Return of Private Foundation

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶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.

For	calend	dar year 2019 or tax year beginning , a	and ending				
N	me of for	undation			A Emplo	yer identification number	
_		THE WALL PARTITION THE			20-	-0946019	
		D BY YOU FOUNDATION, INC.	l Pa	om/suite		one number (see instructions	<u></u>
		E SIERRA SUNSET TRAIL	100	Onvaine	в тетери	one number (see man octions	'
		n, state or province, country, and ZIP or foreign postal code			<u> </u>		
		CREEK AZ 85331			C if exem	ption application is pending,	check here .
		7-13	n of a former public cl	narity	D 1. For	ralgn organizations, chack ha	ro 🕨 🔲
_		Final return Amended		•	Z. For	reign organizations meeting ti	he
		Address change Name cha	nge	1	851	% test, check hore and attach	computation P
ш	Chack	type of organization: X Section 501(c)(3) exempt private	foundation	A) 1	Ē lipnya	te foundation status was term	ninsted under
Ë		n 4947(a)(1) nonexempt charitable trust Other taxable		()4		507(b)(1)(A), check here	
l F		rket value of all assets at J Accounting method	X Cash Acc	ruai	F If the fo	oundation is in a 60-month te	rmination ·
		rear (from Part II, col. (c), Other (specify)			I	section 507(b)(1)(B), check h	~ 1 1
		▶ \$ 1,619,202 (Part I, column (d), must	be on cash basis.)		İ		
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
•		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))		 			(cash basis only)
•	1	Contributions, gifts, grants, etc., received (attach schedule)	616,918				
١	2	Check ▶ ☐ If the foundation is not required to attach Sch. B	AC AC -	 		22 22 -	
1	3	Interest on savings and temporary cash investments	28,692		21,722	28,692	
	4	Dividends and interest from securities	14,988		14,988	14,988	
	5a	Gross rents					
e	b	Net rental income or (loss)	22 201				\
Kevenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	33,301				ECEIVED -
رة م	_b	Gross sales price for all assets on line 6a 602,416	DEOF	/FD IN C			1
	7	Capital gain net income (from Part IV, line 2)		KEDINC			UG 08/2020 \C
	8	Net short-term capital gain	IR	S-OSC	- ()]	- 181 "	VI V X CUZU
- -	9	Income modifications	Δι	R 02 2	121 	——— 	— / / / <u> </u>
	10a	Gross sales less returns and allowances		N U D L	<u> </u>		SDENSUT
7	b	Less Cost of goods sold Gross profit or (loss) (attach schedule)	OG	DEN, U	TAH		
-	11	Other manne (attack askedula)		20 (4) C	-		
	12	Other income (attach schedule) Total. Add lines 1 through 11	693,899		36,710	43,680	
	13	Compensation of officers, directors, trustees, etc.	14,500		30,710	43,000	
Expenses	14	Other employee salaries and wages					
ر ا	15	Pension plans, employee benefits					
onos Spelia	16a	Legal fees (attach schedule)					
	Ь	Accounting fees (attach schedule) Stmt 2	1,850	\			1,850
ē.	C	Other professional fees (attach schedule) Stmt 3	14,593	· · · · · · · · · · · · · · · · · · ·	14,593		
ā	17	Interest					
ist	18	Texes (attach schedule) (see instructions) Stmt 4	3,202		1,911		1,291
Operating and Administrativ	19	Depreciation (attach schedule) and depletion Stmt 5	285				
d T	20	Occupancy					
Ψ	21	Travel, conferences, and meetings					
Ĕ	22	Printing and publications					
5	23	Other expenses (att sch) Stmt 6	1,735				1,735
Ë	24	Total operating and administrative expenses.			1		
era		Add lines 13 through 23	36,165		16,504	0	4,876
ğ	25	Contributions, gifts, grants paid	60,218				60,218
	26	Total expenses and disbursements. Add lines 24 and 25	96,383		16,504	0	65,094
	27	Subtract line 26 from line 12 ⁻					
	а	Excess of revenue over expenses and disbursements	597,516				
	Ь	Net investment income (if negative, enter -0-)			20,206		
-	С	Adjusted net income (if negative, enter -0-)	•			43,680	
For	Paper	work Reduction Act Notice, see instructions.					Form 990-PF (2019)
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						V) 2	بار

