Base period years Calendar year (or tax year beginning) IN)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) incha		use assets	Distr (col. (b) d	(d) ibution ratio ivided by col. (c))
2017		. — —				_			
2016									
2015				<u> </u>					
2013				·-					
				·					
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5-	•	•	n line 2 by 5	0, or by the numb	er of	years		1 . 1	
the foundation has been in existence	e if less	than 5 years						3	
4 Enter the net value of noncharitable	-use ass	sets for 2018 from Part X, I	ne 5					4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment income	(1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	
8 Enter qualifying distributions from l	Part XII.	line 4						8	
If line 8 is equal to or greater than li See the Part VI instructions	-		1b, and com	olete that part usin	g a 1	% tax r	ate		
823521 12-11-18									Form 990-PF (2018)

THE LEGACY FOUNDATION OF SOUTHEAST

Form 990-PF (2018) ARIZONA	40(a) 4040(b) 4040(a) and	86-01860		Page 4
Part VI Excise Tax Based on Investment Income (Section 49		948 - see in	struction	15)
1a Exempt operating foundations described in section 4940(d)(2), check here		'	_	- 1
Date of ruling or determination letter: (attach copy of letter if n			~ · · ·	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	27,5	70.
of Part I, line 27b			•	j
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter			-	لي
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only,	others, enter -0-)	2	- A	0.
3 Add lines 1 and 2		3	27,5	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only,	others, enter -0-)	4	AH F	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	27,5	70.
6 Credits/Payments		[,		
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 0.			. }
b Exempt foreign organizations - tax withheld at source	6b 0.		* ;	1
c Tax paid with application for extension of time to file (Form 8868)	6c 50,176.		•	1
d Backup withholding erroneously withheld	6d O.	<u></u>		الميي
7 Total credits and payments. Add lines 6a through 6d		7	50,1	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8		<u>0.</u>
9 Tax due. If the-total of lines 5 and 8 is more than line 7, enter amount owed	>	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10	22,6	06.
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	22,606. Refunded ►	11		<u> </u>
Part VII-A Statements Regarding Activities			15.6	
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	jislation or did it participate or intervene	in _	* Yes	
any political campaign?		<u>L</u>	1a	<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp		ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of any materials published or			
distributed by the foundation in connection with the activities.		-		الييا
c Did the foundation file Form 1120-POL for this year?		<u> </u>	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t			· · ·	. 1
(1) On the foundation. ▶ \$ 0 . (2) On foundation manage				1
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foundation		,	.]
managers. ▶ \$0 •		-		
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?	_	2	X
If "Yes," attach a detailed description of the activities.				1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporation, o	r -	$\frac{1}{3} \left \frac{1}{X} \right $	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	0	_		
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.	ear	N7 / N	4a	<u>X</u>
b if "Yes," has it filed a tax return on Form 990-T for this year?	-0	N/A	4b	<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the yea	· ·	<u> </u>	5	
If "Yes," attach the statement required by General Instruction T	outhor:	ł		ı
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	citici.			.]
By language in the governing instrument, or By language in the governing instrument, or	one directions that as affine	levu .	.	.]
By state legislation that effectively amends the governing instrument so that no mandate remains the governing instrument?	ory offections that conflict with the State	iaW -	6 X	لـــا
remain in the governing instrument?	aniota Bart II ani (a) and Bart VII		7 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	ipiele Part II, coi (c), and Part XV	-	- ^ 	
8a Enter the states to which the foundation reports or with which it is registered. See instruct	anns •		-	
AZ				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)		- ; ; <u> </u>	
of each state as required by General Instruction G? If "No," attach explanation	SEE STATEM	ENT 13 -	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of		<u> </u>	 	
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," co		-	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche		 -	10	X
, Too, alderia serie		Form	990-PF	

823531 12-11-18

Form 990-PF (2018) Part VII-A | Statements Regarding Activities (continued)

			Yes	No
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 STATEMENT 14	11	Х	
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.LFSAZ.ORG			
14	The books are in care of ► MARGARET HEPBURN Telephone no. ► (520)		-63	40
	Located at ► 302-01 EL CAMINO REAL, SIERRA VISTA, AZ ZIP+4 ►85	635		· · · ·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, ,▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	NI.
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No X
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		,
Б	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
Г		1	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 3 During the year, did the foundation (either directly or indirectly).	\vdash		110
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			:
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	٠.		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			١
	for the benefit or use of a disqualified person)?		,	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			- 1
	if the foundation agreed to make a grant to or to employ the official for a period after	٠.		1
	termination of government service, if terminating within 90 days.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ليبا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			٠.
-	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			X
	before the first day of the tax year beginning in 2018?	10		Α.
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)):	۱.		
	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 hefore 2018? Yes X No	1		
	If "Yes," list the years	' '		Ì
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	١.		•
	statement - see instructions) N/A	2b		
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	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,			لـــــا
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		ļ
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	41		X
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	\	

Page 6

Part VII-B Statements Regarding Activities for Which				15.4	
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	- 1	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire				
any voter registration drive?			es X No	ł	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y ₁	es X No	1] }
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section]
4945(d)(4)(A)? See instructions		X Y	es L No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,			. ~		
the prevention of cruelty to children or animals?		Y	es X No	.	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations	_		الـا
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions			5b X	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check	nere		▶∟		'*-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	om the tax because it maintai			1	1
expenditure responsibility for the grant?		Ye	es 🗶 No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🔀 No 👢		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.				•	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No		_
b If "Yes," did the foundation receive any proceeds or have any net income attribe	table to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or	r			7
excess parachute payment(s) during the year?		Ye	es 🗶 No		1
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	7		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t					
4 - 3 Marso and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	to position	enter -0-)	and deferred compensation	allowa	
			- · · · · · · · · · · · · · · · · · · ·		
				ŀ	
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15		279,232.	20,068.		0.
SEE STATEMENT 15 2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,				
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average	enter "NONE."		(e) Exp	
			(d) Contributions to employee benefit plans and deterred	(e) Extraction account allows	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."		(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Extaccount allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Extraccount allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Extaccount allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expaccount allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Ext account allowa	pense other

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	\
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CAMPBELL, YOST, CLARE & NORELL - 3101 N.	(0) 1900 0100	(-/
	LEGAL	75,689.
BRUCE J. NORTON		
6650 E. DESPERADO DR., HEREFORD, AZ 85615	ACCOUNTING	55,520.
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 statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the ed, etc	Expenses
1		
SEE STATEMENT 16		29 <u>,</u> 775.
2		
3		
4	· · · · · · · · · · · · · · · · · · ·	
Dot IV BIO		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amount
1 ADVANCES TO COVER EXPENSES OF INACTIVE CONTROL		Alliouit
ADVANCES TO COVER EXPENSES OF INACTIVE CONTROL	EDED ENTITI:	
		61,158.
2		
All other program-related investments. See instructions.		
3		
· · · · · · · · · · · · · · · · · · ·	···-	
Total. Add lines 1 through 3	<u> </u>	61,158.
		Form 990-PF (2018)

86-0186064

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations	, 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	54,432,633.
b		1b	795,939.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	55,228,572.
е	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	55,228,572.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	828,429.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,400,143.
6	Minimum investment return. Enter 5% of line 5	6	2,720,007.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	2,720,007.
2a	Tax on investment income for 2018 from Part VI, line 5 27, 570.		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	27,570.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,692,437.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,692,437.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,692,437.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 410 205
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,419,395. 61,158.
b		1b	61,158.
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	0 400 553
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	2,480,553.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,480,553.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	or the section

