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## DLN: 93491321062570

2019

OMB No. 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury Internal Revenue Service

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

| or                                      | caler   | ndar year 2019, or tax year beginning 01-01-20   | )19 , aı                           | nd ending 12-31           | -2019                            |   |  |  |
|---|---------|--|------------------------------------|---------------------------|----------------------------------|---|--|--|
| Name of foundation THE SALEH FOUNDATION |         |  |                                    | A Employer id             | A Employer identification number |   |  |  |
| IH                                      | IE SALE | H FOUNDATION   | _                                  | 27-0432844                |                                  |   |  |  |
|   |         | l street (or P.O. box number if mail is not delivered to street address)<br>JBVIEW DR  | Room/suite                         | <b>B</b> Telephone nu     | umber (see instructio            | ns)   |  |  |
|   | or town | , state or province, country, and ZIP or foreign postal code<br>75701  | 1                                  | C If exemption            | application is pendin            | g, check here                                   |  |  |
| : C                                     | aeck al | I that apply:  | former public charity              | D 1 Foreign or            | ganizations, check he            | are $\Box$                                      |  |  |
|   | ieck ai | Final return Amended return  | Torrier public charity             |                           | rganizations meeting             | ▶ ⊔   |  |  |
|   |         | ☐ Address change ☐ Name change   |                                    |                           | k here and attach co             |   |  |  |
|   |         |  | f                                  |                           | undation status was t            |   |  |  |
|   |         | rpe of organization: Section 501(c)(3) exempt private  1 4947(a)(1) nonexempt charitable trust Other taxable   |                                    | under section             | on 507(b)(1)(A), chec            | k here 🕨 🗀                                      |  |  |
|   |         |  | ☑ Cash ☐ Accru                     | F If the found            | ation is in a 60-mont            | h termination 🖂                                 |  |  |
| of                                      | year (f | rom Part II, col. (c),  ▶\$ 1,557,101  Cher (specify) (Part I, column (d) must   |                                    |                           | on 507(b)(1)(B), chec            |   |  |  |
| Pa                                      | rt I    | Analysis of Revenue and Expenses (The total  | (-) B                              |                           |                                  | (d) Disbursements                               |  |  |
|   |         | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income          | for charitable<br>purposes<br>(cash basis only) |  |  |
|   | 1       | Contributions, gifts, grants, etc., received (attach schedule)   |                                    |                           |                                  |   |  |  |
|   | 2       | Check ► ✓ if the foundation is <b>not</b> required to attach Sch. B  |                                    |                           |                                  |   |  |  |
|   | 3       | Interest on savings and temporary cash investments   |                                    |                           |                                  |   |  |  |
|   | 4       | Dividends and interest from securities   | 35,066                             | 35,066                    |                                  |   |  |  |
|   | 5a      | Gross rents  |                                    |                           |                                  |   |  |  |
|   | b       | Net rental income or (loss)  |                                    |                           |                                  |   |  |  |
| Æ                                       | 6a      | Net gain or (loss) from sale of assets not on line 10  | 29,846                             |                           |                                  |   |  |  |
| Revenue                                 | ь<br>7  | Gross sales price for all assets on line 6a 1,034,280 Capital gain net income (from Part IV, line 2)   |                                    | 29,846                    |                                  |   |  |  |
|   | 8       | Net short-term capital gain  |                                    |                           |                                  |   |  |  |
|   | 9       | Income modifications   |                                    |                           |                                  |   |  |  |
|   | 10a     | Gross sales less returns and allowances  |                                    |                           |                                  |   |  |  |
|   | ь       | Less: Cost of goods sold   |                                    |                           |                                  |   |  |  |
|   | С       | Gross profit or (loss) (attach schedule)   |                                    |                           |                                  |   |  |  |
|   | 11      | Other income (attach schedule)   | 1,189                              | 1,189                     |                                  |   |  |  |
|   | 12      | Total. Add lines 1 through 11  | 66,101                             | 66,101                    |                                  |   |  |  |
|   | 13      | Compensation of officers, directors, trustees, etc.  | 23,600                             | 21,240                    |                                  | 2,360   |  |  |
|   | 14      | Other employee salaries and wages  |                                    |                           |                                  |   |  |  |
| S<br>C                                  | 15      | Pension plans, employee benefits   |                                    |                           |                                  |   |  |  |
| 2                                       | 16a     | Legal fees (attach schedule)   |                                    |                           |                                  |   |  |  |
| Expenses                                | b       | Accounting fees (attach schedule)  | 5,007                              | 4,506                     |                                  | 501   |  |  |
|   | С       | Other professional fees (attach schedule)  | 18,158                             | 16,342                    |                                  | 1,816   |  |  |
| and Administrative                      | 17      | Interest   |                                    |                           |                                  |   |  |  |
| <u> </u>                                | 18      | Taxes (attach schedule) (see instructions)   | 3,055                              | 2,443                     |                                  | 181   |  |  |
| Ξ                                       | 19      | Depreciation (attach schedule) and depletion   |                                    |                           |                                  |   |  |  |
|   | 20      | Occupancy  |                                    |                           |                                  |   |  |  |
| ₹                                       | 21      | Travel, conferences, and meetings  |                                    |                           |                                  |   |  |  |
|   | 22      | Printing and publications  |                                    |                           |                                  |   |  |  |
|   | 23      | Other expenses (attach schedule)   |                                    |                           |                                  |   |  |  |
| Operating                               | 24      | Total operating and administrative expenses.   |                                    |                           |                                  |   |  |  |
| E<br>E                                  |         | Add lines 13 through 23  | 49,820                             | 44,531                    |                                  | 4,858   |  |  |
| )                                       | 25      | Contributions, gifts, grants paid  | 67,010                             |                           |                                  | 67,010  |  |  |
|   | 26      | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 116,830                            | 44,531                    |                                  | 71,868  |  |  |
|   | 27      | Subtract line 26 from line 12:   | 115,550                            | ,551                      |                                  | , 1,300   |  |  |
|   | a       | Excess of revenue over expenses and  |                                    |                           |                                  |   |  |  |
|   | <br>    | disbursements  Net investment income (if negative, enter -0-)  | -50,729                            |                           |                                  |   |  |  |
|   | b<br>c  | Adjusted net income (if negative, enter -0-)   |                                    | 21,570                    | 1                                |   |  |  |
|   |         | in included the included the included to the included the |                                    |                           | <u> </u>                         | L   |  |  |