orm 980	-PF (2019) STAND BY YOU FOUNDATION, INC.	30-094601		Page
Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	
- urti	Should be for end-or-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	50.014	065 000	065 00
2	Savings and temporary cash investments	53,914	265,922	265,92
3	Accounts receivable ▶		1	
	Less: allowance for doubtful accounts			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see			,
_	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less allowance for doubtful accounts ▶			-
8	Inventories for sale or use		-	
9	Prepaid expenses and deferred charges			
10a	Investments – U S and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule) See Stmt 7	286,292	499,727	557,98
С	Investments – corporate bonds (attach schedule) See Stmt 8	353,153	499,622	511,79
11	Investments – land, buildings, and equipment, basis			
	Less accumulated depreciation (attach sch.)			
12	Investments – mortgage loans			
13	Investments – other (attach schedule)			····
14	Land, buildings, and equipment basis	=4.4		
	Less. accumulated depreciation (attach sch.) > Stmt 9 3,738	713	428	42
15	Other assets (describe > See Statement 10)	252,713	266,950	283,07
16	Total assets (to be completed by all filers - see the	*** = 4 =		5 25 2 26
	Instructions. Also, see page 1, item I)	946,785	1,532,649	1,619,20
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	0	0	
	the state of the s			
	and complete lines 24, 25, 29, and 30.	046 505	. 530 640	
24	Net assets without donor restrictions	946,785	1,532,649	
25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here And complete lines 26 through 30.			
••				
26	Capital stock, trust principal, or current funds		-	
27	Paid-in or capital surplus, or land, bldg , and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)	946,785	1,532,649	
29 30	Total flabilities and net assets/fund balances (see	340,105	2,332,043	
30	instructions)	946,785	1,532,649	
Dart II		340, 103	1,332,043	
Part II		et aaroa with	''''''''	
	net assets or fund balances at beginning of year – Part II, column (a), line 29 (mus	or agree with		046 40
	f-year figure reported on prior year's return)		1	946,78
	amount from Part I, line 27a		2	597,51
	Increases not included in line 2 (itemize)		3	1 544 30
	nes 1, 2, and 3	,	. 4	1,544,30
	eases not included in line 2 (itemize) See Statement 11 net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b		5	11,65
	own asserts on more nationally at Add of Negriting a minute line by Hop it collines in	DL 110B Z9		1,532,64