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				2,692,437.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:		_		
,, L		0.		
3 Excess distributions carryover, if any, to 2018:	•			
a From 2013				
b From 2014				
c From 2015	i			
dFrom 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				1
Part XII, line 4: \triangleright \$ 2,480,553.	İ			į
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		ŀ
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				}
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				2,480,553.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				+
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			,
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	1	,
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				Ì
assessed	ľ	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	_	
e Undistributed income for 2017. Subtract line				
4a from line 2a Taxable amount - see instr.			<u>0</u> .	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				211,884.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ł			
may be required - see instructions)	0.			<u>_</u>
8 Excess distributions carryover from 2013			·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.		-		
Subtract lines 7 and 8 from line 6a	0.			
IO Analysis of line 9;				İ
a Excess from 2014		l		
b Excess from 2015				
c Excess from 2016		Ì		
d Excess from 2017	`	J		
e Excess from 2018				

823581 12-11-18

Form **990-PF** (2018)

THE LEGACY FOUNDATION OF SOUTHEAST

Form 990-PF (2018) ARIZONA					L86064 Page 1
Part XIV Private Operating For				N/A	
1 a If the foundation has received a ruling or d)		
foundation, and the ruling is effective for 2			▶		
b Check box to indicate whether the foundati		ing foundation describe		4942(j)(3) or4	942(j)(5)
. 2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for			1	}	
each year listed					
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>			/
d Amounts included in line 2c not				/	1
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			 	1	
3 Complete 3a, b, or c for the alternative test relied upon			/\		
a "Assets" alternative test - enter:					
(1) Value of all assets		<u> </u>			
(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,	_	1			
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)		<u> </u>			
(3) Largest amount of support from		1			
an exempt organization		<u> </u>			
(4) Gross investment income					
Part XV Supplementary Information at any time during the			y if the foundation	n had \$5,000 or m	ore in assets
1 Information Regarding Foundation I					
a List any managers of the foundation who h	_	than 2% of the total co	ntributions received by the	e foundation before the clo	ise of any tay
year (but only if they have contributed mor			in induction a received by the	Touridation belove the ele	St of any tax
NONE					
b List any managers of the foundation who o	wn 10% or more of t	he stock of a corporation	o (or an equally large ports	on of the ownership of a n	artnership or
other entity) of which the foundation has a			r (or an equally large port	on of the ownership of a p	artificially of
NONE	-				
2 Information Regarding Contribution	Grant Gift Loan	Scholarshin etc. I	Programs:		
		• • • • • • • • • • • • • • • • • • • •	-	not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone number			· · · · · · · · · · · · · · · · · · ·		TEMENT 18
SEE STATEMENT 17					
b The form in which applications should be s	ubmitted and informa	tion and materials they	should include;		
c Any submission deadlines:		 , —			 _
		 		No. of Asia	
d Any restrictions or limitations on awards, s	uch as by geographic	al areas, charitable field	s, kinds of institutions, or	otner factors.	

823601 12-11-18

Form 990-PF (2018)

ARIZONA

86-0186064

Page 11

	Year or Approved for Future	1		
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
a Paid during the year	or substantial contributor	recipient		
AFP FOUNDATION FOR PHILANTHROPY 4300 WILSON BOULEVARD, SUITE 300	UNRELATED	PC	BE THE CAUSE CAMPAIGN	_
ARLINGTON, VA 22203	_			5
ALL THE KING'S HORSES CHILDREN'S	UNRELATED	PC .	WORKER ACCOMMODATIONS AREA	
543 S. GRAPEVINE LOOP BENSON, AZ 85602				70,00
	i.			
ALLIANCE OF ARIZONA NONPROFITS 360 E. CORONADO ROAD, STE 120	UNRELATED	PC	EDUCATION TO NON PROFITS	
PHOENIX, AZ 85004			 	9,50
ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER	UNRELATED	PC	WALK TO END ALZHEIMER'S	
1159 N. CRAYCROFT ROAD TUCSON, AZ 85712				1,00
AMERICAN RED CROSS OF SOUTHERN ARIZONA	UNRELATED	PC	RELIEF SERVICES	
2916 E. BROADWAY BLVD. TUCSON, AZ 85716		<u></u>		76
Total SEE CO b Approved for future payment	ONTINUATION SHEE	T(S)	▶ 3a	1,332,58
a Approved to luture payment				
HEALTHY BISBEE	UNRELATED	PC	KITCHEN RELOCATION	
129 FORT HUACHUCA LANE BISBEE, AZ 85603				30,000
		\ \{-		
WELLNESS CONNECTIONS PO BOX 2648	UNRELATED	PC	MERGER WITH HOPE	22.22
SIERRA VISTA, AZ 85635				20,000
Total			▶ 3b	50,000 m 990-PF (201

86-0186064

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) . Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor AZ TOGETHER IMPACT ARIZONA COMMUNITY FOUNDATION UNRELATED PC 2201 E. CAMELBACK ROAD, SUITE 405B FUND PHOENIX, AZ 85016 25,000. PC UNRELATED DRUG PREVENTION ARIZONA COMMUNITY FOUNDATION EDUCATION 2201 E. CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016 2,500. ARIZONA COMMUNITY FOUNDATION UNRELATED PC TRANSPORTATION 2201 E. CAMELBACK ROAD, SUITE 405B PHOENIX AZ 85016 2,500. ARIZONA GRANTMAKERS FORUM UNRELATED PC PROMOTE PHILANTHROPY 2201 E. CAMELBACK RD., SUITE 405B PHOENIX, AZ 85016 1,000. ARIZONA GRANTMAKERS FORUM UNRELATED PC PROMOTE PHILANTHROPY 2201 E. CAMELBACK RD., SUITE 405B 1,000. PHOENIX, AZ 85016 PC DOUGLAS YOUTH ARIZONA RURAL HEALTH ASSOC UNRELATED 601 RIVERSIDE DRIVE #7 PARKER, AZ 86344 2,500. ARIZONA@WORK SOUTHEASTERN ARIZONA UNRELATED PC PODCAST FOR SE ARIZONA 2600 E. WILCOX DRIVE, ROOM H-106 WORKFORCE SIERRA VISTA, AZ 85635 2,341. BALANCEPOINT INSTITUTE INRELATED PC CHANGING EATING HABITS FOR HEALTH AND PO BOX 47 PATAGONIA, AZ 85624 WELLNESS 2,500. PC HWL FAIR BENSON HOSPITAL UNRELATED 450 S. OCOTILLO AVE. BENSON, AZ 85602 1,000. BISBEE COALITION FOR THE HOMELESS UNRELATED PC EXPENSE SAVING PANTRY UPGRADE PO BOX 53931 5,000. BISBEE, AZ 85603 1,251,273. Total from continuation sheets

