Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

2019

For calendar year 2019 or tax year beginning and ending A Employer identification number Name of foundation THE ARIZONA FAMILIES FOUNDATION, 30-0238760 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 11429 ST ANDREWS LANE 317-638-3900 City or town, state or province, country, and ZIP or foreign postal code CARMEL, IN 46032 Initial return Initial return of a former public charity G Check all that apply: D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization; E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 249, 365. (Part I, column (d), must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income Contributions, gifts, grants, etc., received 61,100 N/A Check In the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 38 38 STATEMENT Dividends and interest from securities 3,078. 3.078 STATEMENT 5a Gross rents b Net rental income or (loss) -4,2106a Net gain or (loss) from sale of assets not on line 10 61,265. 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 3,116 12 Total Add lines 1 through 11 60,006. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 990 0 STMT 3 **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 990 60,000. 60,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 60,990 0 60,000. Add lines 24 and 25 27 Subtract line 26 from line 12: -9848 Excess of revenue over expenses and disbursements 3,116. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

249,365.

5 Decreases not included in line 2 (itemize)

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

_		ARIZONA FAMILIE			VC.		30-023	8760	Page 3
L		and Losses for Tax on In			. 11				
		the kind(s) of property sold (for exar rehouse; or common stock, 200 shs		(D	How acqui P - Purchas D - Donation	rea e 1	c) Date acquired (mo., day, yr.)	(d) Date (mo., da	
18	a 10% LAND AT 57	09 HANNA AVE, IN	DPLS.		D		08/09/19	08/1	9/19
	CHARLES SCHWAB	(3169-8151)			P	7	/ARIOUS	12/3	1/19
	c CHARLES SCHWAB	(3169-8151)			P	7	/ARIOUS	12/3	1/19
-	d CAPITAL GAINS					İ			
	e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba				(h) Gain or (loss ((e) plus (f) minus (
_	a 61,100.	0.	65	,877.				_ 1	,777.
_	b			, 0 , , ,	<u> </u>				510.
_				-	-				-108.
	d 165.				 				165.
	-	· · · · · · · · · · · · · · · · · · ·							165.
_			L . f		ļ				
	Complete only for assets snowin	g gain in column (h) and owned by t			4		Gams (Col. (h) gam k), but not less thar		
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col.			COI. (Losses (from col (
_	(1) 1111 20 01 1270 1700	as of 12/31/69	over col (j), if an	ly				··	
_6	а						·	<u> </u>	<u>,777.</u>
_1	b								510.
_	c								-108.
_	d								165.
_	e								
		∫ If gain, also enter	in Part I line 7	٦					
2	Capital gain net income or (net ca			J	2			-4	,210.
3		s) as defined in sections 1222(5) and	J (6).	``					
	If gain, also enter in Part I, line 8,	column (c).		•			27 / 2		
	If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Dadwaad Tay an	Not In	3	1 1	N/A		
Ц.	·					it iiicc	ille		
(۲	or optional use by domestic private	foundations subject to the section 4	910(a) tax on not invoctm	iont incon	ne)			N/A	
lf:	section 4940(d)(2) applies, leave th	us part blank.							
•••								_	_
		ion 4942 tax on the distributable ami	• •	se periodí	?			Yes	∟ No
_		y under section 4940(e). Do not com							
1	 	ach column for each year; see the in	structions before making	any entrie	12.				
	(a) Base period years	(b)		(0			Distrib	(d) ution ratio	
	Calendar year (or tax year beginnir	ig in) Adjusted qualifying dist	ributions Net value	of nonch	arıtable-use	assets	(col. (b) div	ided by col	(c))
	2018								
	2017		·						
	2016								
_	2015								
	2014								
7							1		
2									
	Total of line 1 column (d)						,		
	Total of line 1, column (d)	. year hann narrad . duude the total o	a liga O by E O as by the s	oumbar at	Lugara		2	<u>.</u>	
	Average distribution ratio for the 5	i-year base period - divide the total o	n line 2 by 5.0, or by the r	number of	years				. <u> </u>
			n line 2 by 5.0, or by the r	number of	years		3		
3	Average distribution ratio for the 5 the foundation has been in exister			number of	years				
3	Average distribution ratio for the 5 the foundation has been in exister	ice if less than 5 years		number of	years		3		
3	Average distribution ratio for the 5 the foundation has been in exister	ice if less than 5 years		number of	' years		3		
3 4 5	Average distribution ratio for the 5 the foundation has been in exister Enter the net value of noncharitab	ice if less than 5 years le-use assets for 2019 from Part X, li		number of	years		3		
3 4 5	Average distribution ratio for the 5 the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3	ice if less than 5 years le-use assets for 2019 from Part X, li		number of	years		3 4 5		
3 4 5 6	Average distribution ratio for the 5 the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3	ice if less than 5 years le-use assets for 2019 from Part X, li		number of	years 		3 4 5		
3 4 5 6	Average distribution ratio for the 5 the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3 Enter 1% of net investment income	ice if less than 5 years le-use assets for 2019 from Part X, li e (1% of Part I, line 27b)		number of	years		3 4 5 6		