Page 2

1,557,101

1,353,416

6,105

6,105

1,347,311

1,347,311

1,353,416

1 2

3

4

5

1,398,040

1,347,311

1,347,311 Form **990-PF** (2019)

-50,729

|      | 2   | Savings and temporary cash investments                              | 37,642  |         |         |
|------|-----|---|---------|---------|---------|
|      | 3   | Accounts receivable ▶   |         |         |         |
|      |     | Less: allowance for doubtful accounts ▶                             | 3       | 851     | 851     |
|      | 4   | Pledges receivable ▶  |         |         |         |
|      |     | Less: allowance for doubtful accounts ▶                             |         | j       |         |
|      | 5   | Grants receivable   |         |         |         |
|      | 6   | Receivables due from officers, directors, trustees, and other       |         |         |         |
|      |     | disqualified persons (attach schedule) (see instructions)           |         |         |         |
|      | 7   | Other notes and loans receivable (attach schedule) ▶                |         |         |         |
|      |     | Less: allowance for doubtful accounts ▶                             |         |         |         |
| 5    | 8   | Inventories for sale or use   |         |         |         |
| sets | 9   | Prepaid expenses and deferred charges                               |         | 431     | 431     |
| AS   | 10a | Investments—U.S. and state government obligations (attach schedule) | 45,193  |         |         |
|      | ь   | Investments—corporate stock (attach schedule)                       | 635,966 | 675,323 | 824,042 |
|      | С   | Investments—corporate bonds (attach schedule)                       | 41,854  | 16,133  | 16,828  |
|      | 11  | Investments—land, buildings, and equipment: basis ▶                 |         |         |         |
|      |     | Less: accumulated depreciation (attach schedule) ▶                  |         |         |         |
|      | 12  | Investments—mortgage loans  |         |         |         |
|      | 13  | Investments—other (attach schedule)                                 | 637,792 | 660,678 | 714,949 |
|      | 14  | Land, buildings, and equipment: basis ▶                             |         |         |         |
|      |     | Less: accumulated depreciation (attach schedule) ▶                  |         |         |         |
|      | 15  | Other assets (describe >)   |         |         |         |
|      | 16  | Total assets (to be completed by all filers—see the                 |         |         |         |
|      |     |   |         |         |         |

**∳**?

410

410

1,398,040

1,398,040

1,398,450

## instructions. Also, see page 1, item I) 1,398,450 17 Accounts payable and accrued expenses . 18 Grants payable

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

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) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

**Analysis of Changes in Net Assets or Fund Balances** 

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Liabilities

Net Assets or Fund Balances

19

20

21

22

23

24

25

26

27 28

29 30

Part III

2

Deferred revenue . . . . .

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

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Foundations that follow FASB ASC 958, check here

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

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

Other liabilities (describe ...

Page **3** 

|  | ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs   |                                   | (b) How acquired P—Purchase D—Donation      |          | (c)<br>ite acquired<br>o., day, yr.)  | (d)<br>Date sold<br>(mo., day, yr.)                      |
|--|---|-----------------------------------|---|----------|---------------------------------------|--|
| 1aSee Additional Data Tabl                                     | e   |                                   |   |          |                                       |  |
| b  |   |                                   |   |          |                                       |  |
| c  |   |                                   |   |          |                                       |  |
| d  |   |                                   |   |          |                                       |  |
| e  |   |                                   |   |          |                                       |  |
| (e)<br>Gross sales price                                       | <b>(f)</b><br>Depreciation allowed<br>(or allowable)  | Cost or c                         | g)<br>other basis<br>ense of sale           |          | Gain o                                | h)<br>r (loss)<br>) minus (g)                            |
| a See Additional Data Tabl                                     | e   |                                   |   |          |                                       |  |
| b  |   |                                   |   |          |                                       |  |
| c  |   |                                   |   |          |                                       |  |
| d  |   |                                   |   |          |                                       |  |
| e  |   |                                   |   |          |                                       |  |
| Complete only for assets                                       | s showing gain in column (h) and ow   | ned by the foundation o           | on 12/31/69                                 |          | (                                     | I)   |
| <b>(i)</b><br>F.M.V. as of 12/31/69                            | (j)<br>Adjusted basis<br>as of 12/31/69   | Excess                            | ( <b>k)</b><br>of col. (i)<br>. (j), if any | со       | ol. (k), bùt not                      | h) gain minus<br>less than -0-) <b>or</b><br>om col.(h)) |
| a See Additional Data Tabl                                     | e   |                                   |   |          |                                       |  |
| b  |   |                                   |   |          |                                       |  |
| C  |   |                                   |   |          |                                       |  |
| d  |   |                                   |   |          |                                       |  |
| e  |   |                                   |   |          |                                       |  |
| •  | gain or (loss) as defined in sections 1   | ons). If (loss), enter -0-        | ,   | 3        |                                       | 29,84  |
| Part V Qualification   | Under Section 4940(e) for Re  | duced Tax on Net                  | Investment I                                | ncome    |                                       |  |
|  | private foundations subject to the sec  |                                   |   |          |                                       |  |
| If section 4940(d)(2) applies, le                              | eave this part blank.   | . ,                               |   | ŕ        |                                       | es 🗸 No  |
|  | ne section 4942 tax on the distributat<br>ot qualify under section 4940(e). Do  |                                   | in the base peno                            | ur       |                                       | es 🖭 NO  |
|  | nount in each column for each year;   |                                   | making any entr                             | es.      |                                       |  |
| (a) Base period years Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitable | e-use assets                                | (col.    | (d) Distribution rat (b) divided by o |  |
| 2018   | 83,783  |                                   | 1,476,548                                   |          |                                       | 0.05674  |
| 2017   | 91,768  |                                   | 1,542,279                                   |          |                                       | 0.05950  |
| 2016   | 107,441   |                                   | 1,539,319                                   |          |                                       | 0.06980  |
| 2015   | 110,381   |                                   | 1,668,544                                   |          |                                       | 0.06615  |
| 2014   | 125,258   |                                   | 1,839,965                                   |          |                                       | 0.06808  |
| 2 Total of line 1, column (                                    | ,   |                                   | 2   |          |                                       | 0.320272   |
| number of years the four                                       | o for the 5-year base period—divide t<br>ndation has been in existence if less t<br>incharitable-use assets for 2019 from | than 5 years 🔒 🧘                  | .´ . <u>´</u> .     <u>    3</u>            |          |                                       | 0.064054<br>1,450,939                                    |
| <b>5</b> Multiply line 4 by line 3                             |   | •                                 | 5   |          |                                       | 92,938   |
| . , , ,  | ent income (1% of Part I, line 27b)   |                                   | 6   |          |                                       | 216  |
|  |   |                                   | 7   |          |                                       | 93,154   |
|  | ions from Part XII, line 4 ,  |                                   |   |          |                                       | 71,868   |
| If line 8 is equal to or gre<br>instructions.                  | eater than line 7, check the box in Pa  | art VI, line 1b, and com          | plete that part us                          | ing a 1º | % tax rate. Se                        | e the Part VI  |