86-0186064

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
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		
BISBEE COALITION FOR THE HOMELESS	UNRELATED	PC	MARIACHI FESTIVAL	
PO BOX 53931				1 000
BISBEE, AZ 85603		 	 	1,000.
BISBEE ROTARY CHARITIES	UNRELATED	PC	COMMUNITY SERVICES	
PO BOX 21	ONKEDATED	10	COMMONITI BEKVICES	
BISBEE, AZ 85603		ļ <u></u>		1,000.
		ĺ		
BOYS & GIRLS CLUB OF BISBEE	UNRELATED	PC	10TH ANNUAL CAR SHOW	
405 ARIZONA STREET				
BISBEE, AZ 85603		ļ		1,000.
BOYS & GIRLS CLUB OF BISBEE	UNRELATED	PC	HOLIDAY PARTY	
405 ARIZONA STREET				1,000.
BISBEE, AZ 85603		 	 	1,000.
BOYS & GIRLS CLUB OF BISBEE	UNRELATED	PC	YOUTH SERVICES	
405 ARIZONA STREET BISBEE, AZ 85603				1,000.
BOYS & GIRLS CLUB OF SIERRA VISTA	UNRELATED	PC	BOYS & GIRLS CLUBS	
1746 PASEO SAN LUIS	DAREBATED	"	2019 113TH NATIONAL	
SIERRA VISTA, AZ 85635		<u> </u>	CONFERENCE	2,500.
BOYS & GIRLS CLUB OF SIERRA VISTA	UNRELATED	PC	YOUTH BREAKFAST	
1746 PASEO SAN LUIS				
SIERRA VISTA, AZ 85635			 	650.
CANTER	UNRELATED	PC	TRAINING TO INCREASE	
PO BOX 1316			ORGANIZATIONAL EFFICIENCY	1 007
SIERRA VISTA, AZ 85650			EFFICIENCI	1,997.
CASA DE LA LUZ FOUNDATION 7740 N. ORACLE ROAD	UNRELATED	PC	EOL CONFERENCE IN TUCSON	
TUCSON, AZ 85704			LOCSON	1,000.
	1			
CATALINA COUNCIL, BOY SCOUTS OF	UNRELATED	PC	TRAINING AND	
AMERICA 500 E. FRY BLVD. SUITE L15			CERTIFICATION OF ADULT	
SIERRA VISTA, AZ 85635		<u></u>		2,425.
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
CHIRICAHUA COMMUNITY HEALTH CENTERS	UNRELATED	PC	DIABETES	
1205 F AVENUE			SELF-MANAGEMENT EDUCATION AND SUPPORT	3,568.
DOUGLAS, AZ 85607			SDUCATION AND SUFFORT	3,500.
CHIRICAHUA COMMUNITY HEALTH CENTERS	UNRELATED	PC	GIVING GALA	
1205 F AVENUE				
DOUGLAS, AZ 85607				1,000.
CITY OF DOUGLAS	UNRELATED	GOV	CRITICAL INCIDENT	
425 E. 10TH STREET			STRESS DEBRIEFING	
DOUGLAS, AZ 85607			TRAINING	2,500.
CITY OF SIERRA VISTA	UNRELATED	GOV	POLICE DEPARTMENT GYM	
1011 N. CORONADO DR.				
SIERRA VISTA, AZ 85635				2,000.
CITY OF SIERRA VISTA	UNRELATED	GOV	ROTHERY SPORTS COMPLEX	
1011 N. CORONADO DR.				40.000
SIERRA VISTA, AZ 85635				49,000.
CIVIL VISION INTERNATIONAL	UNRELATED	PC	UTILITIES	
1838 PASEO SAN LUIS				
SIERRA VISTA, AZ 85635				4,609.
COCHISE COLLEGE	UNRELATED	gov	CONFERENCE SPONSOR	
901 N. COLOMBO AVE SIERRA VISTA, AZ 85635				3,000.
SIERRA VISIA, AZ UJUJJ			-	
COCHISE COLLEGE FOUNDATION	UNRELATED	PC	EDUCATION	
4190 W. HIGHWAY 80				
DOUGLAS, AZ 85607		l		1,000.
COCHISE COUNTY MASTER GARDNER	UNRELATED	PC	MG WORKSHOPS	
ASSOCIATION		"		
1140 N. COLOMBO AVENUE				
SIERRA VISTA, AZ 85635				2,980.
COCHISE COUNTY SHERRIFF	UNRELATED	GOV	DRUG AWARENESS	
100 COLONIA DE SALUD SIERRA VISTA, AZ 85635				899.
Total from continuation sheets		<u></u>		

ARIZONA
W Supplementary Information

3 Grants and Contributions Paid During the	Year (Continuation)			
· Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
COCHISE COUNTY SUPERINTENDENT OF	UNRELATED	GOV	TOYS FOR CHILDREN	
SCHOOLS	DAKEDATED	GOV	TOTS FOR CHIEDREN	
1415 MELODY LANE				
BISBEE, AZ 85603				5
COCHISE FAMILY ADVOCACY CENTER	UNRELATED	PC	TRAINING	
214 E. TACOMA	DAREDATED	1	IRAINING	
SIERRA VISTA, AZ 85635				2,28
olimar vibin, na ososs				
COCHISE FAMILY ADVOCACY CENTER	UNRELATED	PC	MEDICAL STANDARD FOR	
214 E. TACOMA ST.			ACCREDITATION BEST	22 60
SIERRA VISTA, AZ 85635			PRACTICES	32,60
COCHISE HEALTH AND SOCIAL SERVICES	UNRELATED	GOV	BISBEE/NACO COMMUNITY	
1415 MELODY LANE			ACTIVITY PATH	
BISBEE, AZ 85603				50,00
COMMUNITY FOOD BANK OF SOUTHERN	UNRELATED	PC	RETURNED GRANT FUNDS	
ARIZONA			1 1	
3003 S. COUNTRY CLUB ROAD				
TUCSON, AZ 85713				-3,75
COMMUNITY MONTESSORI SCHOOL	UNRELATED	PC	RATTLER RUN	
1900 S. NACO HIGHWAY	J			
BISBEE, AZ 85603		,		50
COMMUNITY SYNERGY SOLUTIONS	UNRELATED	PC	6 MONTH GRANT WRITING	
CORPORATION			TRAINING	
PO BOX 1307 BISBEE, AZ 85603				2,50
COMMUNITY SYNERGY SOLUTIONS	UNRELATED	PC	FARM TO TABLE DINNER	
CORPORATION				
PO BOX 1307				1,00
BISBEE, AZ 85603		 	 	1,00
COMMUNITY SYNERGY SOLUTIONS	UNRELATED	PC	SUSTAINABLE LIVING	
CORPORATION			CENTER	
PO BOX 1307				
BISBEE, AZ 85603				25,00
CORONADO SPORTS CLUB	UNRELATED	PC	SOCCER CLUB	
3298 LITTLE HILL LANE				
SIERRA VISTA, AZ 85635		<u> </u>		50

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
DOUGLAS AREA FOOD BANK	UNRELATED	PC	PM ON FORKLIFT AND	
PO BOX 1546			PALLET	
DOUGLAS, AZ 85607				5,000
COUGLIA DIRECTURE CORRESPONDE		1 20		
OOUGLAS RUN/WALK FOR THE CURE 2902 E. 15TH STREET	UNRELATED	PC	TURKEY TROT FOR CANCER	
DOUGLAS, AZ 85607			-	1,00
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY, SUITE A200	UNRELATED	PC	COCHISE PARENTS AS TEACHERS PROGRAM	
TUCSON, AZ 85710			a Bacabas Taosaa	2,50
EASTER SEALS BLAKE FOUNDATION	UNRELATED	PC	BISBEE BLUES	
7750 E. BROADWAY, SUITE A200 FUCSON, AZ 85710				1,00
FAMILY HEALTH CARE AMIGOS	UNRELATED	PC	THE LENDING SHED	
PO BOX 13				
PATAGONIA, AZ 85624			+	4,000
FOOD BANK OF TOMBSTONE	UNRELATED	PC	RETURNED GRANT FUNDS	
PO BOX 1102	ON NO STILL DE		NETOKALE GALAT TORIES	
TOMBSTONE, AZ 85638			 	-1,779
FRIENDS OF CAVE CREEK CANYON PO BOX 16126	UNRELATED	PC	GARDEN PARTY	
PORTAL, AZ 85632			 	500
FRIENDS OF CAVE CREEK CANYON PO BOX 16126	UNRELATED	PC	SANITATION ENHANCEMENT	
PORTAL, AZ 85632				4,000
GOOD NEIGHBOR ALLIANCE	UNRELATED	PC	HOMELESS SHELTER	
120 N. 7TH ST SIERRA VISTA, AZ 85635				5,00
			 	3,30
GOOD NEIGHBOR ALLIANCE	UNRELATED	PC	HOMELESS SHELTER	
120 N. 7TH ST				1 00
Total from continuation sheets	J	L	-	1,00