	1990-PF (2019) THE ARIZONA FAMILIES FOUNDATIO					<u>)2387</u>		Pa	_
	rt VI Excise Tax Based on Investment Income (Section 4940			40(e), or 4	948 -	see ins	struc	tion	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🚻 and en	iter "N/A" (on line 1.	Ì					i
	Date of ruling or determination letter (attach copy of letter if nece	essary-se	e instruction	ıs)	-				l
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	- 🔲 an	nd enter 1%	}	1		<u>N/A</u>		
	of Part I, line 27b				1 1				ı
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I,	, line 12, col.	(b)					_ !
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth				2				
	Add lines 1 and 2				3				
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other	hers, ente	er -0-)		4				
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	,		5				0.
6	Credits/Payments:								
	2019 estimated tax payments and 2018 overpayment credited to 2019	6a		0.					1
	Exempt foreign organizations - tax withheld at source	6b		0.					- 1
	Tax paid with application for extension of time to file (Form 8868)	6c	·	0.	-(Į.
	Backup withholding erroneously withheld	6d		0.					- 1
	·	00			7				0.
	Total credits and payments. Add lines 6a through 6d	shad			8				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	VIIEG		_	9				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				10				<u> </u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		, ,	D . (4 4					
	Enter the amount of line 10 to be: Credited to 2020 estimated tax Int VII-A Statements Regarding Activities			Refunded >	11_				
_								'es l	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or o	iid it participa	ite or intervent	e in	-		63	
	any political campaign?			f the def			1a	+	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				iition	-	<u>1b</u>	\dashv	<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	t any mat	erials publist	ned or		i			1
	distributed by the foundation in connection with the activities.						 - -	· ~- -	
	Did the foundation file Form 1120-POL for this year?						1c		<u>X</u>
. d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year.				- 1	- 1		ì
				^				- 1	i
	(1) On the foundation. \$ 0. (2) On foundation managers	> \$ _		0.	_				j
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	> \$ _			-				
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \blacktriangleright \$0 .	► \$ _ ture tax in			-	-			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$ 0.\$ Has the foundation engaged in any activities that have not previously been reported to the IR	► \$ _ ture tax in			-	-	2		x
2	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$\int\ 0.\$ Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities.	► \$ _ ture tax in	nposed on fo	undation	-		2		X
2	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$ 0.\$ Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in	► \$ _ ture tax in	nposed on fo	undation	-				
2	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	sture tax in	nposed on fo	undation	-	-	3		X
2	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$ 0.\$ Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in	sture tax in	nposed on fo	undation	or	<u> </u>	3 4a		
2 3 4a b	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigs\) \(\b	sture tax in	nposed on fo	undation	-	<u> </u>	3 4a 4b		<u>X</u> <u>X</u>
2 3 4a b	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigs\) \(\b	sture tax in	nposed on fo	undation	or	<u> </u>	3 4a		X
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcup \) \(\bigcu	s_ture tax in	nposed on fo	undation	or	<u> </u>	3 4a 4b		<u>X</u> <u>X</u>
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcup \) \(\bigcu	s_ture tax in	nposed on fo	undation	or	<u> </u>	3 4a 4b		<u>X</u> <u>X</u>
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcup \) \(\bigcu	s_ture tax in	nposed on fo	undation	or	<u> </u>	3 4a 4b		<u>X</u> <u>X</u>
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcup \) \(\bigcu	sture tax in	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b		X X
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$ 0. Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit By language in the governing instrument, or	sture tax in	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b 5		<u>X</u> <u>X</u>
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcirc \) \(\bi	sture tax in	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b 5		X X
2 3 4a b 5	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcirc \) \(\bi	sture tax in	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b 5		X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \(\bigcirc \) \(\bi	ture tax in as? astrument r? ther: direction lete Part I	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b 5		X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. • S • O • Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year?	ture tax in as? astrument r? ther: direction lete Part I	nposed on fo	ncorporation,	or N/	<u> </u>	3 4a 4b 5		X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \$	ture tax in ass? Instrument To direction lete Part I	nposed on fo	ncorporation, ct with the stat	or N/	<u> </u>	3 4a 4b 5	X	X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. **D** **D** **Las the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. **Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a tax return on Form 990-T for this year? **Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by **General Instruction T** **Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit* **By language in the governing instrument, or* **By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument?* **Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the states to which the foundation reports or with which it is registered. See instruction IN	ture tax in ass? Instrument To direction lete Part I	nposed on fo	ncorporation, ct with the stat	or N/	'A -	3 4a 4b 5		X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. •	ture tax in as? as? ther: direction lete Part I as. thorage thorage direction get fraction get get fraction get fraction get fraction get fraction get get fraction get fraction get fraction get fraction get get fraction get get fraction get fraction get fraction get fraction get get fraction get get fraction get get fraction get get get get get get get ge	nposed on fo	ncorporation, of with the stated Part XV	or N/	'A -	3 4a 4b 5	X	X X
2 3 4a b 5 6	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. • S • O • Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," completing the states to which the foundation reports or with which it is registered. See instruction IN If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At of each state as required by General Instruction G? If "No," attach explanation	ture tax in ass? ass? astrument construment construme	nposed on for t, articles of it ns that conflict I, col. (c), an eneral (or des	ncorporation, of with the stated Part XV	or N/	'A -	3 4a 4b 5	X	X X
2 3 4a b 5 6 7 8a b	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. • S • O • Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," completion that foundation have at least \$5,000 in assets at any time during the year? If "Yes," completing the states to which the foundation reports or with which it is registered. See instruction IN If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of sec	ture tax in ass? ass? astrument construment construme	nposed on for t, articles of i	ncorporation, ct with the state d Part XV signate)	or N/	'A -	3 4a 4b 5	X	x x x