| Form   | 990-PF (2019)  |  |  |   |            |                       | F       | age <b>6</b> |
|--|--|--|--|---|------------|-----------------------|---------|--------------|
| Pai  | rt VIII-B Statements Regard  | ding Activities for Wh   | nich Form 4720 May Be  | Required (continue  | ed)        |                       |         |              |
| 5a   | During the year did the foundation   | pay or incur any amount to   | o:   |   |            |                       | Yes     | No           |
|  | (1) Carry on propaganda, or other  | wise attempt to influence le   | egislation (section 4945(e))?  | ☐ Ves   | ✓ N        |                       |         |              |
|  | (2) Influence the outcome of any s   | pecific public election (see   | section 4955); or to carry   |   |            | ·                     |         |              |
|  | on, directly or indirectly, any ve   | oter registration drive?   |  | · · 🗌 Yes   | ✓ N        |                       |         |              |
|  | (3) Provide a grant to an individua  | l for travel, study, or other  | similar purposes?  | Yes   | <b>☑</b> N |                       |         |              |
|  | (4) Provide a grant to an organizat  | ion other than a charitable  | e, etc., organization described  |   |            |                       |         |              |
|  | in section 4945(d)(4)(A)? See i  | nstructions  |  | · · □ Yes   | ✓ N        | 0                     |         |              |
|  | (5) Provide for any purpose other t  | - ·  |  |   |            |                       |         |              |
|  | educational purposes, or for the   |  |  | Yes   | ✓ N        | 0                     |         |              |
| b  | If any answer is "Yes" to $5a(1)-(5)$  | •  |  | •   |            |                       |         |              |
|  | Regulations section 53.4945 or in a  |  |  | _   | •          | 5b                    |         |              |
|  | Organizations relying on a current   |  |  | •   |            |                       |         |              |
| С  | If the answer is "Yes" to question 5   | • • •  | •  |   |            |                       |         |              |
|  | tax because it maintained expendit   |  |  | · · Yes   | □ N        | о                     |         |              |
|  | If "Yes," attach the statement requ  | · -  |  |   |            |                       |         |              |
| 6a   | Did the foundation, during the year  | •  |  |   |            |                       |         |              |
|  | a personal benefit contract?   |  |  | ⊔ Yes   | ✓ N        | о .                   |         |              |
| b  | Did the foundation, during the year  | , pay premiums, directly o   | r indirectly, on a personal ber  | nefit contract?   | •          | 6b                    |         | No           |
| _  | If "Yes" to 6b, file Form 8870.  |  |  |   |            |                       |         |              |
| 7a   | At any time during the tax year, wa  |  | •  | ⊔ Yes   | ✓ N        |                       |         |              |
| b  | If "Yes", did the foundation receive   |  |  |   | •          | 7b                    |         |              |
| 8  | Is the foundation subject to the sec   |  | . ,  |   | _          |                       |         |              |
|  | excess parachute payment during t  |  |  | res   | ✓ N        |                       |         |              |
| Pai  |  | Officers, Directors, T   | rustees, Foundation Ma   | nagers, Highly Pai  | d Emp      | oloyees,              |         |              |
|  | and Contractors  |  |  |   |            |                       |         |              |
|  |  |  |  |   |            |                       |         |              |
| _1_  | List all officers, directors, truste   |  |  |   | 1          |                       |         |              |
| _1_  | ·  | (b) Title, and average   | e (c) Compensation (If   | (d) Contributions t   |            | (e) Exper             |         |              |
| _1_  | (a) Name and address   |  |  |   | s and '    | (e) Exper<br>other al |         |              |
|  | ·  | (b) Title, and average<br>hours per week<br>devoted to position<br>Pres/Sec/Treas  | e (c) Compensation (If not paid, enter   | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520  | (a) Name and address EL SALEH CLUBVIEW   | (b) Title, and average<br>hours per week<br>devoted to position  | e (c) Compensation (If<br>not paid, enter<br>-0-)  | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520<br>TYLEF   | (a) Name and address EL SALEH CLUBVIEW 1, TX 75701   | (b) Title, and average<br>hours per week<br>devoted to position<br>Pres/Sec/Treas<br>10.00   | e (c) Compensation (If not paid, enter -0-)  | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520<br>TYLEF<br>GERA   | (a) Name and address EL SALEH CLUBVIEW L, TX 75701 LD SALEH  | (b) Title, and average<br>hours per week<br>devoted to position<br>Pres/Sec/Treas  | e (c) Compensation (If<br>not paid, enter<br>-0-)  | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520<br>TYLEF<br>GERA<br>901 E                                    | (a) Name and address EL SALEH CLUBVIEW 1, TX 75701   | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director  | e (c) Compensation (If not paid, enter -0-)  | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520<br>TYLEF<br>GERA<br>901 E<br>TYLEF                           | (a) Name and address EL SALEH CLUBVIEW 1, TX 75701 LD SALEH REICK ROAD   | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director   | e (c) Compensation (If not paid, enter -0-)  | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100                              | (a) Name and address  EL SALEH  CLUBVIEW  1, TX 75701  LD SALEH  REICK ROAD  1, TX 75703  RLY SALEH MAMEY  WIMINGTON   | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00   | e (c) Compensation (If not paid, enter -0-) 20,000   | (d) Contributions t<br>employee benefit plans   | s and '    |                       |         |              |
| DANII<br>1520<br>TYLEF<br>GERA<br>901 E<br>TYLEF<br>BEVEI<br>1100<br>TYLEF | (a) Name and address  EL SALEH  CLUBVIEW  TX 75701  LD SALEH  REICK ROAD  TX 75703  RLY SALEH MAMEY  WIMINGTON  TX 75701   | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  | (c) Compensation (If not paid, enter -0-) 20,000 1,800   | (d) Contributions t<br>employee benefit plans<br>deferred compensati  | s and ion  | other a               | llowand | ces          |
| DANII<br>1520<br>TYLEF<br>GERA<br>901 E<br>TYLEF<br>BEVEI<br>1100<br>TYLEF | (a) Name and address  EL SALEH  CLUBVIEW  1, TX 75701  LD SALEH  REICK ROAD  1, TX 75703  RLY SALEH MAMEY  WIMINGTON   | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  did employees (other the  | e (c) Compensation (If not paid, enter -0-) 20,000 1,800 1,800 an those included on line 1                         | (d) Contributions t<br>employee benefit plans<br>deferred compensati  | s and ion  | other a               | llowand | ces          |
| DANII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2                       | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  did employees (other that paid (b) Title, and average)                | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1                       | (d) Contributions to employee benefit plans deferred compensations.  -see instructions). 1  (d) Contributions to employee benefit   | If none    | other a               | NONE.   | ount,        |
| DANII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2                       | (a) Name and address  EL SALEH  CLUBVIEW  L, TX 75701  LD SALEH  REICK ROAD  L, TX 75703  RLY SALEH MAMEY  WIMINGTON  L, TX 75701  Compensation of five highest-pa | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  Director 1.00  Director 1.00  Director 1.00                           | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensations.  -see instructions). 1  (d) Contributions to employee benefit   | If none    | other a               | NONE.   | ount,        |
| DANII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2                       | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  iid employees (other that paid  (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |
| DANIII 1520 TYLEF GERA 901 E TYLEF BEVEI 1100 TYLEF 2 (a)                  | (a) Name and address EL SALEH CLUBVIEW , TX 75701 LD SALEH REICK ROAD , TX 75703 RLY SALEH MAMEY WIMINGTON , TX 75701 Compensation of five highest-pa              | (b) Title, and average hours per week devoted to position  Pres/Sec/Treas 10.00  Director 1.00  Director 1.00  Director 1.00  Director 1.00  Director 1.00  Director 1.00            | (c) Compensation (If not paid, enter -0-)  20,000  1,800  1,800  an those included on line 1  age (c) Compensation | (d) Contributions to employee benefit plans deferred compensation of the compensation | If none    | other a               | NONE.   | ount,        |