Form 990-PF (2019) STAND BY			7-0946019		Page
Part IV Capital Gains and	<u>i Losses for Tax on Investment inc</u>	ome			
	kind(s) of property sold (for example real estate	ŀ		Dato sequinod mo , day, yr)	(d) Date sold (me , day, yr)
	house, or common stock, 200 shs MLC Co)		D - Donation		(mo , day, yr)
ta N/A					
_ b		····			
_ c	······································				
_ d					
_ 0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost of other			ain or (1050) o (f) minus (g))
	(A distribution)	pide expenses		((0) p.00	(9)
_ b					
_ c					
d					
е				· · · · · · · · · · · · · · · · · · ·	
Complete only for assets showing	gain in column (h) and owned by the foundatio	n on 12/31/69.		(II Gains (C	of (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j). i		col (k), but n	ot lass than -0-) or (from col. (h))
_a					
_ b				······································	-
<u> </u>					
d				CONTRACTOR DESCRIPTION	Material and and definition of the State of the Assessment of the State of the Stat
<u> </u>	If gain, also enter in Part I, Ii	ne 7 T		T	
2 Capital gain net income or (net cap	ital loss) If (loss), enter -0- in Part I, li		2		
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6).	_			· · · · · · · · · · · · · · · · · · ·
If gain, also enter in Part I, line 8, c	olumn (c). See instructions If (loss), enter-0-	ın 🗌		1	
Part I, line 8			3	<u> </u>	·····
· · · · · · · · · · · · · · · · · · ·	er Section 4940(e) for Reduced Tax				
If section 4940(d)(2) applies, leave this					
if "Yes," the foundation doesn't qualify t	n 4942 tax on the distributable amount of any under section 4940(e). Do not complete this pa	art.			Yes X No
	ch column for each year, see the instructions t	pefore making a	ny entries	Y	
(a) 8ase penod years	(b) Adjusted qualifying distributions	Not writing of a	(c) oncharitable-uso assets		(d) stribution ratio
Calendar year (or tax year beginning in) 2018	19,286	Not raise at a	691,965	(601 (8	0 . 027871
2017	30,462		498,727		0.061080
2016	1,666		253,986		0.006559
2015					
2014					
2 Total of line 1, column (d)				2	0.095510
•	year base period – divide the total on line 2 by	5.0, or by			0 021027
the number of years the foundation	has been in existence if less than 5 years			3	0.031837
4 Enter the net value of noncharitable	-use assets for 2019 from Part X, line 5	*** ** * * * * * * * * * * * * * * * * *	•••	4	1,263,186
5 Multiply line 4 by line 3		••		5	40,216
6 Enter 1% of net investment income	(1% of Part I, line 27b)		,	6	202
7 Add lines 5 and 6				7	40,418
8 Enter qualifying distributions from P	• •	malaka sheka	uning a 40/ tax sata C	8	65,094
Part VI instructions.	ne 7, check the box in Part VI, line 1b, and cor	пресе тат рап	using a 170 tax fate. S	ee me	



STAND	BYYOU 07/06/2020 4 51 PM			•
' <u>F</u> orm	990-PF (2019) STAND BY YOU FOUNDATION, INC. 30-0946019			age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see ins	truct	ions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
_	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			202
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			202
_	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
2	Part I, line 12, col (b).			0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2			202
3 4	Add lines 1 and 2 Sublitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			202
6	Credits/Payments:			202
a	2019 estimated tax payments and 2018 overpayment credited to 2019			
b	Exempt foreign organizations – tax withheld at source			
G	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d 6d			•
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		in and	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			202
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax		<u>-</u>	
	ert VII-A Statements Regarding Activities			
_ <u>- · ·</u> 1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Τ	Yes	No
	participate or intervene in any political campaign?	1a	1.00	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	10		
-	instructions for the definition	16		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,,,,		
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	16		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	-		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			ľ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		,X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1		1
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	i I		
	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 980-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No." attach explanation	වීති	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4842(j)(3) or		*****	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"	<u> </u>		\cap
	complete Part XIV	9		x /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			, , , , , , , , , , , , , , , , , , ,
	names and addresses	10		X
	F	orm 99	0-PF	

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	rt 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	11		x
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	<u> </u>		
12	person had advisory privileges? If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
13	Website address ► N/A			
14	The books are in care of ▶ STUART L ALTON Telephone no. ▶		• •	
	5921 E SIERRA SUNSET TRAIL			
	Located at ▶ CAVE CREEK ZIP+4 ▶ 8533	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15			
6	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	a =	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of			
Ď۰	the foreign country ▶ rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			I
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ĭ	Yes	Ñô
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			ľ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ļ
	(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" if the	1	ļ	
	foundation agreed to make a grant to or to employ the official for a period after			j
	termination of government service, if terminating within 90 days.)	1		•
Ь	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	1		
	The state of the s	1b		 -
_	Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
С	©⊅ / →	16		
2	were not corrected before the first day of the tax year beginning in 2019? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		1	
-	6d and 6e) for tax year(s) beginning before 2019?			۱.
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.)	2b	L	
C	If the provisions of section 4942(a)(2) are being applied to any of the years fisted in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20 .			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	ore the regulation intest actual the Year and amount in a manner man head mone leadings in anomalie herbases:	, 7 0		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-		1