Pa	art VII-A Statements Regarding Activities (continued)		-	
		T	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	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?	<u> </u>		
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
	Website address ► N/A	_ 10	1 22	L
14	The books are in care of ► FRED A. OST, JR. Telephone no. ► 317-63	38-3	900	
17	Located at ▶50 SOUTH MERIDIAN STREET, SUITE 202, INDIANAPOLIS ZIP+4 ▶40			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	7201		$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	L
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		1
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		L	
تـــا	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1 2	During the year, did the foundation (either directly or indirectly):	<u> </u>		1
,,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			ĺ
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	,,,		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
·	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>		
•	defined in section 4942(j)(3) or 4942(j)(5)):	j ,		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			l
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	i		
	statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	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 2019 as a result of (1) any purchase by the foundation or disqualified persons after			1
	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			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			L
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		L
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Form 990-PF (2019) . THE ARIZONA FAMILIES FOU	NDATION, INC.		30-02387	<u>60 _</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (continu	ued)		
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	1 4945(e))?	Ye	s X No		1
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indir	ectly,			١,
any voter registration drive?			s X No		;
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No		٠,
(4) Provide a grant to an organization other than a charitable, etc., organization					1
4945(d)(4)(A)? See instructions		Ye	s X No		'
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?	,		s X No		{
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described		·		{
section 53.4945 or in a current notice regarding disaster assistance? See instru		J	N/A	ib	
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined]
expenditure responsibility for the grant?		√ I/A	s T No		li
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	•/			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav pramilime on				1
a personal benefit contract?	Jay premiums on	□ v _e	s X No		Í
	arcanal hanafit contract?			. Sb	$\bar{\mathbf{x}}^2$
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 '	,,,,	<u> </u>
If "Yes" to 6b, file Form 8870.	holter transportung?		s X No	ļ	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		· 16		7b	-
b If "Yes," did the foundation receive any proceeds or have any net income attribu		_	M/A	יט <u>י</u>	_
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o		s X No)
excess parachute payment(s) during the year?	Foundation Me				
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Ma	inagers, riigniy	/		
List all officers, directors, trustees, and foundation managers and ti	hoir compensation				
List all officers, directors, trustees, and foundation managers and to	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exr	nense
(a) Name and address	hòurs per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	, other
	to position	enter -0-)	compensation	allowa	nces
	PRESIDENT		٠		
11429 ST.ANDREWS LANE					^
CARMEL, IN 46032	0.00	0.	0.		<u>0.</u>
	SECRETARY, TH	EASURER			
11429 ST.ANDREWS LANE					^
CARMEL, IN 46032	0.00	0.	0.		0.
	DIRECTOR				
11429 ST.ANDREWS LANE					
CARMEL, IN 46032	0.00	0.	0.		0.
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	(d) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense Lother
(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) compensation	compensation	allowa	inces
NONE				•	
			,		
		<u> </u>			
		<u> </u>			
Total number of other employees paid over \$50,000					0
			Form	990-PF	(2019)