| Form 990-PF (2019)   |  | Page <b>7</b>             |
|--|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees and Contractors (continued)  | s, Foundation Managers, Highly P                               | aid Employees,            |
| 3 Five highest-paid independent contractors for professional serv  | rices (see instructions). If none, enter                       | r "NONE".                 |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service  | (c) Compensation          |
| NONE   |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
| <b>Total</b> number of others receiving over \$50,000 for professional services  |  | <u> </u>                  |
| Part IX-A Summary of Direct Charitable Activities  |  |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include r organizations and other beneficiaries served, conferences convened, research papers pro | elevant statistical information such as the number duced, etc. | Expenses                  |
| 1 NONE   |  | 0                         |
| 2  |  |                           |
|  |  |                           |
| - 3  |  |                           |
| 3  |  |                           |
|  |  |                           |
| 4  |  |                           |
| ·  |  |                           |
|  |  |                           |
| Part IX-B Summary of Program-Related Investments (see  | e instructions)  |                           |
| Describe the two largest program-related investments made by the foundation during   | the tax year on lines 1 and 2.                                 | Amount                    |
| 1  |  |                           |
|  |  |                           |
| 2  |  |                           |
|  |  |                           |
|  |  |                           |
| All other program-related investments. See instructions.   |  |                           |
| 3  |  |                           |
|  |  |                           |
| Tabal Addition (Aboston) 2   |  |                           |
| Total. Add lines 1 through 3   |  | F 000 PE (2010)           |
|  |  | Form <b>990-PF</b> (2019) |

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

1a

1b

2

За 3h

4

5

71,868

71,868

71.868

Form 990-PF (2019)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

Amounts set aside for specific charitable projects that satisfy the:

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

1

2

3

4

5

b

Part XIII Undistributed Income (see instructions)

**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 -see instructions . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount-see instructions . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not

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

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. .

**b** Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. . e Excess from 2019. .

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

|   |  |         | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|---|--|---------|---------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2019 from Part XI,  | line 7  |               |                            |             | 72,116      |
| 2 | Undistributed income, if any, as of the end o                                      | f 2019: |               |                            |             |             |
| а | Enter amount for 2018 only   |         |               |                            |             |             |
| b | Total for prior years: 20, 20,   | 20      |               |                            |             |             |
| 3 | Excess distributions carryover, if any, to 201                                     | 9:      |               |                            |             |             |
| а | From 2014  | 33,260  |               |                            |             |             |
| b | From 2015  | 26,954  |               |                            |             |             |
| С | From 2016  | 30,475  |               |                            |             |             |
| d | From 2017  | 15,507  |               |                            |             |             |
| е | From 2018  | 11,248  |               |                            |             |             |
| f | <b>Total</b> of lines 3a through e   |         | 117,444       |                            |             | <u> </u>    |
| 4 | Qualifying distributions for 2019 from Part  |         |               |                            |             |             |
|   | XII, line 4: ► \$  |         |               |                            |             |             |
| а | Applied to 2018, but not more than line 2a   |         |               |                            |             |             |
| b | Applied to undistributed income of prior year (Election required—see instructions) |         |               |                            |             |             |
| С | Treated as distributions out of corpus (Election required—see instructions)        |         | 0             |                            |             |             |
| d | Applied to 2019 distributable amount   |         |               |                            |             | 71,868      |
| е | Remaining amount distributed out of corpus   |         |               |                            |             |             |
| 5 | Excess distributions carryover applied to 201                                      | 9.      | 248           |                            |             | 248         |
|   | (If an amount appears in column (d), the same amount must be shown in column       | n (a).) |               |                            |             |             |
| 6 | Enter the net total of each column as indicated below:                             |         |               |                            |             |             |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract lin                                     | e 5     | 117,196       |                            |             |             |