Part XV Supplementary Informa Grants and Contributions Paid During to				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
HEALTHY BISBEE	UNRELATED	PC	HEALTHY BISBEE	
129 FORT HUACHUCA LANE	DNREDATED	FC	HEALINI BISBEE	
BISBEE, AZ 85603				41,50
LOVE MUZIQ OPERATION 13:2	UNRELATED	PC	YOUTH PROGRAM	
2619 THUNDERBIRD DRIVE SIERRA VISTA, AZ 85650				1,00
LOVE MUZIQ OPERATION 13:2	UNRELATED	PC	BACK TO SCHOOL PICNIC	
2619 THUNDERBIRD DRIVE				
SIERRA VISTA, AZ 85650				1,00
OTH WISTO ODERATION 12 2	IDDEL MODE	PC	DDO C MALENM CVOW	
LOVE MUZIQ OPERATION 13:2 2619 THUNDERBIRD DRIVE	UNRELATED	PC	BBQ & TALENT SHOW	
SIERRA VISTA, AZ 85650				1,00
				-
LOVE MUZIQ OPERATION 13:2	UNRELATED	PC	YOUTH WORKSHOP IN	
2619 THUNDERBIRD DRIVE			DOUGLAS	
SIERRA VISTA, AZ 85650	-			1,00
OVER MURICA ODERAMIAN 13.2	UNRELATED	PC	CHIPS CONFERENCE	
LOVE MUZIQ OPERATION 13:2 2619 THUNDERBIRD DRIVE	UNKELATED	FC	CRIPS CONFERENCE	
SIERRA VISTA, AZ 85650				2,35
NAMI SOUTHEASTERN ARIZONA	UNRELATED	PC	WALK FOR MENTAL	
4755 CAMPUS DRIVE SIBRRA VISTA, AZ 85635			ILLNESS	1,00
JAMI SOUTHEASTERN ARIZONA	UNRELATED	PC	ENDING THE SILENCE	•
1755 CAMPUS DRIVE			YOUTH PRESENTATIONS	
SIERRA VISTA, AZ 85635				5,00
NAMI COUMURA CMERNI ARIZONA	INIDEL YWEN	PC	SKY ISLAND TOUR BIKE	
NAMI SOUTHEASTERN ARIZONA 1785 CAMPUS DRIVE	UNRELATED		RIDE	
SIERRA VISTA, AZ 85635			 -	1,00
NORTHERN COCHISE NURSING HOME	Unrelated	PC	MARKET STUDY PROJECT	
ASSOCIATION				١
PO BOX 285 VILLCOX, AZ 85644				2,00
Total from continuation sheets		·		

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient Recipient	If recipient is an individual,	Favordation.	Durana of available	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PARENTS OF ADDICTED LOVED ONES	UNRELATED .	PC	HEALTH FAIR	
11225 N. 28TH DRIVE, SUITE B102				
PHOENIX, AZ 85029				2,000
PEACH'S PANTRY	UNRELATED	PC	COMMUNITY SERVICES	
PO BOX 4174				1 000
SIERRA VISTA, AZ 85636		 		1,000
RONALD MCDONALD HOUSE CHARITIES OF	UNRELATED	PC	HOUSE PARTY	
SOUTHERN ARIZONA	1			
2155 E. ALLEN ROAD PUCSON, AZ 85719		ļ		1,000
			 	-,
RONALD MCDONALD HOUSE CHARITIES OF	UNRELATED	PC	RONALD MCDONALD CARE	
OUTHERN ARIZONA 2155 E. ALLEN ROAD			MOBILE	
CUCSON, AZ 85719	4			50,000
RONALD MCDONALD HOUSE CHARITIES OF	UNRELATED	PC	RONALD MCDONALD CARE	
SOUTHERN ARIZONA 2155 E. ALLEN ROAD			MOBILE	
TUCSON, AZ 85719				12,233
SEAGO - AREA AGENCY ON AGING	UNRELATED	PC	CONFERENCE ON AGING	
300 COLLINS ROAD				
BISBEE, AZ 85603				1,000
SEAGO - AREA AGENCY ON AGING	UNRELATED	PC	END OF LIFE	
300 COLLINS ROAD				
3ISBEE, AZ 85603		 	 	9,468
SEAGO - AREA AGENCY ON AGING	UNRELATED	PC	END OF LIFE	
300 COLLINS ROAD		1		250
BISBEE, AZ 85603			 	250
SENIOR CITIZENS OF PATAGONIA	UNRELATED	PC	CONGREGATE MEAL	
PO BOX 1121 PATAGONIA, AZ 85624			PROGRAM	4,000
NNV]	TOWN THE T	
SENIOR CITIZENS OF PATAGONIA PO BOX 1121	UNRELATED	PC	COMPUTER	
PATAGONIA, AZ 85624				1,150
Total from continuation sheets			-	

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SIERRA VISTA POLICE OFFICER'S ASSOCIATION	UNRELATED	PC	FUNDRAISER	
PO BOX 292 SIERRA VISTA, AZ 85636		ļ		1,000.
SIERRA VISTA ROTARY CLUB CHARITIES PO BOX 1344	UNRELATED	PC	RISING SUN RUN	
SIERRA VISTA, AZ 85636	 			1,000.
SIERRA VISTA SYMPHONY 21 E, WILCOX DR. SIERRA VISTA, AZ 85635	UNRELATED	PC	2019 CHILDREN'S CONCERT	2,000.
SIERRA VISTA UNIFIED SCHOOL DISTRICT #68 SHAC 3555 E. FRY BLVD	UNRELATED	GOV	WALK OR BIKE TO SCHOOL	
SIERRA VISTA, AZ 85635				1,000.
SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES 4755 CAMPUS DRIVE	UNRELATED	PC	COCHISE YOUTH LEADERSHIP AND EMPOWERMENT PROJECT	
SIERRA VISTA, AZ 85635	 	<u> </u>	 	21,000.
SPECIAL OLYMPICS ARIZONA 2100 S. 75TH AVENUE	UNRELATED	PC	RETURNED GRANT FUNDS	
PHOENIX, AZ 85043			 	-3,000.
SUNSITES-PEARCE FIRE DISTRICT PO BOX 507	UNRELATED	GOV	RESCUE II	
PEARCE, AZ 85625	<u> </u>			50,000.
SUNSITES-PEARCE FIRE DISTRICT PO BOX 507	UNRELATED	gov	RESCUE II	
PEARCE, AZ 85625				10,000.
SUNSITES-PEARCE FIRE DISTRICT PO BOX 507	UNRELATED	GOV	RUGGED TABLES	
PEARCE, AZ 85625	 		+	2,500.
THE BISBEE RADIO PROJECT	UNRELATED	PC	GOAAR PARK LUNCHES	
	1	1	i	5,000.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor THE BISBEE RESTORATION ASSOCIATION UNRELATED PC BUILDING REPAIR PO BOX 271 BISBEE, AZ 85603 5,000. THE HUACHUCANS CHARITIES UNRELATED PC COMMUNITY SERVICES PO BOX 2331 5,000. SIERRA VISTA, AZ 85636 THE SALVATION ARMY UNRELATED PC YOUTH AFTER SCHOOL 2707 E. VAN BUREN PROJECT PHOENIX, AZ 85008 50,000. THE SALVATION ARMY UNRELATED PC YOUTH AFTER SCHOOL 2707 E. VAN BUREN PROJECT PHOENIX, AZ 85008 5,000. THE SALVATION ARMY UNRELATED PC NETWORKING LUNCH 2707 E. VAN BUREN 56. PHOENIX, AZ 85008 PC NETWORKING LUNCH THE SALVATION ARMY UNRELATED 2707 E. VAN BUREN 8. PHOENIX, AZ 85008 THE SALVATION ARMY UNRELATED PC NETWORKING LUNCH 2707 E. VAN BUREN PHOENIX, AZ 85008 80. TOWN OF HUACHUCA CITY UNRELATED GOV SUMMER SPLASH PROGRAM 500 N. GONZALES BLVD. HUACHUCA CITY, AZ 85616 5,400. GOV UNIVERSITY OF ARIZONA UNRELATED U OF A CO OP UNIVERSITY OF ARIZONA TUCSON, AZ 85721 647.897. WASA (WILLCOX AGAINST SUBSTANCE DNRELATED PC INTERNING AND INVESTING ABUSE) PO BOX 741 WILLCOX, AZ 85643 25,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	si or substantial contributor	recipient		
WASA (WILLCOX AGAINST SUBSTANCE ABUSE) PO BOX 741	UNRELATED	PC	STAFF RETREAT	
WILLCOX, AZ 85643		ł		2,500.
				