	1990-PF (2019) STAND BY YOU FOUNDATION, INC.		946019			Pa	
Pa	rt VII-B Statements Regarding Activities for Which Form	<u>4720 May Be R</u>	<u>lequired (cont</u>	inued)	· · · · · ·		
5a	During the year did the foundation pay or incur any amount to			(23	L	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	□ '	res 🗓 No		ĺ	
	(2) Influence the outcome of any specific public election (see section 4955); or to	to carry on,				1	
	directly or indirectly, any voter registration drive?		L 📙 🕻	res X No		}	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		📙 \	res 🗶 No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 4945(d)(4)(A)? See instructions		⊔ \	∕es X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	r educational	p-resid		ŀ		
	purposes, or for the prevention of cruelty to children or animals?		. 📙 🕆	/es 🔀 No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions d	escribed	n= 1=			
	in Regulations section 53.4945 or in a current notice regarding disaster assistan	ce? See instruction	າຣິ	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check h	er e		. •			
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	/- (
	because it maintained expenditure responsibility for the grant?		N/A 🗌	res ∐ No			
	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 pa	ay premiums	т.				
	on a personal benefit contract?	<u></u>		res X No	l <u>.</u> .	İ	₹₽
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit contr	ract?	••	6b		<u> </u>
_	If "Yes" to 6b, file Form 8870		г,	res X No			
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh			res X No N/A			
Ъ	If "Yes," did the foundation receive any proceeds or have any net income attribution (see that the second s		xion?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	,000,000 in		res X No			
D-	remuneration or excess parachute payment(s) during the year? Int VIII Information About Officers, Directors, Trustees, Fo	undation Man:	<u> </u>		لـــــا عمو		
Г	and Contractors	undation man	agers, riiginiy	t ata Employ	ccs,		
1 1	Ist all officers, directors, trustees, and foundation managers and their comp	sensation. See ins	structions.	, ,			
	<u> </u>						
	(a) Name and address	(b) Tide, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred companyation		pense ac er allowan	
- Crit		hours per week devoted to position	(If not paid,	employee benefit			
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
		hours per week devoted to position	(If not paid,	employee benefit plans and deferred			
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
	UART L ALTON CAVE CREEK	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred			ices
	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of	hours per week devoted to position PRES IDENT 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation			ices
	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331	hours per week devoted to position PRES IDENT 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation			ices
	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of	hours per week devoted to position PRES IDENT 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Exp		O Count,
	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,
2 NO	UART L ALTON CAVE CREEK 21 E SIERRA SUNSET TRAIL AZ 85331 Compensation of five highest-paid employees (other than those included of "NONE." (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT O.00 In line 1 - See inst (b) Title, and average hours per week	(If not paid, enter -0-) 14,500 tructions). If non	employee benefit plans and deferred compensation O (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ac	O Count,

Part VIII	9) STAND BY YOU FOUNDATION, INC. 30-0946019 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	Employees,
	and Contractors (continued)	
3 Five highes	t-paid Independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensa
NONE		(0,00,0
Total number of o	hers receiving over \$50,000 for professional services	b
Part IX-A	Summary of Direct Charitable Activities	<u></u>
List the foundation's f	our largest direct charitable activities during the tax year. Include relevant statistical Information such as the number of or beneficiaries served, conferences convened, research papers produced, etc.	Expanses
1 CHARIT	ABLE GIFTS	
		60,
2		
•		
3		
4		
•		
·		<u></u>
Part IX-B	Summary of Program-Related Investments (see instructions)	
1 N/A	st program-related investments made by the foundation during the tex year on lines 1 and 2.	Amount
1 ,44/ 44 ,		
2		i i
2		
	ed investments. See instructions	