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|   | (Election required—see instructions)  |         |  |        |
|---|---|---------|--|--------|
| С | Treated as distributions out of corpus (Election required—see instructions)           | 0       |  |        |
| d | Applied to 2019 distributable amount  |         |  | 71,868 |
| е | Remaining amount distributed out of corpus  |         |  |        |
| 5 | Excess distributions carryover applied to 2019.                                       | 248     |  | 248    |
|   | (If an amount appears in column (d), the<br>same amount must be shown in column (a).) |         |  |        |
| 6 | Enter the net total of each column as<br>indicated below:                             |         |  |        |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                     | 117,196 |  |        |
|   |   |         |  |        |

33.012

84,184

26.954

30,475

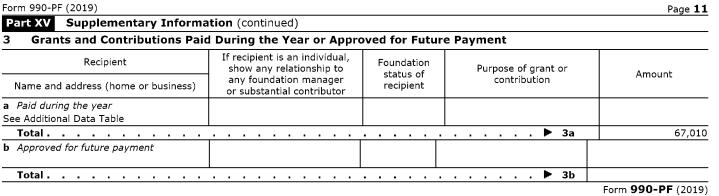
15,507

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines: JUNE 1 & NOVEMBER 1

grant expires?10. Is the proposed budget for the project realistic?

Criteria to be used by grant review committee in evaluating a grant application1. Is the purpose of the proposed project clear?2. Is the need for the proposed project clearly stated and justified?3. How will the proposed project help meet the need?4. Who will be served by the project? Are specific target populations identified?5. Is anyone else in the community offering this or a similar program? If so, is duplication advisable? How will cooperation/collaboration be initiated?6. Is the applicant the appropriate one to carry out the proposed project? Why?7. If an organization, who [staff or volunteer(s)] will be responsible for the proposed project?How are they qualified?8. Is an evaluation of the project planned? Are therecheck points along the way to monitor theproject if approved and funded?9. How will the proposed project be supported after therequested



| nter gross amounts unless otherwise indicated.  |  | Unrelated bu                               | siness income                  | Excluded by section                 | 512, 513, or 514     | (e)<br>Related or exempt               |  |
|---|--|--|--------------------------------|-------------------------------------|----------------------|--|--|
| L Program service i   | revenue:   | (a)<br>Business code                       | <b>(b)</b><br>Amount           | (c)<br>Exclusion code               | <b>(d)</b><br>Amount | function income<br>(See instructions.) |  |
| a   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
|   | acts from government agencies  |  |                                |                                     |                      |  |  |
|   | s and assessments  |  |                                |                                     |                      |  |  |
|   | gs and temporary cash  |  |                                |                                     |                      |  |  |
| Dividends and in  | terest from securities   |  |                                | 14                                  | 35,066               |  |  |
| Net rental incom  | e or (loss) from real estate:  |  |                                |                                     |                      |  |  |
|   | property   |  |                                |                                     |                      |  |  |
|   | ced property   |  |                                |                                     |                      |  |  |
|   | e or (loss) from personal property   | -  |                                | +                                   |                      |  |  |
|   | t income   |  |                                |                                     |                      |  |  |
| , ,   |  |  |                                | 18                                  | 29,846               |  |  |
| •   | oss) from special events:  |  |                                | 10                                  | 29,040               |  |  |
| •   | oss) from sales of inventory   |  |                                |                                     |                      |  |  |
| L Other revenue:  | ,,   |  |                                |                                     |                      |  |  |
| a MISCELLANEOUS   | INCOME   |  |                                | 1                                   |                      | 1,189                                  |  |
|   |  |  |                                |                                     |                      |  |  |
| с   |  |  |                                |                                     |                      |  |  |
| d   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
|   |  |  |                                |                                     |                      |  |  |
| Subtotal. Add co  | lumns (b), (d), and (e)  |  |                                |                                     | 64,912               |  |  |
| 2 Subtotal. Add co<br>3 Total. Add line 1   | lumns (b), (d), and (e)<br>.2, columns (b), (d), and (e)   |  |                                | 13                                  | 64,912               |  |  |
| 2 Subtotal. Add co<br>3 Total. Add line 1<br>(See worksheet i                             | lumns (b), (d), and (e)  | lations.)                                  |                                |                                     |                      |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explain          | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explain          | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explain          | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explain the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explair the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explain the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explain the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explain the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B  Explain the acc            | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re ine No. Explair the acc  | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    | 1,189                                  |  |
| Subtotal. Add co Total. Add line 1 (See worksheet i art XVI-B Re Line No. Explair the acc | lumns (b), (d), and (e).  2, columns (b), (d), and (e).  n line 13 instructions to verify calcuelationship of Activities to the below how each activity for which complishment of the foundation's expenses. | lations.)  ne Accomplish income is reporte | ment of Exemed in column (e) o | pt Purposes of Part XVI-A contribut | ed importantly to    |  |  |

| Fo | rm 990-PF       | (2019)                           |  |   |           | Pa     | ge <b>13</b> |
|----|-----------------|----------------------------------|--|---|-----------|--------|--------------|
|    | Part XVII       | Information Re<br>Exempt Organiz |  | ions and Relationships With Nonchari  | table     |        |              |
| 1  |                 |                                  | directly engage in any of the following with a organizations) or in section 527, relating to | any other organization described in section 501 political organizations?  |           | Yes    | No           |
| a  | Transfers       | from the reporting foun          | dation to a noncharitable exempt organization  | on of:  |           |        |              |
|    | <b>(1)</b> Cash |                                  |  |   | 1a(1)     |        | No           |
|    | (2) Othe        | r assets                         |  |   | 1a(2)     |        | No           |
| Ŀ  | Other tran      |                                  |  |   |           |        |              |
|    | (1) Sales       | s of assets to a nonchari        | itable exempt organization   |   | 1b(1)     |        | No           |
|    | (2) Purcl       | hases of assets from a n         | noncharitable exempt organization  |   | 1b(2)     |        | No           |
|    | (3) Rent        | al of facilities, equipmer       | nt, or other assets  |   | 1b(3)     |        | No           |
|    | <b>(4)</b> Reim | bursement arrangemen             | ts   |   | 1b(4)     |        | No           |
|    | <b>(5)</b> Loan | s or loan guarantees.            |  |   | 1b(5)     |        | No           |
|    | (6) Perfo       | rmance of services or m          | embership or fundraising solicitations   |   | 1b(6)     |        | No           |
| c  | Sharing o       | f facilities, equipment, n       | nailing lists, other assets, or paid employees   |   | 1c        |        | No           |
| c  | of the goo      | ods, other assets, or serv       | vices given by the reporting foundation. If th   | olumn (b) should always show the fair market of the foundation received less than fair market values goods, other assets, or services received. |           |        |              |
| (a | ) Line No.      | (b) Amount involved              | (c) Name of noncharitable exempt organization  | (d) Description of transfers, transactions, and sha   | ring arra | ngemer | ts           |
|    |                 |                                  |  |   |           |        |              |
|    |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |
| _  |                 |                                  |  |   |           |        |              |