Part VIII Information About Officers, Directors, Trustees, Foundation		1238760 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	- 	
		
Total number of others receiving over \$50,000 for professional services	<u></u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen	ical information such as the uced, etc.	Expenses
1		
SEE STATEMENT 5		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	ines 1 and 2.	Amount
1 N/A		
		
2	 -	
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	180,318.
b	Average of monthly cash balances	1b	68,032.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	248,350.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.]]	
5	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	248,350.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,725.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	244,625.
<u> </u>	Minimum investment return Enter 5% of line 5	6	12,231.
P	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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	12,231.
2a.	Tax on investment income for 2019 from Part VI, line 5		
	Income tax for 2019 (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,231.
1	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12,231.
5	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	12,231.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		60.000
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	60,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	_60,000.
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	60,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	ne section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				12,231.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2019:		0.		
a From 2014 21,932	, ,		1	
b From 2015 18,655	'			
c From 2016 20,548	'			
d From 2017 47,187				
e From 2018	4			
f Total of lines 3a through e	108,322.		<u> </u>	
	100,322.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 60,000.	4		0.	
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.1			
(Election required - see instructions)				12,231.
d Applied to 2019 distributable amount	47 760			12,231.
e Remaining amount distributed out of corpus	47,769.		<u> </u>	
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	156,091.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of			1	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				1
not applied on line 5 or line 7	21,932.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	134,159.			
0 Analysis of line 9:				
a Excess from 2015 18,655				
b Excess from 2016 20,548				
c Excess from 2017 47,187				
d Excess from 2018				
e Excess from 2019 47,769	,			_

Part XIV Private Operating F	ZONA FAMILI	ES FOUNDAT	ION, INC.		38760 Page 1
				N/A	
1 a If the foundation has received a ruling of			,		
foundation, and the ruling is effective for			d .m aaatkaa	14040(3)(0) == 1111111111111111111111111111111111	\40(\)(E)
b Check box to indicate whether the found 2 a Enter the lesser of the adjusted net		ig toundation describe	Prior 3 years	4942(J)(3) or 49	942(j)(5)
	Tax year (a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2015	(0)2010	(6) 2517	(4) 2010	(c) rotar
investment return from Part X for					
each year listed					
b 85% of line 2a				 	
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		-	+		
alternative test relied upon:	İ				•
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)	[ľ		
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					\
an exempt organization				<u> </u>	
(4) Gross investment income	ļ <u> </u>		<u> </u>		
Part XV Supplementary Info			y if the foundation	n had \$5,000 or mo	ore in assets
at any time during t		uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation why year (but only if they have contributed r			ntributions received by the	e foundation before the clos	se of any tax
	nore than \$5,000). (See s	ection 507 (d)(2).)			
KATHLEEN M. OST b List any managers of the foundation whence where the foundation when the foundation whence where the fo		a stack of a paragratio	n /or an aqually large port	ion of the ownership of a p	nrtnorobio or
other entity) of which the foundation ha			i (or all equally large port	ion of the ownership of a pa	artifership of
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship, etc., I	Programs:		
Check here X If the foundation of			_	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	ber or email address of th	ne person to whom app	lications should be addres	ssed:	
FRED A OST, JR, 317					
11429 ST. ANDREWS LAN					
b The form in which applications should t			should include:		
N/A		•			
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable field	s, kinds of institutions, or	other factors	
TO BENEFIT CHRISTIAN					HIPS TO
STUDENTS ATTENDING C	HRISTIAN SC	HOOLS			