Forr	n 990-PF (2019) STAND BY YOU FOUNDATION, INC. 30-0946019		Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foun	dations,
•	see 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	1,122,504
b	Average of monthly cash balances	1b	159,918
C	Fair market value of all other assets (see instructions)	1c	0
d		1d	1,282,422
e	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 z	Ō
3	Subtract line 2 from line 1d	3	1,282,422
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
4	Instructions)	4	19,236
ŝ	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,263,186
6	Minimum investment return. Enter 5% of line 5	6	63,159
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	
•	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	63,159
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	1	
c	Add lines 2a and 2b	2c	202
3	Distributable amount before adjustments Subtract line 2c from line 1	3	62,957
4	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	62,957
5		6	02/30/
6 7	Deduction from distributable amount (see instructions)		
′	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	7	62,957
D	art XII Qualifying Distributions (see instructions)	<u> </u>	02/30/
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
¹ a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	ta	65,094
a b	Program-related investments – total from Part IX-B	18	00/004
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:		······································
э a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	·····
þ	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	65,094
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		03,034
5	Enter 1% of Part I, line 27b. See instructions	5	202
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,892
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		0.,002
	qualifies for the section 4040(s) reduction of the in these years	auon	

form 990-PF (2019) STAND BY YOU FOUNDATIO	N, INC.	30-094601	9	Page 9
Part XIII Undistributed Income (see instructions	3)			
	(a)	(b)	(c)	(d)
1 Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
line 7				62,957
2 Undistributed income, if any, as of the end of 2019.				
a Enter amount for 2018 only			15,341	
· · · · · · · · · · · · · · · · · · ·				•
b Total for prior years: 20 , 20 , 20 , 20			200	
3 Excess distributions carryover, if any, to 2019; a From 2014				
• • •	4			
b From 2015	4	i	· ·	
c From 2016	-		ţ	ı
d From 2017	-			
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII,				
line 4 ▶ \$65,094			15 241	
a Applied to 2018, but not more than line 2a			15,341	
b Applied to undistributed income of prior years				
(Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required – see instructions)				
d Applied to 2019 distributable amount				49,753
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same				
amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5				
b Pnor 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		İ		
d Subtract line 6c from line 6b. Taxable				
	•	1		
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	<u> </u>			
4d and 5 from line 1. This amount must be				12 284
distributed in 2020				13,204
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)	ļ			
8 Excess distributions carryover from 2014 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020.	1			
Subtract lines 7 and 8 from line 6a				
0 Analysis of line 9.		1		
a Excess from 2015	1		•	
b Excess from 2016]	j 1		
c Excess from 2017	1			
d Excess from 2018	1	,		
e Excess from 2019	1	1		

Form 990-PF (2019) STAND BY YOU FOUND	DATION, INC.	30-0946019	<u> </u>	Page 1
Part XV Supplementary Information (co	ontinued)	- Future Deument		
3 Grants and Contributions Paid During	If recipient is an individual,		T	
Recipient	show any refationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
BEYOND FEAR TO FREEDOM				
		CHARIT	ABLE GIFT	11,00
MIGGION INCRESCE ECIMINATIO	•			
MISSION INCREASE FOUNDATION	N .			
		CHARIT	ABLE GIFT	2,00
FISHER HOUSE				
				5,00
SMILES & BEYOND			1	
SMILES & BEIOND		-	i	
			i	6,00
TUNNELS TO TOWERS				
	,			
	ŀ			19,00
VENTURE 1				
VENTORE I				•
				7,00
			1	·
			}	
		1		
Total			▶ 3a	50,00
Approved for future payment				
N/A				
Total		<u> </u>	▶ 3b	
· Otal	·	••		Form 990-PF (201