|                    | ·                        | ectly affiliated with, or related to, one or more than section 501(c)(3)) or in section 527? | <u> </u> | ☑ No |
|--------------------|--------------------------|--|----------|------|
| <b>b</b> If "Yes.' | complete the following s | chedule.   |          |      |

(a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2020-11-16 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No

Paid

PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00187426 employed ▶ 🔲 Deborah R Jordan **Preparer** SQUYRES JOHNSON SQUYRES & CO LLP Firm's EIN ▶75-0699590 **Use Only** Firm's address ▶ 821 ESE LOOP 323 STE 100 Phone no. (903) 597-2021 TYLER, TX 75701

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 10 UNIT FT SAB BKRS DOZ JAN 2018 Ρ 2018-09-25 2019-01-18 MORGAN STANLEY ST COV Р 2019-01-01 2019-12-31 MORGAN STANLEY ST NONCOV Р 2019-01-01 2019-12-31 MORGAN STANLEY LT COV Р 2018-01-01 2019-12-31 Ρ MORGAN STANLEY LT NONCOV 2018-01-01 2019-12-31 Capital Gain Dividends Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 77 92 -15 516,038 523,638 -7,600 7,730 7,778 -48 480,123 448,359 31,764 23,484 24,567 -1,083 6,828 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any -15 -7,600 -48 31,764 -1,083

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 |                            |           |                      |       |
| ALZHEIMERS ALLIANCE    | NONE                       | 501(C)(3) | RESEARCH & TREATMENT | 1,010 |

| Tyler, TX 75701                    |      |           |                      |   |
|------------------------------------|------|-----------|----------------------|---|
| HOSPICE OF EAST TEXAS4111 Spur 248 | NONE | 501(C)(3) | RESEARCH & TREATMENT | 2 |

Total .

| ı | Tylei, IX 75701                                       |      |           |                      |      |
|---|---|------|-----------|----------------------|------|
|   | HOSPICE OF EAST TEXAS4111 Spur 248<br>Tyler, TX 75701 | NONE | 501(C)(3) | RESEARCH & TREATMENT | 2,00 |
| ı |   |      |           |                      |      |

| HOSPICE OF EAST TEXAS4111 Spur 248<br>Tyler, TX 75701 | NONE | 501(C)(3) | RESEARCH & TREATMENT | 2,000 |
|---|------|-----------|----------------------|-------|
| FEED THE CHILDRENPO Box 36                            | NONE | 501(C)(3) | GENERAL FUND         | 2,000 |

| Tyler, TX 75701            |      |           |              |       |
|----------------------------|------|-----------|--------------|-------|
| FEED THE CHILDRENPO Box 36 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |

| 1,101,111 ,010  |      |           |              | i     |
|---|------|-----------|--------------|-------|
| FEED THE CHILDRENPO Box 36<br>Oklahoma City, OK 73101 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |

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                 |      |           |              |       |
|--|------|-----------|--------------|-------|
| MEALS ON WHEELS<br>3001 ROBERTSON ROAD | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| 3001 ROBERTSON ROAD<br>TYLER, TX 75701 |      |           |              |       |
|--|------|-----------|--------------|-------|
| PEOPLE ATTEMPTING TO HELP              | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| 11LER, 1X 75701  |      |           |              |       |
|--|------|-----------|--------------|-------|
| PEOPLE ATTEMPTING TO HELP<br>402 W FRONT ST<br>TYLER, TX 75702 | NONE | 501(C)(3) | GENERAL FUND | 1,000 |

| 402 W FRONT ST<br>TYLER, TX 75702 | IVONE | 301(0)(3) | GENERAL TOND | 1,000 |
|-----------------------------------|-------|-----------|--------------|-------|
| MERCY SHIPSPO BOX 1930            | NONE  | 501(C)(3) | PROGRAMS     | 5,000 |

| TYLER, TX 75702        |      |           |          |       |
|------------------------|------|-----------|----------|-------|
| MERCY SHIPSPO BOX 1930 | NONE | 501(C)(3) | PROGRAMS | 5,000 |

| TYLER, TX 75702        |      |           |          |      |
|------------------------|------|-----------|----------|------|
| MERCY SHIPSPO BOX 1930 | NONE | 501(C)(3) | PROGRAMS | 5,00 |

Total .

| MERCY SHIPSPO BOX 1930  | NONE | 501(C)(3) | PROGRAMS | 5,00 |
|-------------------------|------|-----------|----------|------|
| GARDEN VALLEY, TX 75771 |      | ` ` ` ` ' |          | ,    |

| IERCI SHIFSFO BOX 1930  | INONE | LIVOGIVAND | 3,00 |
|-------------------------|-------|------------|------|
| SARDEN VALLEY, TX 75771 |       |            |      |
|                         |       |            |      |