▶ 3b

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b			<u></u>		
c		_			-
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1	}	38.
4 Dividends and interest from securities			01	3,078.	
5 Net rental income or (loss) from real estate:	ļ		1 01	3,070.	
			-		
a Debt-financed property	ļ				
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property				ļ	
7 Other investment income					
8 Gain or (loss) from sales of assets other .]	, ,	
than inventory			01	165.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			<u> </u>		
1 Other revenue:					
a					
b			<u> </u>		
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		3,243.	-4,337.
3 Total Add line 12, columns (b), (d), and (e)				13	-1,094.
See worksheet in line 13 instructions to verify calculations)	_				
Part XVI-B Relationship of Activities to	n the Acc	omplishment of Ex	/emn	t Purnosas	
Tait XVI-B Netationship of Activities to					
Line No Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contrib	buted importantly to the accom	plishment of
the foundation's exempt purposes (other than t					
4 INVESTMENTS TO PROVIDE	FOR CH	ARITABLE FUN	CTI	ONS	
					<u> </u>
					
					
	 -				
	-	_			
		<u> </u>			
					
					

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organi	zation described	in section 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a ·	Transfers	from the reporting founda	ation to a noncharital	ole exempt or	ganization of:			1		•
((1) Cash							1a(1)		X
((2) Other	assets						1a(2)		X
b	Other tran	sactions:								
((1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		<u>X</u>
((2) Purch	nases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
((3) Renta	d of facilities, equipment,	or other assets					16(3)		X X X X
((4) Reim	bursement arrangements						1b(4)		<u>X</u> _
((5) Loan:	s or loan guarantees						1b(5)		<u>X</u>
		rmance of services or me	•	-				1b(6)		<u> </u>
		f facilities, equipment, ma						_1c		<u>X</u> _
							e fair market value of the goods,		ets,	
					ed less than fair market	value in any trans	saction or sharing arrangement,	how in		
		the value of the goods,								
(a)Lın	e no	(b) Amount involved	(c) Name of		exempt organization	(d) Des	scription of transfers, transactions, and	sharing arr	angeme	nts
			<u> </u>	N/A						
	_		-							
										
	_									
										
	_									
										
										
										
					_ _					
					<u></u>					
	_						_			
	- 									
22	s the four	ndation directly or indirect	ll	elated to one	or more tax-exempt or	anizations descr	nhed			
		501(c) (other than section			or more tax exempt org	junizations dosor	Γ	Yes	X	No
		emplete the following sch		30000021			_			
	100, 00	(a) Name of org			(b) Type of organization	on	(c) Description of relations	hip		
		N/A			<u> </u>					
									_	
		_/								
							d to the best of my knowledge	y the IRS c	liscuss t	his
Sig	nı,	elief, it is frue, correct, and con	nplete Degraration of pre	parentather than	n taxpayer) is based on all in	formation of which i	preparer has any knowledge ret	irn with the	e prepare	er str
Her	е	9000			0,100	PRE	SIDENT	X Yes		No
	(Sigr	ature of officer or trustee	7		Date	Title				
	-	Print/Type preparer's na	ıme	Preparer's si	gnature n	Date	Check if PTIN			_
				D., 1	$\sim \infty$		self- employed			
Pai		LEE R. FOR	D	war	CAL	05/26/	'20 P0	<u>1321</u>	<u>652</u>	
	parer	Firm's name ► FOR	D & COMPA	NY, IN	C.		Firm's EIN ► 35-2	1088	52	
Use	Only									
		Fırm's address ▶ 11	595 N MER	IDIAN	ST, SUITE	320				
		CA	RMEL, IN	46032			Phone no. (317)			
	<u> </u>						F	orm 990)-PF	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	Т	HE ARIZONA FAMILIES FOUNDATION, INC.	30-0238760
Organiz	zation type (check	one)	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	90-PF	X 501(c)(3) exempt private foundation	
•		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
X	•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total by one contributor. Complete Parts I and II. See instructions for determining a contribut	
Special	Rules		
	sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the arr Z, line 1 Complete Parts I and II	6a, or 16b, and that received from
	year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received fro outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ec lelty to children or animals Complete Parts I, II, and III	
	year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion omplete any of the parts unless the General Rule applies to this organization because only, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box ous, charitable, etc ,
but it m	ust answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

THE ARIZONA FAMILIES FOUNDATION, INC.