	 Analysis of Income-Producing Act amounts unless otherwise indicated. 		ed business income	Excluded	by section 512, 513, or 514	tas '
3		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(0) Related or exempt function income (See instructions)
1 Program	service revenue.					(See manuchoris)
a				1		
b						
°				+		
				+		·
			-	+		- 1 -1
f				+ +		
	s and contracts from government agencies			+		······································
	ship dues and assessments on savings and temporary cash investments	 		+		28,692
	Is and interest from securities			+	-2	14,988
	al income or (loss) from real estate:			11		
	Adamand areasts.					
b Not	debt-financed property					
	al income or (loss) from personal property		<u> </u>			
7 Other in	vestment income			Ì		_
8 Gain or	(loss) from sales of assets other than inventory					33,361
	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
	venue a					
c						
е						
12 Subtotal	. Add columns (b), (d), and (e)	L	1	0	0	76,981
	dd line 12, columns (b), (d), and (e)				13	76, ₋ 981
	eet in line 13 instructions to verify calculations)					
Part XV	1	_				
Line No. ▼	Explain below how each activity for which income					\
N/A	accomplishment of the foundation's exempt purpo	oses (other than	t by provioing tunos to	or such pu	rposes). (See instruction	ons.)
N/A						
		····				
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
				··· ··· ·		<u></u>
						
			······································	·····		
						······
					······································	
· · · · · · · · · · · · · · · · · · ·					4.	
				.		
		 				
···-			· · · · · · · · · · · · · · · · · · ·			

Form 990-PF (2019)

07/06/20

PTIN

Firm's EiN 🏲

Phone no

P00282266

86-0672310

602-788-0903

Paid

Preparer

Use Only

JAMES F KIMMEL, E.A.

PHOENIX.

Firm's name

Firm's address 🕨

JAMES F KIMMEL & ASSOCIATES INC

85032-3455

16421 N TATUM BLVD STE 120

را س

STANDBYYOU STAND BY YOU FOUNDATION, INC. 30-0946019
FYE: 12/31/2019

7/6/2020 4:51 PM

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	\$ -2,297	35,598	, C.C.		Charitable Purpose	1,850		Charitable Purpose	0
	Expense Depreciation	s,		\	unting Fees	Adjusted Net	\$ \$ \$	ofessional Fees	Adjusted Net	\$ 0 s
	Cost	\$ 98,336 \$	469,779		I, Line 16b - Acco	Net Investment	\$	ne 16c - Other Pr	Inves	5 14, 593
How Received	Sale Price	Purchase \$ 97,039 \$ Purchase	\$ 605,377		Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	Total	1,850 1,850	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Total 14, 593	14, 593
	Date Sold	18	Various		atement 2 -		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nent 3 - For	. ایرا	w.
Description	Date Acquired	MERITRADE STATEMENT Various Various MERITRADE STATEMENT	Various		St	otion	ng Fees	Stater	otion	
	Whom Sold	SEE ATTACHED TD AMERITRADE STATEMENT Various Variou SEE ATTACHED TD AMERITRADE STATEMENT	TOT-			Description	Indirect Accounting Fees Total	تاريخين ماند. در الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الماند الم	Description INVESTMENT FEES	Total

										1
STANDBYYOU STAND BY YOU FOUNDATION, INC. 30-0946019 FYE: 12/31/2019	Y YOU F	OUNDATION, I	NC. Federal	Statement	S			7/6/2020 4:51 PM	PM I	, ,
		Statemen	t 4 - Form 99	Statement 4 - Form 990-PF, Part I, Line 18 - Taxes	ne 18 -	Taxes			',	
Description			Total	Net Investment	nent	Adj	Adjusted Net	Charitable Purpose		
PAYROLL TAXES FOREIGN TAX TAXES		ω	1,291	w.	123	y.		\$ 1,291	I 	
Total		<u> </u>	3,202	v.	·I ·II	ys.	0	\$ 1,291	<u>.</u>	
		Statement 5 - Form 9		90-PF, Part I, Line 19 - Depreciation	19 - Der	reciation				
	Description	u								
Date Cost Acquired Basis	+ s	Prior Year Depreciation	Method		Life	Current Year Depreciation	Net Investment Income	int Adjusted Net	Net e	
FURNITURE & FIXTURES 12/27/16 \$	2,350 \$	1,948	200DB		5 \$	161	v	v		
	1,816	1,505	200DB		2	124			:	_
Total \$	4,166 \$	3,453			\	285	\$	\$ 0	0	
•			,			•		4	4-5	,