WELLNESS CONNECTIONS PO BOX 2648 SIERRA VISTA, AZ 85635	UNRELATED	PC	DONOR MANAGEMENT SOFTWARE	2,500.
				2,000.
WILLCOX HISTORIC THEATER PRESERVATION PO BOX 217	UNRELATED	PC	ART/MUSIC	1,500.
WILLCOX, AZ 85644			 	1,500.
WILLCOX HISTORIC THEATER PRESERVATION PO BOX 217	UNRELATED	PC	ARTRAGEOUS	
WILLCOX, AZ 85644				5,000.
WILLCOX HISTORIC THEATER PRESERVATION PO BOX 217 WILLCOX, AZ 85644	UNRELATED	PC	TRAINING FOR CAPITAL	2,500.
WOMEN'S FOUNDATION OF SOUTHERN ARIZONA 1661 N. SWAN ROAD, SUITE 150	UNRELATED	PC	SCHOLARSHIPS	
TUCSON, AZ 85712				2,000.
				u _{ser me}
Total from continuation sheets				

Enter gros	s amounts unless otherwise indicated.	Unrelat	ed business income		uded by section 512, 513, or 514	(e)
	m service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	m service revenue.	-	<u></u>	+		
ъ —				+		
<u> </u>				 	 	
,				 		
<u> </u>	·			1	-	
; —				+-		
g Fee	s and contracts from government agencies			 		
-	ership dues and assessments			†—	 -	
	t on savings and temporary cash			†—		
ınvestn	• • •	İ				
	ids and interest from securities			14	1,644,262.	
	tal income or (loss) from real estate;			† 		1,
	it-financed property			┼∸		
	debt-financed property		· · · · · · · · · · · · · · · · · · ·	╁──		153,671
	tal income or (loss) from personal		-	\dagger		
propert	, , ,			Į		
	rvestment income			1		
8 Gain or	(loss) from sales of assets other			†		
	ventory	ļ		18	-542,574.	
9 Net inc	ome or (loss) from special events			1		
10 Gross p	profit or (loss) from sales of inventory		<u> </u>			
11 Other r	evenue					
a PA	ATIENT REVENUE			Ĺ		18,113
b						-
c						
d						
e						
12 Subtota	al Add columns (b), (d), and (e)		0.	<u></u>	1,101,688.	171,784
13 Total.	Add line 12, columns (b), (d), and (e)				13	1,273,472
(See works	sheet in line 13 instructions to verify calculations.)					
Part X	VI-B Relationship of Activities to	o the Acc	omplishment of E	xemp	t Purposes	
Line No.	Explain below how each activity for which incorthe foundation's exempt purposes (other than to	•	, ,	contrib	outed importantly to the accom	plishment of
5 B	THE FOUNDATION FORMERLY			DΛ	VICTA PECIONAL	. HEALTH
55	CENTER. IN 2013, THE FO					
	AN UNRELATED CORPORATION					
	HOSPITAL FOR THE COMMUN					
	FOUNDATION. RENTAL INC					
	HOSPITAL AS WELL AS ADD					
	REPLACEMENT HOSPITAL. T					
	HOSPITAL FURTHERS THE F					
	POPULATION HEALTH AND C					
11A	PATIENT REVENUE CONSIST					
	AMOUNTS DUE TO THE MEDI					
	WHEN THE FOUNDATION OPE					
	(SVRHC). SVRHC PROMOTED					
	POPULATION HEALTH AND C					
	 					