30-0238760

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREDERICK A. OST, JR. 11429 ST. ANDREWS LANE CARMEL, IN 46032	\$61,100.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE ARIZONA FAMILIES FOUNDATION, INC.

30-0238760

art II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	10% OF LAND AT 5709 HANNA AVENUE, INDIANAPOLIS, IN 46241	\$\$61,100.	_08/09/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	

Name of organization **Employer identification number** THE ARIZONA FAMILIES FOUNDATION, 30-0238760 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year (Enter this info once) > \$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVI	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		•) NUE OOKS		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
BMO HARRIS CHARLES SCHWAB 3169	-8151		33.	-	33.	
TOTAL TO PART I, LI	NE 3		38.		38.	
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R.	(A) EVENUE R BOOKS	(B) NET INVES MENT INCC	T- ADJUSTED
CALVERT FAIR FUND DISTRIBUTION CHARLES SCHWAB	18.		0.	18.	1	8.
3169-8151	3,225.	16	5.	3,060.	3,06	0.
TO PART I, LINE 4	3,243.	16	5.	3,078.	3,07	78.
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	CHARITABLE
ACCOUNTING FEES		990.		0.		0.
TO FORM 990-PF, PG	1, LN 16B	990.		0.		0.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

0.

	\			
FORM 990-PF	CORPORATE STOCK		STATEMENT	4
DESCRIPTION		BOOK VALUE	FAIR MARKET	Г
SCHWAB ACCOUNT 3169-5181		188,778.	188,7	78.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	188,778.	188,7	78.
FORM 990-PF SUMMARY OF ACTIVITY ONE THE FOUNDATION RECEIVES AND AN CHARITABLE AND EDUCATIONAL PURBLEARE, WITH THE SPECIFIC PURBLEDUCATION BY (A) PROVIDING AN GRANTS TO CHRISTIAN SCHOOLS, STUDENTS ATTENDING CHRISTIAN SCHOLARSHIPS TO CHRISTIAN STUDENTS ATTENDING CHRISTIAN SCHOLARSHIPS TO CHRISTIAN STUDENTS.	RPOSES, ALL FOR THE RPOSES TO BENEFIT C D DIRECTLY THROUGH (B) PROVIDING SCHOL SCHOOLS, AND (C) PR	OR RELIGIOUS, E PUBLIC CHRISTIAN GIFTS AND LARSHIPS TO ROVIDING	STATEMENT	5

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME		
BMO HARRIS CHARLES SCHWAB 3169-8151			33.		33. 5.		
TOTAL TO PART I, LI	NE 3		38.		38.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		R		NET INVES	(C) ST- ADJUSTE OME NET INCO	
CALVERT FAIR FUND DISTRIBUTION CHARLES SCHWAB	18		0.	18.	1	.8.	
3169-8151	3,225	. 16	5.	3,060.	3,06	50.	
TO PART I, LINE 4	3,243	16	5.	3,078.	3,07	78.	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	NVEST-	(C) ADJUSTED NET INCOM	CHARITAI	
ACCOUNTING FEES		990.		0.			0.
TO FORM 990-PF, PG	 1, LN 16B	990.	. -	0.			0.

FORM 990-PF	. CORPORATE STOC	CK 	STATEMENT	4
DESCRIPTION		BOOK VALUE	FAIR MARKES	r
SCHWAB ACCOUNT 31	69-5181	188,778.	188,7	78.
TOTAL TO FORM 990	-PF, PART II, LINE 10B	188,778.	188,7	78.
FORM 990-PF	SUMMARY OF DIRECT CHARITABL	Æ ACTIVITIES	STATEMENT	5
ACTIVITY ONE				
CHARITABLE AND EI	CCEIVES AND ADMINISTERS FUNDS DUCATIONAL PURPOSES, ALL FOR T E SPECIFIC PURPOSES TO BENEFIT	HE PUBLIC		

EDUCATION BY (A) PROVIDING AID DIRECTLY THROUGH GIFTS AND GRANTS TO CHRISTIAN SCHOOLS, (B) PROVIDING SCHOLARSHIPS TO STUDENTS ATTENDING CHRISTIAN SCHOOLS, AND (C) PROVIDING SCHOLARSHIPS TO CHRISTIAN STUDENTS ATTENDING COLLEGES AND UNIVERSITIES.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	0.