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)

| Litamo ana adarese (neme er basinese)               | or substantial contributor |           |  |       |
|---|----------------------------|-----------|--|-------|
| a Paid during the year                              |                            |           |  |       |
| THERAPET FOUNDATIONPO BOX 130118<br>TYLER, TX 75713 | NONE                       | 501(C)(3) | PROMOTE HEALING OR ACUTE<br>OR CHRONICALLY ILL THROUGH<br>AID OF TRAINED ANIMALS | 5,000 |

| SALVATION ARMY 633 N BROADWAY AVE TYLER, TX 75702  NONE  501(C)(3)  GENERAL FUND  2,000 |                    |      |           | AID OF TRAINED ANIMALS |       |
|---|--------------------|------|-----------|------------------------|-------|
|   | 633 N BROADWAY AVE | NONE | 501(C)(3) | GENERAL FUND           | 2,000 |

| SALVATION ARMY<br>633 N BROADWAY AVE<br>TYLER, TX 75702 | NONE | 501(C)(3) | GENERAL FUND | 2,000 |
|---|------|-----------|--------------|-------|
| ST ATHANASIUS CHURCH<br>160 N RENGSTORFF                | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| 633 N BROADWAY AVE<br>TYLER, TX 75702                               |      |           |              |       |
|---|------|-----------|--------------|-------|
| ST ATHANASIUS CHURCH<br>160 N RENGSTORFF<br>MOUNTAIN VIEW, CA 94043 | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| TYLER, TX 75702   |      |           |              |        |
|---|------|-----------|--------------|--------|
| ST ATHANASIUS CHURCH<br>160 N RENGSTORFF<br>MOUNTAIN VIEW, CA 94043 | NONE | 501(C)(3) | GENERAL FUND | 5,000  |
| Total   |      |           | ▶ 3a         | 67,010 |

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

| a Paid during the year                                       |      |           |  |       |
|--|------|-----------|--|-------|
| ST VINCENT DEPAUL<br>410 S COLLEGE AVENUE<br>TYLER, TX 75701 | NONE | 501(C)(3) | INDIVIDUAL & FAMILY SOCIAL<br>SERVICES | 1,000 |
|  |      |           |  |       |

2,000

67,010

| Tyler, TX 75710  | NONE | E00(A)(3) | CARITAL CAMBAICAL |  |
|--|------|-----------|-------------------|--|
| ST PAULS CHILDRENS FOUNDATION<br>1358 East Richards Street | NONE | 501(C)(3) | CHILDREN CARE     |  |
|  |      |           |                   |  |

or substantial contributor

Name and address (home or business)

Total .

| 1358 East Richards Street<br>Tyler, TX 75710 |      |           |                  |       |
|--|------|-----------|------------------|-------|
| SUBIACO ACADEMY FOUNDATION PO BOX 50         | NONE | 509(A)(3) | CAPITAL CAMPAIGN | 5,000 |

| Tyler, TX 75710   |         |                          |       |
|---|---------|--------------------------|-------|
| SUBIACO ACADEMY FOUNDATION NONE PO BOX 50 SUBIACO, AR 72865 | NE 509( | 9(A)(3) CAPITAL CAMPAIGN | 5,000 |

| SUBIACO ACADEMY FOUNDATION | NONE | 509(A)(3) | CAPITAL CAMPAIGN | 5,000 |
|----------------------------|------|-----------|------------------|-------|
| PO BOX 50                  |      |           |                  |       |
| SUBIACO, AR 72865          |      |           |                  |       |
|                            |      |           |                  |       |

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                                  |                            |           |  |        |
| UNIV OF TX HEALTH SCIENCE CENTER<br>TY<br>11937 HWY 271 | NONE                       | 501(C)(3) | LUNG INJURY RESEARCH & PRESIDENT'S COUNCIL | 10,000 |

| 11937 HWY 271<br>TYLER, TX 75708   |      |           |                |       |
|--|------|-----------|----------------|-------|
| HABITAT FOR HUMANITY OF SMITH CO<br>822 W FRONT STREET<br>TYLER TX 75702 | NONE | 501(C)(3) | BUILDING HOMES | 1,000 |

| HABITAT FOR HUMANITY OF SMITH CO<br>822 W FRONT STREET<br>TYLER, TX 75702 | NONE | 501(C)(3) | BUILDING HOMES | 1,000 |
|---|------|-----------|----------------|-------|
| EAST TEXAS CRISIS CENTER<br>PO BOX 7060                                   | NONE | 501(C)(3) | PROGRAMS       | 1,000 |

| HABITAT FOR HUMANITY OF SMITH CO<br>822 W FRONT STREET<br>TYLER, TX 75702 | NONE | 501(C)(3) | BUILDING HOMES | 1,000 |
|---|------|-----------|----------------|-------|
| EAST TEXAS CRISIS CENTER<br>PO BOX 7060                                   | NONE | 501(C)(3) | PROGRAMS       | 1,000 |

| TYLER, TX 75702  |      |           |          |        |
|--|------|-----------|----------|--------|
| EAST TEXAS CRISIS CENTER<br>PO BOX 7060<br>TYLER, TX 75711 | NONE | 501(C)(3) | PROGRAMS | 1,000  |
| Total  |      |           | ▶ 3a     | 67,010 |

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)

| Name and address (nome or business) | or substantial contributor | ·         |          |       |
|-------------------------------------|----------------------------|-----------|----------|-------|
| a Paid during the year              |                            |           |          |       |
| HIWAY 80 RESCUE MISSION             | NONE                       | 501(C)(3) | PROGRAMS | 3,000 |

| PO BOX 3223<br>LONGVIEW, TX 75606   |      | (-)(-)   |              | -,    |
|-------------------------------------|------|----------|--------------|-------|
| CATHEDRAL OF THE IMMACULATE CONCEPT | NONE | 50(C)(3) | GENERAL FUND | 5,000 |

| LONGVIEW, IX 75000  |      |          |              |       |
|---|------|----------|--------------|-------|
| CATHEDRAL OF THE IMMACULATE<br>CONCEPT<br>423 SOUTH BROADWAY<br>TYLER, TX 75702 | NONE | 50(C)(3) | GENERAL FUND | 5,000 |

| CONCEPT<br>423 SOUTH BROADWAY<br>TYLER, TX 75702 |      | ,,,,      |              | ,     |
|--|------|-----------|--------------|-------|
| EAST TEXAS FOOD BANK                             | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| 423 SOUTH BROADWAY<br>TYLER, TX 75702       |      |           |              |       |
|---|------|-----------|--------------|-------|
| EAST TEXAS FOOD BANK<br>3201 ROBERTSON ROAD | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| TYLER, TX 75702  |      |           |              |       |
|--|------|-----------|--------------|-------|
| EAST TEXAS FOOD BANK<br>3201 ROBERTSON ROAD<br>TYLER, TX 75701 | NONE | 501(C)(3) | GENERAL FUND | 5,000 |

| 3201 ROBERTSON ROAD<br>TYLER, TX 75701 | NONE | 301(0)(3) | SENERAL FORD | 3,000  |
|--|------|-----------|--------------|--------|
| Total                                  |      |           | ▶ 3a         | 67,010 |