Form 990-PF (2						86- <u>018</u>			ge 13
Part XVII	Information Re	egarding Tran	sfers to a	nd Transactions	and Relation	nships With Noncha	ritable	•	
	Exempt Organ							15.6	
	anization directly or indi					ection 501(c)	- 1	Yes	No
-	n section 501(c)(3) organ				ıs?		1		ĺ
	from the reporting found	ation to a noncharita	ible exempt or	ganization of:			4-(4)		- v
(1) Cash							1a(1)		X
(2) Other							1a(2)		
b Other trans							1		X
, ,	of assets to a noncharita						1b(1)		X
	ases of assets from a no		organization				1b(2)		X
• •	I of facilities, equipment,						1b(3) 1b(4)		X
	oursement arrangements						1b(4)	_	X
• •	or loan guarantees	mbarahin ar fundra	ioina aolioitatio	20			1b(5)	-	X
• •	rmance of services or me	·					10(0)	\vdash	X
•	facilities, equipment, ma				l always show the fa	air market value of the goods,		L	
						tion or sharing arrangement,		JU13,	
) the value of the goods,			oo lood than lan market		non or one my entangement,			
	(b) Amount involved			exempt organization	(d) Descrip	otion of transfers, transactions, and	d sharing ar	rangeme	nts
```		· · · · · · · · · · · · · · · · · · ·	N/A						
					- 				
		<u> </u>			-				
			.						
				· · · · · · · · · · · · · · · · · · ·					
2a Is the four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt ord	anizations describe	d			
	501(c) (other than section			5		[Yes	X] No
	mplete the following sch								
	(a) Name of org	janization		(b) Type of organization	on	(c) Description of relation	ship		
	N/A								
						··			
									
10000	penalties of periolly, I declare	that I have everyond th	un satura, unaludur	a seeamaanuna sahadulas	and statements, and to	the best of my knowledge			
l and ha	penalties of perjuty, I declare lief, it is true, correct, and cor	mplete Seclaration of p	reparer (other tha	n taxpayer) is based on all in	formation of which prej	parer has any knowledge re	ay the IRS turn with the	e prepar	er
Sign Here			\sim	15/92	CEO	de la companya de la	X Yes		str No
	ature of officer or trustee			Date	Title		<u> </u>		J 140
	Print/Type preparer's na	<u> </u>	Preparer's s		Date	Check if PTIN			
	KELLY L. M					self- employed			
Paid	CPA	,	KELLY	L. MELTZER	, 04/27/2	0 P0	0633	511	
Preparer	Firm's name ▶ BEA	CHFLEISCH				Firm's EIN ► 86 - 0	6830	59	
Use Only									
	Firm's address ▶ 19			D, SUITE 20	01				
	TU	CSON, AZ	85718			Phone no. 520 - 3	<u> 21 – 4</u>	600	

Form **990-PF** (2018)

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	URITIES	STATEMENT
SOURCE	GROSS AMOUNT	GAINS	CAPITAL (A) GAINS REVENUE DIVIDENDS PER BOOKS		(B) NET INVES MENT INCO	
MORGAN STANLEY	1,644,262.		0.	1,644,26	2. 1,644,26	52.
TO PART I, LINE 4	1,644,262.		0.	1,644,26	1,644,26	52.
FORM 990-PF		RENTAL II	NCOME	<u> </u>		STATEMENT
KIND AND LOCATION O	F PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INCOM
HOSPITAL LAND AND E	BUILDINGS -	SIERRA VI	STA,	AZ	1	153,671
TOTAL TO FORM 990-	F, PART I,	LINE 5A				153,671
FORM 990-PF		OTHER :	INCOM	ΙE		STATEMENT
DESCRIPTION			REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	
PATIENT REVENUE		_	 -	18,113.).
TOTAL TO FORM 990-E	F, PART I,	LINE 11 =		18,113.	0).
FORM 990-PF		LEGA	L FEE	S		STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOM	
LEGAL FEES		77,339	•	0 .	- 	63,812
TO FM 990-PF, PG 1,	LN 16A	77,339	•	0 .		63,812

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	77,170.	0.		77,170.	
TO FORM 990-PF, PG 1, LN 16B	77,170.	0.		77,170.	
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES CONSULTING FEES PAYROLL AND 403(B) FEES	265,786. 42,108. 7,733.	265,786. 0. 0.		0. 42,108. 7,733.	
TO FORM 990-PF, PG 1, LN 16C	315,627.	265,786.		49,841.	
FORM 990-PF	TAX	ES	S'	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SALES AND USE TAXES EXCISE TAXES	496. 31,897.	0.		482.	
TO FORM 990-PF, PG 1, LN 18	32,393.	0.		482.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE DUES AND SUBSCRIPTIONS REPAIRS AND MAINTENANCE	33,118. 16,491. 28,397.	0.		50,046. 16,491. 28,397.	
ADVERTISING, MARKETING AND PUBLIC RELATIONS INSURANCE PURCHASED SERVICES	13,325. 73,278. 12,944.	0. 0. 0.		13,325. 73,278. 12,728.	
TO FORM 990-PF, PG 1, LN 23	177,553.	0.		194,265.	

FORM 990-PF OTHER NOTES AND	LOANS	REPORTED	SEPARATELY	STATEMENT 9
BORROWER'S NAME	TERI	MS OF REP	AYMENT	INTEREST RATE
ARIZONA FAMILY CARE ASSOCIATES	ON I	DEMAND		5.00%
DATE OF MATURITY ORIGINAL NOTE DATE LOAN AMOUNT		CRIPTION SIDERATIO	*	FMV OF CONSIDERATION
04/29/14 1,500,000.	CASI	I		1,299,703.
SECURITY PROVIDED BY BORROWER PUR	POSE (OF LOAN		
	PERTY ENSES	AND OPER	ATING	
RELATIONSHIP OF BORROWER	В	ALANCE DU	DOUBTFUL AC	
INACTIVE CONTROLLED ENTITY		1,299,70	3. 1,299,70	3. 0.
TOTAL TO FORM 990-PF, PART II, LINE	7 =	1,299,70	1,299,70	3. 0.
FORM 990-PF U.S. AND STATE/C	ITY GO	OVERNMENT	OBLIGATIONS	STATEMENT 10
DESCRIPTION	U.S.		BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY	х		2,140,864.	2,140,864.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	2,140,864.	2,140,864.
TOTAL STATE AND MUNICIPAL GOVERNMEN	T OBL	GATIONS		
TOTAL TO FORM 990-PF, PART II, LINE	10A	-	2,140,864.	2,140,864.
		=		

FORM 990-PF CORP	ORATE STOCK		STATEMENT	11
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
MORGAN STANLEY		52,346,644.	52,346,6	44.
TOTAL TO FORM 990-PF, PART II, LINE	10B	52,346,644.	52,346,6	44.
FORM 990-PF CORP	ORATE BONDS		STATEMENT	12
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	т
MORGAN STANLEY		1,287,070.	1,287,0	70.
TOTAL TO FORM 990-PF, PART II, LINE	10C	1,287,070.	1,287,0	70.
FORM 990-PF EXPLANATION CONCERNIN	G PART VII-A,	LINE 8B	STATEMENT	13

EXPLANATION

ARIZONA DOES NOT REQUIRE A COPY OF FORM 990-PF.

	RS TO CONTROLLED ENTITIES ART VII-A, LINE 11	STATEMENT 14
NAME OF CONTROLLED ENTITY		EMPLOYER ID NO
SVRHC PROPERTIES LLC		27-3350867
ADDRESS		
300 EL CAMINO REAL SIERRA VISTA, AZ 85635		•
DESCRIPTION OF TRANSFER		
		AMOUNT
		OF TRANSFER
		0.
NAME OF CONTROLLED ENTITY		EMPLOYER ID NO
SVRHC OFFICE COMPLEX LLC		45-5165711
ADDRESS		
300 EL CAMINO REAL SIERRA VISTA, AZ 85635		
DESCRIPTION OF TRANSFER		
		AMOUNT OF TRANSFER
,		0.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SVRHC OFFICE COMPLEX II LLC

ADDRESS

300 EL CAMINO REAL SIERRA VISTA, AZ 85635

DESCRIPTION OF TRANSFER

AMOUNT OF TRANSFER

0.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SVRHC URGENT CARE LLC

86-0186064

ADDRESS

300 EL CAMINO REAL SIERRA VISTA, AZ 85635

DESCRIPTION OF TRANSFER

AMOUNT OF TRANSFER

0.

NAME OF CONTROLLED ENTITY

ARIZONA FAMILY CARE ASSOCIATES

EMPLOYER ID NO
86-0566486

ADDRESS

6 S. 2ND STREET SIERRA VISTA, AZ 85635

DESCRIPTION OF TRANSFER