STANDBYYOU STAND BY YOU FOUNDATION, INC 30-0946019 FYE: 12/31/2019	DATION, INC. Federal Statements	atements		7/6/2020 4:51 PM
State	Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses	t I, Line 23 - Other Exp	enses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses INSURANCE PAYROLL PROCESSING FEE COMPUTER & INTERNET MISCELLANEOUS EXPENSES BANK FEES MEETING EXPENSE POSTAGE & SHIPPING	\$ 873 461 335 10 18 26 26 26 26 26 26	w.	s	\$ 873 873 461 335 10 18 26 26 26 \$
Statement 7	- Form 990-PF, Part II, Line 10b	a 10b - Corporate Stock Investments	<u>c Investments</u>	
Description	Beginning of Year \$ 251,069 35,223 \$ 286,292	End of Year \$ 487,680 12,047 \$ 499,727	Basis of Valuation Cost Market	Fair Market Value \$ 544, 124 13, 858 \$ 557, 982
Statement 8	Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	e 10c - Corporate Bonc	Investments	
Description	Beginning of Year s 353, 153	End of Year	Basis of Valuation	Fair Market Value
Total		74,294	Market	\$ 511,798
,		,		. 6-8

7/6/2020 4·51 PM	S 428	, න
	End Accumulated Depreciation \$ 3,738 \$ 3,738	
ements	End Cost/Basis s 4,166 s 4,166	,
N, INC. Federal Stat	Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment Beginning Net Book S 713 S 4, 166 S 3 3 3 4, 166 S 3 3	
STANDBYYOU STAND BY YOU FOUNDATION, INC. 30-0946019 FYE: 12/31/2019	Description Total	•

STANDBYYOU STAND BY YOU FOUNDATION, INC.

30-0946019

Federal Statements

FYE: 12/31/2019

Statement 10 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	-	End of Year		Fair Market Value
EXCHANGE TRADED FUNDS	\$ 252,713	\$	266,950	\$	283,072
Total	\$ 252,713	\$	266,950	\$	283,072

Statement 11 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
REINVESTED DIVIDENDS	\$ 11,652
Total	\$ 11,652

7/6/2020 4:51 PM

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

Schedule of Contributors

204

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization Employer Identification number

STAND BY YOU	FOUNDATION, INC.	30-0946019
Organization type (check	one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	tion
	527 political organization	
Form 990-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	
Note: Only a section 501(constructions.	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II See instructions f ontributions	
Special Rules		
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% subsections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9) did that received from any one contributor, during the year, total contributions of the amount on (i) Form 990 Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Compared to the second seco	990-EZ), Part II, line he greater of (1)
contributor, during literary, or education	the year, total contributions of more than \$1,000 exclusively for religious, chanta inal purposes, or for the prevention of cruelty to children or animals. Complete Painstead of the contributor name and address), II, and III.	able, scientific,
contributor, during of contributions totale during the year for General Rule appli	the year, contributions exclusively for religious, charitable, etc., purposes, but no d more than \$1,000. If this box is checked, enter here the total contributions that an exclusively religious, charitable, etc., purpose. Don't complete any of the part less to this organization because it received nonexclusively religious, charitable, etc., purpose the part and the year	o such It were received Its unless the
990-EZ, or 990-PF), but it n	hat isn't covered by the General Rule and/or the Special Rules doesn't file Scheo nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H o to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 9	of its Form 990-EZ or an its

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

STAND BY YOU FOUNDATION, INC.

Page 1 of 1 Page 2

Employer identification number 30-0946019

Part I	Contributors (see instructions) Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HILDA P CASSERT 7100 E MESCAL ST, #114 SCOTTSDALE AZ 85254	s 616,918	Person X 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 Payrell Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
•		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	··· · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

STAND BY YOU FOUNDATION, INC.

Employer identification number 30-0946019

Part II	Noncash Property (see instructions) Use duplicate	opies 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	SECURITIES	s . 73,424	08/14/19		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1 .	SECURITIES	s 386,841	04/16/19		
(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		
		s			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			