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

recipient

1 000

67,010

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

any foundation manager

Name and address (home or business)

Total .

| ,  | or substantial contributor |           |          |       |
|--|----------------------------|-----------|----------|-------|
| a Paid during the year                                       |                            |           |          |       |
| CHILDREN'S ADVOCACY<br>2210 FRANKSTON HWY<br>TYLER, TX 75701 | NONE                       | 501(C)(3) | PROGRAMS | 1,000 |

| 11EER, 1X 73701   |      |           |          |   |
|---|------|-----------|----------|---|
| CHURCH UNDER THE BRIDGE<br>215 W VALENTIN ST<br>TYLER, TX 75702 | NONE | 501(C)(3) | PROGRAMS | 1 |
|   |      |           |          |   |

| 215 W VALENTIN ST<br>TYLER, TX 75702  | NONE | 301(0)(3) | TROGRAMS | 1,000 |
|---------------------------------------|------|-----------|----------|-------|
| GREYHOUNDS UNLIMITED<br>PO BOX 703967 | NONE | 501(C)(3) | PROGRAMS | 3,000 |

| TYLER,TX 75702  |      |           |          |       |
|---|------|-----------|----------|-------|
| GREYHOUNDS UNLIMITED<br>PO BOX 703967<br>DALLAS, TX 75370 | NONE | 501(C)(3) | PROGRAMS | 3,000 |

| GREYHOUNDS UNLIMITED<br>PO BOX 703967<br>DALLAS, TX 75370 | NONE | 501(C)(3) | PROGRAMS | 3,000 |
|---|------|-----------|----------|-------|
|   |      | •         |          |       |

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 (nome or business) | or substantial contributor |           |         |       |
|-------------------------------------|----------------------------|-----------|---------|-------|
| a Paid during the year              |                            |           |         |       |
| NICHOLAS PET HAVEN12903 TX-155      | NONE                       | 501(C)(3) | GENERAL | 1,000 |

67,010

| NICHOLAS PET HAVEN12903 TX-155<br>TYLER, TX 75703 | NONE | 501(C)(3) | GENERAL | 1 |
|---|------|-----------|---------|---|
|   |      |           |         |   |

Name and address (home or husiness)

| efile GRAPHIC print - DO NOT PROCI | ESS As Filed D         | ata -                    | DI                     | N: 93491321062570                           |  |  |  |
|------------------------------------|------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Accounting Fees Schedule   |                        |                          |                        |   |  |  |  |
|                                    |                        |                          |                        |   |  |  |  |
| Na                                 | me: THE SALI           | EH FOUNDATION            |                        |   |  |  |  |
| I .                                | <b>EIN:</b> 27-0432844 |                          |                        |   |  |  |  |
| Software                           | ID: 1900992            | 0                        |                        |   |  |  |  |
| Software Vers                      | ion: 2019v5.0          | )                        |                        |   |  |  |  |
| Category                           | Amount                 | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| TAX PREP                           | 5,007                  | 4,506                    | 0                      | 501   |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Da          | ata -                             | DLN                      | l: 93491321062570   |  |  |  |  |  |
|--------------------------------------|----------------------|-----------------------------------|--------------------------|---------------------|--|--|--|--|--|
| TY 2019 Other Income Schedule        |                      |                                   |                          |                     |  |  |  |  |  |
| Nama                                 | THE CALELL           |                                   |                          |                     |  |  |  |  |  |
| Name:                                | THE SALEH FOUNDATION |                                   |                          |                     |  |  |  |  |  |
| EIN:                                 | 27-0432844           |                                   |                          |                     |  |  |  |  |  |
| Software ID:                         | 19009920             |                                   |                          |                     |  |  |  |  |  |
| Software Version:                    | 2019v5.0             |                                   |                          |                     |  |  |  |  |  |
| Other Income Schedule                |                      |                                   |                          |                     |  |  |  |  |  |
| Description                          |                      | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |  |  |  |
|                                      |                      |                                   |                          |                     |  |  |  |  |  |

1,189

MISCELLANEOUS INCOME

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |          | D                                 | LN: 93491321062570          |
|--------------------------------------|-----------------|----------|-----------------------------------|-----------------------------|
| TY 2019 Other Liabilities Sche       | dule            |          |                                   |                             |
|                                      |                 |          |                                   |                             |
| Name:                                | THE SALEH FO    | UNDATION |                                   |                             |
| EIN:                                 | 27-0432844      |          |                                   |                             |
| Software ID:                         | 19009920        |          |                                   |                             |
| Software Version:                    | 2019v5.0        |          |                                   |                             |
| Description                          | n               |          | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
| CHECKS IN EXCESS OF CASH             |                 |          |                                   | 6,105                       |

| efile GRAPHIC print - DO NOT PROCE       | SS As Filed Data    | -                        | DLN                    | N: 93491321062570                           |  |  |  |
|--|---------------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Other Professional Fees Schedule |                     |                          |                        |   |  |  |  |
|  |                     |                          |                        |   |  |  |  |
| Nar                                      | me: THE SALEH       | FOUNDATION               |                        |   |  |  |  |
| <b>EIN:</b> 27-0432844                   |                     |                          |                        |   |  |  |  |
| <b>Software ID:</b> 19009920             |                     |                          |                        |   |  |  |  |
| Software Versi                           | <b>on:</b> 2019v5.0 |                          |                        |   |  |  |  |
| Category                                 | Amount              | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| CONSULTING & ADVISORY FEES               | 18,158              | 16,342                   | 0                      | 1,816                                       |  |  |  |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data      | -                        | DLI                    | N: 93491321062570                           |
|-------------------------------------|-----------------------|--------------------------|------------------------|---|
| TY 2019 Taxes Schedule              |                       |                          |                        |   |
|                                     |                       |                          |                        |   |
| Nan                                 | ne: THE SALEH F       | FOUNDATION               |                        |   |
| E7                                  | <b>IN:</b> 27-0432844 | !                        |                        |   |
| <b>Software ID:</b> 19009920        |                       |                          |                        |   |
| Software Version                    | on: 2019v5.0          |                          |                        |   |
| Category                            | Amount                | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| FEDERAL INCOME TAX                  | 431                   |                          | 1                      |   |
| FOREIGN TAX                         | 819                   | 819                      |                        |   |
| PAYROLL TAXES                       | 1,805                 | 1,624                    |                        | 181   |