ADVANCES TO COVER EXPENSES OF INACTIVE CONTROLLED ENTITY.

,				MOUNT RANSFER 61,158.
TOTAL AMOUNT OF TRANSFERS TO CONT	ROLLED ENTITIES			61,158.
	T OF OFFICERS, DI FOUNDATION MANAG		STAT	EMENT 15
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
MARGARET HEPBURN P.O. BOX 1089 SIERRA VISTA, AZ 85636	CHIEF EXECUTIVE		20,068.	0.
BRIAN BARKDULL P.O. BOX 1089 SIERRA VISTA, AZ 85636	CHAIR 2.00	0.	0.	0.
MICHAEL GROVE P.O. BOX 1089 SIERRA VISTA, AZ 85636	VICE CHAIR 2.00	0.	0.	0.
RUTH BRITTON P.O. BOX 1089 SIERRA VISTA, AZ 85636	SECRETARY 2.00	0.	0.	0.
SUSAN WARNE P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.

THE LEGACY FOUNDATION OF	SOUTHEAST ARIZO		86-0	186064
JOSEPH DELGADO P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
MARK CONRAD P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
MAUREEN KAPPLER P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
FRANK GONZALEZ P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
ANDREA RUBLE P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
ALEXANDRA BONEO P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
MARK SAVAGE P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
ROBERT WHITE, JR. P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
POLLY GOSA P.O. BOX 1089 SIERRA VISTA, AZ 85636	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	279,232.	20,068.	0.

ACTIVITY ONE

FORM 990-PF

THE FOUNDATION IS DEDICATED TO PROVIDING NON-PROFIT ORGANIZATIONS, GOVERNMENT ENTITIES, AND OTHER TAX-EXEMPT CHARITABLE, EDUCATIONAL OR RELIEF ORGANIZATIONS THROUGHOUT COCHISE AND EASTERN SANTA CRUZ COUNTIES WITH EDUCATIONAL TRAININGS ON TOPICS RELEVANT TO THE NON-PROFIT SECTOR.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	29,775.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

17

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WWW.LFSAZ.ORG

FORM AND CONTENT OF APPLICATIONS

GO TO THE LEGACY FOUNDATION OF SOUTHEAST ARIZONA'S WEBSITE AT WWW.LFSAZ.ORG. SELECT GRANT INFORMATION AND THEN SELECT APPLY NOW WITHIN THE GRANT CYCLE FOR WHICH YOU ARE APPLYING. IF YOUR ORGANIZATION HAS A LEGACY FOUNDATION PROFILE, YOU WILL LOG IN WITH YOUR CREDENTIALS. IF YOUR ORGANIZATION NEEDS TO BE REGISTERED, CLICK ON CREATE NEW ACCOUNT TO CREATE A PROFILE FOR YOUR ORGANIZATION. ONCE YOU ARE REGISTERED, YOU MAY BEGIN THE LOI PROCESS. FOR ASSISTANCE WITH TECHNICAL QUESTIONS REGARDING THE ONLINE REGISTRATION AND APPLICATION, PLEASE CONTACT BECKY.SMYTH@LFSAZ.ORG OR 520-335-6015.

ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES FOR EACH GRANT AREA CAN BE FOUND AT WWW.LFSAZ.ORG.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE AWARDED TO ARIZONA 501(C)(3) ORGANIZATIONS, GOVERNMENT ENTITIES, AND OTHER TAX-EXEMPT CHARITABLE, EDUCATIONAL OR RELIEF ORGANIZATIONS HAVING A CLEAR AND EVIDENT RELATION TO PROMOTING POPULATION HEALTH AND COMMUNITY WELLNESS IN SOUTHEAST ARIZONA. ORGANIZATIONS MUST DEMONSTRATE A NON-DISCRIMINATION POLICY REGARDING STAFF, EMPLOYMENT, GOVERNING BOARD AND VOLUNTEERS BASED ON RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, VETERAN STATUS, NATIONAL ORIGIN OR OTHER CHARACTERISTIC PROTECTED BY LAW. ORGANIZATIONS MUST DEMONSTRATE THAT THE GRANT FUNDS ARE NOT FOR AN INDIVIDUAL AND NOT FOR PERSONAL BENEFIT. ALL GRANTS MUST PROVIDE A DIRECT, CLEAR AND WELL-ARTICULATED BENEFIT TO THE HEALTH AND WELLNESS OF SOUTHEAST ARIZONA. NO GRANTS MAY BE MADE THAT WILL FUND POLITICAL ACTIVITIES OR LABOR ORGANIZATIONS. APPLICANTS MUST BE ABLE TO DOCUMENT THEIR FINANCIAL

11460427 759078 20472 2018.05080 THE LEGACY FOUNDATION OF SO 20472__1

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 18 PART XV, LINES 2A - 2D (CONTINUATION)

RESTRICTIONS AND LIMITATIONS ON AWARDS

VIABILITY AND MUST BE IN GOOD STANDING WITH THE IRS AT THE TIME OF REVIEW.

STATEMENT(S) 18 11460427 759078 20472 2018.05080 THE LEGACY FOUNDATION OF SO 20472__1

The Legacy Foundation of Southeast Arizona EIN 86-0186064
Attachment to Form 990-PF, Part I, Line 19

Description	Date in Service	Cost	Method	Life	Beginning A/D	Depreciation	Ending A/D
ROOF-LENIO BLDG - 202 EL CAMINO REAL	02/06/92	375 00	SL	52	375 00	ı	375 00
WATER LINE	04/30/93	1,704 00	S	25	1,704 00	ı	1,704 00
DIAGNOSTIC CNTR - REMODEL	05/31/93	129,779 30	જ	25	129,779 30	•	129,779 30
AMB DIAGNOS CENTER	06/30/93	90 02	S	15	90 05	•	80 05
CABINETS UTILITY-XRAY	10/31/93	1,076 00	Sr	15	1,076 00	ı	1,076 00
DIAGNOSTIC CNTR II	06/30/94	1,491 85	ร	25	1,462 00	29 85	1,491 85
REMODEL-DIAG CNTR X-RAY	11/30/94	17,049 40	SL	15	17,049 40	•	17,049 40
LENIO REMODEL	09/27/99	13,797 96	ઝ	10	13,797 96	İ	13,797 96
LENIO CENTER ELECTRICAL	03/21/00	5,488 88	ટા	15	5,488 88	Ī	5,488 88
OLSON BLDG - REMODEL - ARCHITECT	05/31/09	30,656 46	SL	25	11,649 48	1,226 26	12,875 74
OLSON BLDG - REMODEL - CONSTRUCTION	05/31/09	59,056 08	S	25	22,441 28	2,362 24	24,803 52
OLSON BLDG - REMODEL - PROPERTY PURCHASE - BLDG	05/31/09	234,135 32	જ	25	88,971 39	9,365 41	98,336 80
OLSON BLDG - REMODEL - CONSTRUCTION, TL ROOF	05/31/09	418,203 82	SF	25	158,917 41	16,728 15	175,645 56
LENIO BLDG - REMODEL - ARCHITECT	12/31/10	28,817 95	SL	15	14,408 99	1,921 20	16,330 19
LENIO BLDG - REMODEL - CONSTRUCTION	12/31/10	27,502 97	S	15	13,751 47	1,833 53	15,585 00
LENIO BLDG - REMODEL - CONSTRUCTION - TL ROOF	12/31/10	191,984 00	SF	15	95,992 00	12,798 94	108,790 94
BROOKS BLDG - BUILDING PURCHASE 302-EL CAMINO REAL SUITE 1	02/29/12	677,386 87	SF	25	176,120 60	27,095 47	203,216 07
BROOKS BLDG - SURVEY WORK, SOIL TESTING, PERMIT FEES	02/29/12	14,742 13	SF	25	3,832 96	289 68	4,422 64
BROOKS BLDGCONSTRUCTION	02/29/12	120,150 77	ร	25	31,239 18	4,806 03	36,045 21
BROOKS BLDG CONSTRUCTION - CONTRACTOR W E ONEIL	02/29/12	591,132 00	ร	25	153,694 32	23,645 28	177,339 60
BROOKS BLDG - ARCHITECT	02/29/12	85,128 07	ช	25	22,133 28	3,405 12	25,538 40
MONUMENT SIGN FOR 302 AREA - LENIO, OLSON, ADMIN AND OTHER O	05/31/12	13,610 00	SF	10	8,846 51	1,361 00	10,207 51
SIGN-WALL S/E CORNOR	12/31/92	1,586 00	SF	12	1,586 00	•	1,586 00
STEEL HANDRAIL	12/31/94	950 00	SF	9	950 00	•	950 00
Monument Sign - Dbl side LED, steel posts, Install, Permit	08/31/12	5,480 00	S	10	3,014 01	548 00	3,562 01
BROOKS BLDG - SECURITY CAMERAS	02/29/12	25,260 00	ร	15	10,398 71	1,599 80	11,998 51
BROOKS BLDG - NETWORK, PHONE, FIBER OPTICS-EQUIPMENT	02/29/12	80,422 49	SF	ß	76,401 37	•	76,401 37
BROOKS BLDG - FURNITURE & APPLIANCES	02/29/12	154,963 10	SF	10	95,689 72	14,721 49	110,411 21
Phone system-Aliworx 6X VOIP	07/31/13	5,960 48	S	2	5,356 15	604 33	5,960 48
Blackbaud Financial Edge & Raiser's Edge software system	10/01/13	43,168 43	SF	က	43,168 43	1	43,168 43
BLACKBAUD DATABASE MERGE SVCS	11/01/13	4,750 00	SF	9	4,750 00	•	4,750 00
Sage Fixed Assets Software	12/15/14	6,903 48	ร	က	6,903 48	•	6,903 48
Foundant Grants Manager-2 year licensed subscription	02/23/15	00 000'6	ટા	7	00 000'6	•	00 000'6

The Legacy Foundation of Southeast Arizona EIN 86-0186064
Attachment to Form 990-PF, Part I, Line 19

Description	Date in Service	Cost	Method	Life	Beginning A/D	Depreciation	Ending A/D
Server	11/27/15	4,742 98	SL	7	1,750 38	677 57	2,427 95
NOVASIC REZONING	08/25/00	22,295 00	S	7	22,295 00	i	22,295 00
NOVASIC PARKING LOT	02/23/01	52,781 79	ร	œ	52,781 79	ı	52,781 79
PARKING LOT-RESURFACING (AFCA)	09/13/01	7,870 50	Si	ω	7,870 50	ı	7,870 50
PARKING LOT 302 AREA - LENIO, OLSON, BROOKS, SURETTE AREAS	05/31/12	133,265 26	S	∞	108,278 03	16,658 16	124,936 19
LAND - 240 EL CAMINO REAL - LENIO	01/31/92	66,000 00	S	Land	1	ı	1
LAND - 2832 E Wilcox (House)	08/26/96	9,802 94	SF	Land	•	1	
LAND - East Campus	06/53/3	596,984 39	S	Land	,	,	,
TITLE REPORT & ENVIRONMENTAL IMPACT STUDY-HWY 90 SITE	10/15/01	2,100 00	ઝ	Land	•	•	ı
NOVASIC LAND/PARKING LOT	03/10/09	530,000 00	Sr	Land	•	1	•
LAND-OLSON BLDG - REMODEL	05/31/09	354,781 00	SF	Land	,	•	
Blackbaud Fixed Assets Module & Training	02/24/16	5,097 55	S	ဗ	3,964 77	1,132 78	5,097 55
Olsen Construction Plans	06/21/16	67,636 86	S	20	7,045 50	3,381 84	10,427 34
Olsen Telephone System	06/21/16	10,635 13	S	9	4,254 04	2,127 03	6,381 07
Olsen AV Equipment	06/21/16	26,164 80	જ	2	10,465 92	5,232 96	15,698 88
Olsen Appliances	06/21/16	11,350 80	ร	7	3,378 22	1,621 54	4,999 76
Olsen Furniture	06/21/16	53,270 40	Ŋ	7	15,854 28	7,610 06	23,464 34
Olsen Remodel	06/21/16	421,923 70	જ	20	43,950 39	21,096 18	65,046 57
Olsen Remodel-Electnc	06/21/16	962 68	S	20	100 27	48 13	148 40
Brooks Conference IT	01/30/18	6,151 31	SF	2	279 60	950 65	1,230 25
Brooks Conference IT	01/30/18	7,798 08	S	20	83 30	199 95	283 25
Printer	11/01/17	9,134 16	SF	2	1,217 91	1,826 81	3,044 72
Medical Office Building	01/01/03	819,440 00	ร	25	508,052 36	32,777 64	540,830 00
Total	1 1	6,221,992.16			2,021,661.56	219,983.08	2,241,644.64
	l						

The Legacy Foundation of Southeast Arizona EIN 86-0186064 Attachment to Form 990-PF, Part II, Line 14

Description	Date In Service	Cost	Depr Basis	Accum Depr	Book Value
ROOF-LENIO BLDG - 202 EL CAMINO REAL	02/06/92	375 00	375 00	375 00	-
WATER LINE	04/30/93	1,704 00	1,704 00	1,704 00	-
DIAGNOSTIC CNTR - REMODEL	05/31/93	129,779 30	129,779 30	129,779 30	-
AMB DIAGNOS CENTER	06/30/93	90 02	90 02	90 02	-
CABINETS UTILITY-XRAY	10/31/93	1,076 00	1,076 00	1,076 00	•
DIAGNOSTIC CNTR II	06/30/94	1,491 85	1,491 85	1,491 85	-
REMODEL-DIAG CNTR X-RAY	11/30/94	17,049 40	17 049 40	17,049 40	-
LENIO REMODEL	09/29/99	13,797 96	13,797 96	13,797 96	-
LENIO CENTER ELECTRICAL	03/30/00	5,488 88	5,488 88	5,488 88	-
OLSON BLDG - REMODEL - ARCHITECT	05/31/09	30,656 46	30,656 46	12,875 74	17,780 72
OLSON BLDG - REMODEL - CONSTRUCTION	05/31/09	59,056 08	59,056 08	24,803 52	34,252 56
OLSON BLDG - REMODEL - PROPERTY PURCHASE - BLDG	05/31/09	234,135 32	234,135 32	98,336 80	135,798 52
OLSON BLDG - REMODEL - CONSTRUCTION, TL ROOF	05/31/09	418,203 82	418,203 82	175,645 56	242,558 26
LENIO BLDG - REMODEL - ARCHITECT	12/31/10	28,817 95	28,817 95	16,330 19	12,487 76
LENIO BLDG - REMODEL - CONSTRUCTION	12/31/10	27,502 97	27,502 97	15,585 00	11,917 97
LENIO BLDG - REMODEL - CONSTRUCTION - TL ROOF	12/31/10	191,984 00	191,984 00	108,790 94	83,193 06
BROOKS BLDG - BUILDING PURCHASE 302 EL CAMINO REAL SUITE 1	02/29/12	677 386 87	677,386 87	203,216 07	474,170 80
BROOKS BLDG - SURVEY WORK, SOIL TESTING, PERMIT FEES	02/29/12	14,742 13	14,742 13	4,422 64	10,319 49
BROOKS BLDG - CONSTRUCTION	02/29/12	120,150 77	120,150 77	36,045 21	84,105 56
BROOKS BLDG CONSTRUCTION - CONTRACTOR W E ONEIL	02/29/12	591,132 00	591,132 00	177,339 60	413,792 40
BROOKS BLDG - ARCHITECT	02/29/12	85,128 07	85,128 07	25,538 40	59,589 67
MONUMENT SIGN FOR 302 AREA - LENIO, OLSON, ADMIN AND OTHER O	05/31/12	13,610 00	13,610 00	10,207 51	3,402 49
SIGN-WALL S/E CORNOR	12/31/92	1,586 00	1,586 00	1,586 00	
STEEL HANDRAIL	12/31/94	950 00	950 00	950 00	
Monument Sign - Dbl side LED, steel posts, Install, Permit	08/31/12	5,480 00	5.480 00	3,562 01	1,917 99
•	02/29/12	25,260 00	23,997 00	11,998 51	13,261 49
BROOKS BLDG - SECURITY CAMERAS BROOKS BLDG - NETWORK, PHONE, FIBER OPTICS EQUIPMENT	02/29/12	80,422 49	76,401 37	76,401 37	4,021 12
BROOKS BLDG - FURNITURE & APPLIANCES	02/29/12	154,963 10	147,214 95	110,411 21	44,551 89
	07/31/13	5,960 48	5,960 48	5,960 48	•
Phone system-Allworx 6X VOIP	10/01/13	43,168 43	43,168 43	43,168 43	
Blackbaud Financial Edge & Raiser's Edge software system	11/01/13	4,750 00	4,750 00	4,750 00	
BLACKBAUD DATABASE MERGE SVCS	12/15/14	6,903 48	6,903 48	6,903 48	_
Sage Fixed Assets Software	02/23/15	9,000 00	9,000 00	9,000 00	
Foundant Grants Manager-2 year licensed subscription	11/27/15	4,742 98	4,742 98	2,427 95	2,315 03
Server	08/31/00	22,295 00	22,295 00	22,295 00	2,0.000
NOVASIC REZONING			52,781 79	52,781 79	_
NOVASIC PARKING LOT	02/27/01	52,781 79	7,870 50	7,870 50	_
PARKING LOT-RESURFACING (AFCA)	09/30/01	7,870 50	133,265 26	124,936 19	8,329 07
PARKING LOT 302 AREA - LENIO, OLSON, BROOKS, SURETTE AREAS	05/31/12	133,265 26	66,000 00	124,550 15	66,000 00
LAND - 240 EL CAMINO REAL - LÉNIO	01/31/92	66,000 00		-	9,802 94
LAND - 2832 E Wilcox (House)	08/31/96	9,802 94	9,802 94	-	596,984 39
LAND - East Campus	06/30/99	596,984 39	596,984 39	•	2.100 00
TITLE REPORT & ENVIRONMENTAL IMPACT STUDY-HWY 90 SITE	10/15/01	2,100 00	2,100 00	•	530,000 00
NOVASIC LAND/PARKING LOT	03/10/09	530,000 00	530,000 00	-	
LAND-OLSON BLDG - REMODEL	05/31/09	354,781 00	354,781 00	-	354,781 00
Blackbaud Fixed Assets Module & Training	02/24/16	5,097 55	5,097 55	5,097 55	
Olsen Construction Plans	06/21/16	67,636 86	67,636 86	10,427 34	57,209 52
Olsen Telephone System	06/21/16	10,635 13	10,635 13	6,381 07	4,254 06
Olsen AV Equipment	06/21/16	26,164 80	26,164 80	15,698 88	10,465 92
Olsen Appliances	06/21/16	11,350 80	11 350 80	4,999 76	6,351 04
Olsen Fumiture	06/21/16	53,270 40	53,270 40	23,464 34	29 806 06
Olsen Remodel	06/21/16	421,923 70	421,923 70	65,046 57	356,877 13
Olsen Remodel-Electric	06/21/16	962 68	962 68	148 40	814 28
Brooks Conference IT	01/30/18	6,151 31	6,151 31	1,230 25	4,921 06
Brooks Conference IT	01/30/18	7,798 08	7,798 08	283 25	7,514 83
Printer	11/01/17	9,134 16	9,134 16	3,044 72	6,089 44
Building - MOB		819,440 00	819,440 00	540,830 00	278,610 00
Total		6,221,992 16	6,208,959 89	2,241,644 64	3,980,347 52